

# Neighborhood NEWS

FALL 2015

## Neighborhood Receives Quality Achievement Honor from NCQA



Neighborhood recently received a Quality Achievement honor from the National Committee for Quality Assurance (NCQA). The recognition took place during a gala on September 17 to celebrate the 25th anniversary of NCQA, held at the Smithsonian American Art Museum and National Portrait Gallery, Washington, D.C. Neighborhood was one of three entities, and the only health plan, to be recognized at the acclaimed organization's anniversary celebration.

NCQA President Margaret E. O'Kane presented the Quality Achievement honors along with Vance Taylor, Chief of California's Office of Access and Functional

Needs. In addition to Neighborhood, HRHCare of New York and Cherokee Health Systems of Tennessee were also recognized.

Accepting the award on behalf of Neighborhood was its Director of Evaluation and Improvement, Jay Buechner. Buechner was recognized for his stewardship of Neighborhood's quality efforts and was highlighted, along with state health care leaders, Neighborhood CEO Peter Marino, and other staff, in a video tribute that was shown during the event. Marino acknowledged NCQA's recognition with the statement,

**"Neighborhood has had a strong and longstanding commitment to quality due to the collaboration of our team, community health centers, provider network, community agencies and state partners."**


### About NCQA

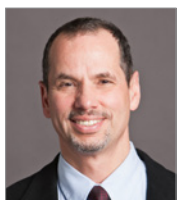
The National Committee for Quality Assurance (NCQA) is a private, non-profit organization dedicated to improving health care quality. NCQA accredits and certifies a wide range of health care organizations, including health plans, and recognizes health plans, clinicians and medical practices in key areas of performance.

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## Better Partnerships Mean Better Care: Looking at the ACO Model

*By Francisco "Paco" Trilla, M.D., Chief Medical Officer*

At Neighborhood we're always working to find the most efficient ways to deliver high quality care to our members while reducing costs. One of the ways the Affordable Care Act has sought to achieve this is by encouraging doctors, hospitals and other health care providers to form networks called **Accountable Care Organizations (ACO)** where patient care is coordinated, efficient, and incented. ACOs can include specialists, hospitals and even private companies. The singular must-have in the equation is the primary care physician who is at the center of each member's care. We feel that this is one of many appealing and common-sense components of the ACO model.

With ACOs, all involved are jointly accountable for the health of each patient. The goal is to reward providers for keeping people healthy and eliminating unnecessary tests, procedures and hospital visits. Where fee-for-service is about quantity, value-based payments are about quality, or simply stated: healthy outcomes mean healthy rewards.

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We know that when our members feel cared for, they do better. For example: **Health@Home**, Neighborhood's home-based care program for highly complex and costly members continues to show strong results. Early claims data show a 26 percent reduction in emergency room visits and a 30 percent reduction in medical inpatient days. The program is projected to save at least \$2.7 million in first year. What the data doesn't reflect is that many members develop connections with their team, feel cared for, and improve. Care is centric to the equation, outcome and acronym.

ACOs bring together the different puzzle pieces of care for patients—from primary care to specialists, to

hospitals and home care—to ensure that everything connects to create a whole picture of care. ACOs thrive when there is a strong reliance of partners working in concert and sharing information. The optimal result is higher-quality evidence-based care, improved care coordination and cost-efficient health care decisions.



All ACOs must meet certain benchmarks for keeping patients healthy and out of the hospital. Better access to primary care is also a key ingredient. And when the ACO saves money by reducing unnecessary procedures, visits and hospital stays, providers get to share in the savings. The bottom line is about meeting shared goals, together.

Governor Raimondo and Secretary Roberts have been working with us and other health care leaders to find ways to improve health outcomes and reduce costs for challenging Medicaid populations and I believe the ACO model could indeed prove to be an effective initiative to help control costs while ensuring high quality care to Neighborhood members.



