Health New England

HEALTHSCRIPT

April 2003

A Publication for Health New England Providers and their Staff

Electronic Transactions – Notices and Reminders

Nearly 75 percent of the HNE network now submits claims electronically. If you are not submitting claims electronically and would like more information, please contact the Network Development and Operations Department, ext. 5000.

Reminder: All claims submitted, either electronically or on paper, must include your five- digit provider number assigned by HNE. Effective July 1, claims submitted without a proper provider number may be rejected.

Reminder: Health New England offers online access to claims status, member eligibility (and more!) through its secure website, HNE Direct. For more information, please contact the Network Development and Operations Department, ext. 5000.

A Letter from the Medical Director

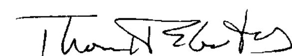
2003 is a pivotal year for Health New England. We recently went through a grueling NCQA accreditation process. Our staff spent thousands of hours preparing for this three-day site visit. At the same time we have begun to collect 2002 HEDIS data for over 20 separate measurements. The results are critical for our final NCQA accreditation status. In May HNE will liberalize our in-plan referral process, virtually eliminating pink in-plan referrals. We have instituted several new quality bonus programs related to HEDIS measures, affecting more than half of our network PCPs. At the same time, we have instituted pharmacy management programs in which providers share cost savings with HNE if pharmacy expenses are below targeted trends.

These initiatives will require increased managerial time and attention. To help us meet our challenging agenda, we have made several changes in leadership. I am delighted to announce that Jean Wyman is our new manager of Health Services. Jean has spent 11 years at HNE taking on more responsibility and volunteering for new assignments. I have asked Lee Walker to concentrate on Behavioral Health, which plays a pivotal role in all accreditation processes and remains the subject of continued regulatory scrutiny. In our last newsletter, I introduced our new pharmacist, Maura McCaffrey. In December we appointed Maura Manager of Pharmacy Services. The appointment of these three associates to their new management assignments are important steps to assure success in 2003.

For HNE to do the best we can while demonstrating the effectiveness of our network we need to remind you that the information we report both to you and to external organizations is only as good as the administrative data we get through claims. Although medical chart review enhances the administrative data, retrieving that information is difficult and requires even more help and cooperation from you. Thank you for your continued assistance.

HNE has invested in improving internet access for providers. You can look up member eligibility and check on the status of out-of-network or out-of-plan referrals for your HNE patients. This spring you will also be able to look up all your patient referral activity and check on your own HEDIS performance on your HNE panel.

Finally, we are pleased to announce Valley Medical Group has expanded its ambulatory surgery capacity in Amherst. Specialists who would like to use the VMG ambulatory surgery center especially for your HNE patients should contact Karen Boudreau, MD, VMG's medical director.



Thomas H. Ebert, M.D.
Medical Director

HOW PANEL REPORTS ARE GENERATED

Many of you have questioned how we generate the panel reports for members with diabetes and/or high cholesterol. That's why I think it would be helpful to all physicians who receive panel reports to understand our process.

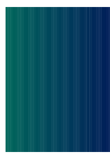
First, it is important to understand what we are doing and why we are doing it. As you may know, HNE is accredited by the National Committee for Quality Assurance. Twenty-five percent of a health plan's NCQA accreditation score is based, in part, on Health Plan Employer Data Information Set (HEDIS) performance measures, such as diabetes management, immunization rates, access to care and member satisfaction with the health plan and the doctors. Additional points are based on disease management programs and demonstrated significant improvement. HNE approaches this in two ways; member-focused interventions and provider-focused interventions. The panel report is one intervention targeted to physicians who serve patients identified for these programs.