## Treating Head Lice: New AAP Guidelines

The American Academy of Pediatrics (AAP) released new guidelines regarding head lice, providing diagnostic information and options for treatment in children, in May 2015. This is an update to the 2012 guidelines. Initial therapy when resistance is not suspected continues to be over-the-counter (OTC) permethrin 1% (Nix<sup>®</sup>) or pyrethrins/piperonyl butoxide (Rid<sup>®</sup>) to be applied on day 0 and 9. If considering a second line agent, the AAP continues to recommend a more intensive treatment schedule with the first line agents (Nix<sup>®</sup> & Rid<sup>®</sup>) consisting of three applications on day 0, 7, and 13-15. Improper application of the agent should be considered if treatment failure occurs. Both generic OTC products listed above are formulary first line agents for Neighborhood members.

Ivermectin has been studied to treat head lice but is not FDA indicated. It was shown to be effective as a single oral dose of 200-400  $\mu\text{g}$  /kg repeated in 10 days. Patients must weigh more than 15kg. This tablet is formulary for Neighborhood and can be prescribed without prior authorization. Ivermectin is an option for resistant cases of head lice.

Malathion is an option if failure of the three treatment cycle occurs. Use is limited to those over the age of 6 years. Spinosad can be used in those age 6 months and older. Both of these agents are expensive generics and Neighborhood's second line agents. All second-line agents require prior authorization.



### A Message from Nicole Alexander-Scott, MD, MPH, Director of the Rhode Island Department of Health

#### Prescribers Have a Starring Role in Public Health

Anyone who can prescribe medications has an important role in public health. There are things you can do every day that can help mitigate opioid-overdose deaths — a public health issue that has reached epidemic levels. All prescribers need to be part of the solution. For nearly two years, we have been focused on this issue.

We have had successes with increasing the availability of Naloxone, training first responders to administer Naloxone, and helping providers connect patients to recovery resources. But our work is not done. We need to up the ante.

Read more from Nicole Alexander-Scott, MD, MPH, Director of the Rhode Island Department of Health in *Health Connection*, the Department's newsletter for health care providers: <http://www.health.ri.gov/for/physicians/>



## Neighborhood's Expansion Members Are Getting Good Care from Network Providers



During 2014, Neighborhood added more than 30,000 new adult members who became eligible for Medicaid through the Medicaid Expansion provision of the Affordable Care Act, raising concerns that access to primary care among our members would suffer and the performance of prevention and screening services and chronic disease management services might decline.

However, based on HEDIS® 2015 data covering performance during 2014, Neighborhood's network providers have been able to serve these new members with the same level of quality experienced by other Neighborhood members. This includes measures of access to care, prevention and screening, chronic disease care, and behavioral health.

### Access to Primary Care

Rates for access among Expansion members were similar to those for other adult members, except among members ages 20-44, where the percent of members with an ambulatory care visit during 2014 was 82% for Expansion members vs. 89% for other members.

### Prevention and Screening

Expansion members were much more likely to be screened for breast cancer, about equally likely to be screened for chlamydia infection, and much less likely to be screened for cervical cancer. Because cervical cancer screening is measured on a three-year period, the rate for Expansion members will likely improve as their coverage continues.

### Chronic Disease Care

HEDIS rates for Expansion members with diabetes or high blood pressure are consistently better for Expansion members than for other members. As an example, more than 94% of Expansion members with diabetes had an HbA1c test in 2014 vs. 87% for other members. However, among members with COPD exacerbations, Expansion members were less likely to be prescribed a systemic corticosteroid.

### Behavioral Health

On measures of compliance with antidepressant medications, Expansion members did remarkably well in comparison to other members, and the rates for the two groups on access to treatment for alcohol and other drug dependence were similar. Conversely, significantly fewer Expansion members were appropriately followed-up after a hospitalization for mental illness.

**In summary**, there are many areas where the quality of care provided to Expansion members is equal to or better than that provided our members in other populations, but there are clearly opportunities for improvement as well. Neighborhood will continue to work collaboratively with our network providers to identify gaps and implement ways to improve performance.

*HEDIS is the measurement tool used by the nation's health plans to evaluate their performance in terms of clinical quality and customer service.*



## Member Satisfaction with Neighborhood Providers Improves

Results of the 2015 Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Adult Medicaid survey show that satisfaction among Neighborhood members with their personal doctor, specialist, and overall health care improved. These gains are notable when considering Neighborhood and its providers were serving over 30,000 new members.

More than eight out of 10 members rated their personal doctor (81.56%) or specialist (85.19%) an 8, 9 or 10 on a zero

As required by NCQA, Neighborhood surveyed a random sample of adult Medicaid members in spring 2015. The survey was administered to 2,025 members with a total of 26.18% of members responding. Nearly half of the respondents (46%) were Medicaid Expansion members.

Neighborhood thanks its provider community for continuing to provide timely access to urgent and routine care, providing treatment when needed, and facilitating specialty care.



The CAHPS survey helps health plans identify areas of member concern and areas of improvement. This year's survey highlighted the need for Neighborhood to continue working with providers on the following:

- Communicating with members (listening and explaining things in a way members can understand);
- Health promotion and education; and
- Advising tobacco-users to quit, particularly our Medicaid Expansion members.

The next CAHPS® survey will be administered in spring 2016.

to 10 scale. Three-quarters of members (75.6%) rated their overall health care an 8, 9 or 10, which is an improvement from the 50th to the 75th Medicaid Quality Compass® percentile. The rating of specialist improved from the 25th to the 75th percentile, and the rating of personal doctor improved from the 25th to the 67th percentile.

Satisfaction with Neighborhood remains high and in the 90th percentile for the 12th year in a row with more than eight out of 10 members (81.36%) rating Neighborhood an 8, 9 or 10.

*The source for data contained in this publication is Quality Compass® 2015 and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass contains certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).*

## Access to Primary Care Network Is Outstanding

With the rapid growth in Neighborhood’s membership over the last couple of years, ensuring that our members have easy access to appropriate care has become a more critical obligation. Consequently, Neighborhood has surveyed providers more frequently in the last year than the annual survey conducted in prior years. Presently, Neighborhood conducts a quarterly survey and has made some significant changes to the survey methodology.

Neighborhood now surveys primary care practices with 500 or more assigned members.

Previously, any practice with more than 200 members was surveyed. Neighborhood also requests independent access information for new and established members within the survey. This important distinction, not previously made, helps ensure new members are promptly engaged within their medical home and their initial experience with Neighborhood is satisfactory.



### The Neighborhood access standards remain unchanged:

- Urgent care appointments to members within 24 hours
- Non-urgent symptomatic care to members within 30 days
- Routine care (excluding complete physical exams) within 30 days
- Appointments for new members who do not have an existing relationship with a primary care provider within 60 days
- Routine physical exam within 180 days
- Determine whether primary care practices are adhering to Neighborhood’s standard of ensuring that a covering provider contacts a member calling after hours within 30 minutes.
- Determine if primary care practices have problems when scheduling appointments with a specialist for members

The survey completed in September 2015 was administered to 56 practices with more than 500 members. Four of five appointment access standards were met by 100% of the practices. Two practices failed to meet the “Urgent Care within 24 hours” standard. Eighty-seven (87%) percent of the practices provided a call-back to an after-hours caller within 30 minutes.

The network’s performance is outstanding. Neighborhood wishes to extend its appreciation to the provider network. More frequent surveys require increased cooperation and efforts from practice staff, and, as always, the Neighborhood primary care network meets the challenge.

### Stop Fraud & Abuse

As part of the Neighborhood Fraud and Abuse Initiative, we use software to identify potential aberrant billing practices. Please refer to your remittance advice to review, if applicable, any identified billing errors. We encourage you to take the appropriate actions to correct any errors. For claims that do not meet CMS-mandated coding standards, Neighborhood will deny, adjust or retract payments. For questions about your claims, call Neighborhood Member Services at **1-800-459-6019**. Neighborhood encourages you to report suspected cases of fraud and abuse. You can also report situations you think may not be right. Call the Neighborhood Compliance Hotline at **1-800-826-6762** to tell us about fraud, abuse or your concern.