The ability to collect data through administrative means (claims, encounter forms) is often difficult and not always complete. This leads HNE to the HEDIS hybrid methodology, which uses data collected from medical record audits to augment the incomplete administrative results. Health plans do not have any flexibility when using HEDIS parameters. This methodology is quite strict and only certain CPT4 codes are included. An example is the measurement of cholesterol. HEDIS recognizes the following CPT4 codes:

CPT4 Code	Description
80061	Lipid Panel
83715	Lipoprotein, blood; electrophoretic separation and quantitation
83716	Lipoprotein, blood; high resolution fractionation and quantitation of lipoprotein cholesterols *(e.g. Electrophoresis, nuclear magnetic resonance, ultracentrifugation)*
83721	Direct measurement, LDL cholesterol

Although we understand that cholesterol may be included in a care panel, we are unable to utilize it in the actual measure. To complicate matters, CPT4 codes may change each year. Understanding how confusing all this can be, we began using panel reports to identify patients within each physician's panel who meet the program criteria, whether it is diabetes, asthma, or secondary prevention of cardiovascular disease. When a value is missing, we request that the office check the member's medical record and provide the information in the record and return to HNE. Once we receive updates to the panel reports we enter what we call a "pseudo claim" in our system. This value will then appear on future panel reports. The panel reports can also be used as a tool within your office to contact a patient who has not been in and is due for a checkup or screening.

We understand that the use of claims data is limited, and that this is a source of frustration for you. It is also a source of frustration for us; however, it is what we have to work with. If you would like additional information about the panel reports please contact Lynn Ostrowski at 787-4000, ext. 3383.



Clinical review period for newly approved drugs

HNE does not cover medications for at least the first six months after FDA approval. We implemented this policy to allow time for thorough review of new drugs. Here is how the policy works:

- Once the FDA approves a drug, we place it within our clinical review period for a minimum of six months.
- During this period, HNE does not cover the drug, and our physicians review the medication for safety, effectiveness, and appropriate level of coverage.
- Drugs may be classified as Formulary (middle copayment) or Non-formulary (highest copayment).
- The clinical review period does not apply to newly approved generic products.

To make it easier for you to work with us and help ensure your patients get the care they need, please use these guidelines:

- If you believe a new drug is essential to a patient's treatment, you may send us a letter of medical necessity. This letter must:
  - describe the diagnosis and length of treatment,
  - include past pharmaceutical profile and dose, and
  - document treatment failure.

Important: We will not approve a letter of medical necessity based solely on prior history of use of samples.

If you choose to start a patient on samples of a newly approved agent, please make sure the pharmaceutical company will provide at least a six months' supply for each patient.

If you have any questions, please call Thomas Ebert, M.D., Medical Director, at 413-787-4000.

PHARMACY FORMULARY CHANGES:

The following medications have completed the Clinical Review Period:

Now available at Tier 3 (Highest) Copayment

Medication	Treatment
Aranesp (self-injectable)	anemia
Avandamet	diabetes
Avinza	pain relief
Eligard (self-injectable)	prostate cancer
Lotronex, Zelnorm	irritable bowel syndrome
Pegasys (self-injectable)	hepatitis C
Testim	testosterone gel

Now Available at Tier 2 (Middle) Copayment

Medication	Treatment
Hepsera	hepatitis B
Lexapro	depression
Mesnex	cytoprotective agent
Metaglip	diabetes
Neulasta (self-injectable)	neutropenia
Orfadin	tyrosinemia
Rebif	multiple sclerosis

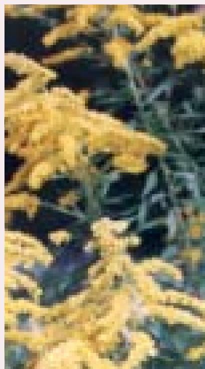
Excluded from coverage

Medication	Treatment
Xyrem	cataplexy

Additional Formulary Changes:

Removed from the Formulary and is available at Tier 3 (Highest) Copayment

Medication	Treatment
Test strips *(Note: Test strips manufactured by Lifescan and Roche remain at Tier 2)*	diabetes
Zocor	antihyperlipidemia



Treatment for Seasonal Allergic Rhinitis is now available without a prescription:

The Food and Drug Administration recently approved all formulations of Claritin (loratadine) to be sold without a prescription. The Claritin line of over-the-counter products will be marketed in all five formulations, at original prescription strengths. The five formulations include: Claritin tablets and RediTabs tablets; Claritin-D 12-hour and 24- hour extended release tablets; and Claritin syrup.

As an over-the-counter medication, Claritin will no longer be covered under the pharmacy benefit plan. Allegra and Zyrtec are still available by prescription, and covered under the pharmacy benefit at the highest copayment level (Tier 3).

Proposed New **HEDIS** *Measures*

The National Committee for Quality Assurance, a private, non-profit organization, accredits and certifies a wide range of health care organizations and manages the evolution of The Health Plan Employer Data and Information Set (HEDIS). HEDIS has become the most commonly applied standardized measure of health plan performance in the United States. Accredited health plans are required to report HEDIS rates to NCQA.

We want to let you know about new HEDIS measures now because NCQA intends on adding them to HEDIS 2004. HEDIS 2004 will measure performance for the 2003 calendar year. The new measures focus on major areas of clinical and public health, including the appropriate prescribing and use of antibiotics. In 1998, about 30 percent of the 25 million patients who sought care for non-specific upper respiratory infection (i.e., the common cold) received antibiotics, many of them unnecessarily. This tendency to over-prescribe antibiotics has contributed to the rise of bacterial strains that are increasingly resistant to antibiotics. According to the Centers for Disease Control and Prevention, drug-resistant forms of bacteria cause an estimated 150,000 hospitalizations for pneumonia annually. In addition, more than 8,000 deaths result from invasive diseases, such as meningitis, attributable to antibiotic-resistant strains of bacteria.

"The excessive use of antibiotics can not only be costly, but literally life threatening," said Joseph Silva, M.D., Dean, University of California, Davis School of Medicine and Chair, California Medical Association Foundation Antibiotic Resistance Project. "Through these new measures, HEDIS will help lower the risk of potentially fatal infections, side effects and allergies."

PROPOSED NEW CLINICAL MEASURES:

- ***Appropriate Treatment of Children with Upper Respiratory Infection (URI)*** assesses if antibiotics were inappropriately prescribed for a condition that does not warrant antibiotic therapy. Current clinical guidelines do not recommend the use of antibiotics to treat URI.

- ***Appropriate Antibiotic Treatment for Children with Pharyngitis*** assesses if physicians performed appropriate tests to diagnose group A streptococcus infection to guide antibiotic prescribing.

- ***Colorectal Cancer Screening*** measure is consistent with the recommendations of the United States Preventive Services Task Force and the recommendations of the American Cancer Society for colorectal cancer screening. The measure assesses the proportion of health plan members ages 50–80 who receive:
  - Fecal Occult Blood Test during the measurement year.
  - Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year.
  - Colonoscopy during the measurement year or the nine years prior to the measurement year.
  - Double Contrast Barium Enema during the measurement year or the four years prior to the measurement year.

Colorectal cancer is the second leading cause of cancer-related death in the United States. There were an estimated 135,400 new cases and 56,700 deaths from the disease during 2001 (www.cancer.org/downloads/STT/F&F2001.pdf). Colorectal cancer screening can detect pre-malignant polyps and early stage cancers. Unlike other screening tests that only detect disease, colorectal cancer screening can guide removal of pre-malignant polyps,

which in theory can prevent development of colon cancer.

- ***Management of Urinary Incontinence (UI) in Older Adults*** is a two-part measure that tracks the percentage of Medicare members 65 and older who reported a urine leakage problem and (a) discussed the problem with a health care provider and (b) received treatment in the past six months. Of persons age 60 and over, 15–35 percent suffer from UI, or the unintentional loss of urine; the prevalence is twice as high in women.