## Treating Patients During Flu Season

Flu seasons are unpredictable in a number of ways. Although epidemics of flu happen every year, the timing, severity and length of the season varies from one year to another. Flu activity most commonly peaks in the U.S.



in January or February. However, seasonal flu activity can begin as early as October and continue to occur as late as May.

As flu season approaches the goal is to get as many individuals as possible vaccinated for influenza.

There are many individuals that have concerns regarding flu vaccine safety. A provider's recommendation for vaccination is a powerful motivator and the time and patience taken by medical providers to explain the risks and benefits of getting this vaccination are invaluable.

### As of August 2015, the Advisory Committee on Immunization Practices (ACIP) recommends the following:

- Routine annual influenza vaccination is recommended for all persons aged 6 months or more that do not have contraindications.
- Optimally, vaccination should occur before onset of influenza activity in the community.
- Health care providers should offer vaccination by October, if possible.
- Vaccination should continue to be offered as long as influenza viruses are circulating.
- Children aged 6 months through 8 years who require 2 doses (see "Vaccine Dose Considerations for Children Aged 6 Months through 8 Years") should receive their first dose as soon as possible after vaccine becomes available, and the second dose four weeks or later.
- To avoid missed opportunities for vaccination, providers should offer vaccination to unvaccinated persons aged 6 months or more during routine health care visits and hospitalizations when vaccine is available.

To view complete ACIP guidelines please visit: [cdc.gov](http://cdc.gov)

### Improving Vaccine Rates for Adolescents

The Centers for Disease Control and Prevention (CDC) recommends four vaccines for adolescents:

- Tetanus, Diphtheria, Pertussis (Tdap)
- Meningococcal disease (MCV4)
- Human papillomavirus (HPV)
- Influenza (Flu)

Overall, the general public is less knowledgeable and less aware of the importance of adolescent vaccinations. Parents and adolescents may not understand the need for these vaccines, details about vaccine safety, or the seriousness of these vaccine-preventable diseases. They may have misconceptions regarding the safety of these vaccines, but their acceptance of vaccinations may increase once this information is explained to them.

Communication between providers, parents and adolescents is key. Education is an effective method of changing attitudes toward vaccination. Increasing their knowledge about the importance of adolescent vaccines in a way that they can understand may change their views.

Providers should utilize all health visits to vaccinate adolescents so no opportunity is missed. It is more efficacious to vaccinate adolescents at acute or follow-up care visits than it is to wait for well-care visits.

### What you can do to ensure your patients get fully vaccinated:

- Strongly recommend adolescent vaccines to parents.
- Parents trust your opinion more than anyone else's when it comes to vaccinations. Studies consistently show that provider recommendation is the strongest predictor of vaccination.
- Use every opportunity to vaccinate. Ask about vaccination status at every adolescent visit.
- Patient reminder and recall systems such as automated postcards, phone calls and text messages are effective tools for increasing office visits.
- Implement standing orders policies so patients can receive vaccines without a physician examination or an individual physician order.

## The Importance of Communication

Neighborhood and Beacon Health Strategies (Beacon) work together to ensure members receive the best and most appropriate care available. In keeping with that goal, it's important to understand why communication is key when patients are dealing with co-occurring behavioral health and physical health issues.

The high rate of co-occurring behavioral and physical health conditions underscores the gap between the behavioral health and primary care systems. Further, more than half of the care for behavioral health disorders is administered in the primary care setting. Consequently, the integration of primary care and behavioral health services is essential to addressing a patient's medical and behavioral health needs to improve the overall health of that patient.<sup>1</sup> It also reduces the negative impacts of disjointed care, which may include medication contraindications and medication errors.<sup>2</sup>

Some tips on how can you encourage the collaboration between primary care and behavioral health providers to support integrated care include:

- Request that patients complete a Release of Information (ROI) form with their behavioral health provider so they can communicate with you about the patient's care
- Educate patients who do not wish to sign a release about the importance of providers sharing health information and stress the importance of coordinating their care
- If the patient has an ROI on file, document any communication that occurs with the patient's behavioral health provider
- Coordinate prescribing to reduce the likelihood of medication contraindications or errors

- Refer affected patients to appropriate behavioral health providers and follow up with that provider

For further information, you can call Beacon at **1-800-215-0058**, Monday through Friday, from 8AM to 6PM.



1. Unutzer, J. (2010) Integrated Mental Health Care, in *Transforming Patient Engagement: Health IT in the Patient Centered Medical Home*, October, 2010, 46-50.
2. Koyanaggi, C. (2004). *Getting it Together: How to Integrate Physical and Mental Health Care for People with Serious Mental Disorders*. Report by the Bazelon Center for Mental Health Law, Washington DC.

## Pharmacy Updates Online

View the latest pharmacy changes from Neighborhood's Pharmacy and Therapeutics Committee at [www.nhpri.org](http://www.nhpri.org). Click on "Providers," then "Pharmacy Resources."





## Our Case Management Team:

*We Care About Your Patients' Health*



Neighborhood has introduced a case management program for members who have very complex needs. This program is for members who experienced a critical event or diagnosis and require many resources as well as help navigating the health care system. Like Neighborhood's other case management programs, this new program focuses on the coordination of care, goal-setting and treatment.

### Who might benefit from complex case management services?

- High risk neonates discharged to home from a NICU or Level 2 nursery stay.
- Members with an inpatient hospital stay greater than 21 days that have been discharged home.

- Pediatric members discharged home from a short-term rehabilitation or skilled nursing facility stay.
- Adult members who have been discharged home after a length of stay greater than seven days in a short-term rehabilitation facility.
- Members who have been discharged to home after having a transplant.

### What can complex case managers do for members?

- Help members stick to treatment plans recommended by their providers.
- Advocate for members to get the most appropriate health care services available.
- Act as a liaison between all providers to help communication.
- Teach members, families and providers about benefits, availability of services, community support, and health care alternatives.
- Reduce barriers to increase positive member results.

For more information about our case management programs, or to refer a member, please call us at **1-800-459-6019**.

## Rhode Island Medicaid's Transportation Vendor is LogistiCare

If LogistiCare is providing transportation services for your patients, a member of their staff may contact you if any of the following situations occur:

- **To confirm your patient's appointment** if it was scheduled urgently and you are unable to provide LogistiCare with at least 48-hours' notice.
- **If your patient needs to take a cab instead of mass transportation**, LogistiCare will contact you to review the member's condition to assess whether to approve the cab. LogistiCare will not request a member's diagnosis, and if they do, you are not obligated to provide it because of HIPAA.

- **If your patient missed an appointment due to a transportation problem** caused by LogistiCare. For example, if LogistiCare does not show up for a scheduled ride, members are encouraged to have LogistiCare contact their provider.

LogistiCare's phone number is **1-855-330-9133**.

If you have problems with LogistiCare, please contact Neighborhood's Member Advocate, Jackie Dowdy, at **1-401-459-6172** or [jdowdy@nhpri.org](mailto:jdowdy@nhpri.org).

## Does your UNITY / Rhody Health Options Patient have Medicare?



### Heard back about your Medicare Crossover Claim?

Did you submit a professional, institutional or Medicare Part B claim to Medicare for an UNITY / Rhody Health Options member, but have not received a Neighborhood Remittance Advice regarding the Medicare liability? If you haven't heard from us within six weeks of submitting a claim to Medicare, please call the Provider Call Center at 401-459-6080 from 8AM to 4PM, Monday through Friday, and we'll research the claim status.

### Help members get coverage for over-the-counter drugs

UNITY / Rhody Health Options members who have Medicare can get some of their OTC drugs for \$0 co-pay if prescribed by a participating physician. Check the RHO/UNITY OTC formulary to see which drugs are covered at [www.nhpri.org/BecomeaMember/CheckYourMeds](http://www.nhpri.org/BecomeaMember/CheckYourMeds).

### Ensuring beneficiary protection

As our UNITY / Rhody Health Options valued provider, we ask for your help in encouraging members to let someone know if they feel their physical or mental health, safety or well-being is ever in jeopardy. That includes times when they are not sure but they question if there has been neglect or abuse. To help any UNITY / Rhody Health

Options member to find out more information, please have them call any of the resources below, including:

- Neighborhood Member Services, UNITY / Rhody Health Options 1-855-996-4774 (TDD/TTY 711)
- Rhode Island Division of Elderly Affairs (DEA) 1-401-462-0555
- Rhode Island Department of Behavioral Health, Developmental Disabilities and Hospitals (BHDDH) 1-401-462-2629
- Rhode Island Department of Health (HEALTH) 1-401-222-5200
- Alliance for Better Long Term Care 1-401-785-3340

## Consumer Alert: Unused Diabetes Test Strips are Being Sold

Companies and individuals are offering to buy blood glucose test strips. Signs around Rhode Island and advertisements in local papers are offering cash for unopened boxes of test strips, with the amount reimbursed dependent upon the brand and expiration date. These products will be sold online or at flea markets.

Neighborhood patients with diabetes receive their test strips at no cost. To help prevent any potential fraud, waste and abuse, Neighborhood has implemented quantity limits for diabetes strip.

- Insulin-dependent, age 18 years or older – 100 test strips/25 days
- Insulin-dependent, age 18 years or younger, or pregnant patients – 100 test strips/fill; 200 test strips/30 days
- Non-insulin-dependent patients (all ages) – 50 test strips/30 days

Please only write prescriptions for the number of test strips a member will need in a month.





## Claims Corner: Helpful Reminders

### About ICD-10

The transition to International Classification of Diseases, 10th Edition, Clinical Modification/ Procedure Coding System (ICD-10) on October 1, 2015 is mandatory for all payers, providers and other organizations covered by the Health Insurance Portability and Accountability Act (HIPAA). ICD-10 consists of two parts:

1. ICD-10-CM for diagnosis coding
2. ICD-10-PCS for inpatient procedure coding

This change does not affect current procedural terminology (CPT) codes, which will continue to be used for office and outpatient services.

All claims with dates of service or discharges as of the federal deadline must be submitted with ICD-10 coding or your claim will be denied as non-compliant.

Be sure to review our **Claims Requirement Guidelines online** as some requirements have changed.

## Clinical Practice Guidelines

Neighborhood provides a number of Clinical Practice Guidelines (CPGs) for providers' reference. These guidelines are for our members' more common chronic problems and for their preventive care. They are based on established national guidelines from medical authorities such as the National Institutes of Health and the American College of Cardiology. These guidelines are each reviewed every two years, but updates can occur as needed.

For many of the CPGs, rather than create our own set of guidelines, Neighborhood will adopt a national guideline and publish the link to that guideline for practitioners.

The guidelines can be found online at our website at [www.nhpri.org](http://www.nhpri.org) under Providers/Clinical Resources.

### The Clinical Practice Guidelines include:

- ACCF/AHA Guideline for the Management of Heart Failure
- Adolescent Routine Preventive Care
- Adult Diabetes Care
- Adult Routine Preventive Care
- Complementary Alternative Medicine (CAM)
- Diagnosis and Management of Adult Coronary Artery Disease
- Diagnosis and Management of Asthma
- Diagnosis and Management of Attention Deficit Hyperactivity Disorder (ADHD) in Primary Care for School Age Children and Adolescents
- Diagnosis and Management of Chronic Obstructive Pulmonary Disease (COPD)
- Diagnosis and Management of Depressive Disorders in Adult Primary Care Patients
- Pediatric Routine Preventive Care
- Prenatal Care
- Tobacco Cessation in Pregnancy
- Tobacco Cessation for Adults
- Use of Antibiotics for Pediatric Upper Respiratory Infections