- ***Outpatient Management of Heart Failure*** tracks the rate of members 65 and older who received a beta-blocker prescription within 90 days of a hospital discharge for heart failure. One in 10 people over age 65 are diagnosed with heart failure.

- ***Osteoporosis Management in Women Who Have Had a Fracture*** measures the percentage of women 67 and older who were diagnosed with a fracture and who received either a Bone Mineral Density test or prescription treatment for osteoporosis within six months of the date of the fracture. Ten million Americans have osteoporosis; 80 percent are women.

- Four different categories of chemical dependency services are reported in the ***Identification of Alcohol and Other Drug Services*** measure: inpatient, day/night, ambulatory and any (inpatient, day/night, ambulatory). Substance abuse is responsible for more deaths, illnesses and disabilities than any other preventable health condition.

- The two-pronged ***Initiation and Engagement of Alcohol and Other Drug Dependence Treatment*** measure tracks the percentage of adults with AOD dependence who initiate treatment and the percentage who receive two additional AOD services within 30 days of that initiation.

For more information about any of these measures, please contact Pat Scheer, Quality Operations Manager, at 787-4000 ext. 3435 or pscheer@hne.com.

GUIDELINE UPDATE

Updates to the 2003 Preventive Health Recommendations for Adults and Pediatrics and the 2003 immunization schedule are complete. Health New England has continued to work with the Massachusetts Health Quality Partnership (MHQP) and will once again endorse the updates and revisions to these recommendations. All the health plans in the state of Massachusetts have endorsed the same set of preventive health recommendations. MHQP is planning the distribution of the 2003 Preventive Health Recommendations and the immunization schedule during the month of May. HNE will also be including the preventive health guidelines and the immunization schedule in our Program Description and Guidelines book, which is planned to be distributed in June to all HNE providers. In addition, the 2003 Guidelines will be on the HNE website in May, go to healthnewengland.com, click on Healthy Directions, click on General Health.

Partnerships in Caring for Children in Schools

Type 2 Diabetes in Children

April 30, 2003

The Chestnut Conference Center, Baystate Medical Center, 759 Chestnut St., Springfield, MA

teleconferenced to Franklin Medical Center & Hampshire Educational Collaborative

Jointly sponsored by: Academic Affairs: Continuing Education, Baystate Health System & Health New England

Registration

Space is limited and registrations will be accepted on a first come first served basis. On-line registrations are given first priority.

TO REGISTER:
go to www.baystatehealth.com/coned

Click on Course/List Registration

Select Conferences and Symposium

Choose the Diabetes 2 course from the list of available courses.

Be sure to register for the location at which you would like to view the conference.

For additional information e-mail
johanna.barnett@bhs.org

Objectives

This program is designed for pediatricians, family practice physicians, general practice physicians, pediatric nurse practitioners, nurses working in ambulatory pediatric settings, and dietitians.

The goal of this program is to provide you with an update on key issues in the diagnosis and management of Type 2 Diabetes in children.

By participating in this program you should be able to answer the following questions:

- What are the contributing factors to the increasing prevalence of obesity in children and adolescents?
- How does a primary care provider determine which children are at risk for Type 2 Diabetes?
- What diabetes medications are effective and safe for use in children and adolescents?
- Describe a practical exercise program for the child with diabetes.
- Explain the nutritional standards for the treatment of Type 2 Diabetes.

Program

5:00 **Registration, Exhibits and Dinner**
(Springfield Location)

5:20 **Introduction**
Thomas Ebert, MD
Medical Director, Health New England

5:30 **Update: Type 2 Diabetes in Children**
Holley Allen, MD

6:30 **Exercise and the Child with Type 2 Diabetes**
Lynn Ostrowski, MEd

7:10 **Break**

7:30 **Nutrition: Helping Patients Make Better Food Choices**
Jennifer Giffune, RD, LDN

8:10 **Panel Discussion**

8:30 **Adjourn**

Faculty

HOLLEY ALLEN, MD
Director, Pediatric Endocrinology
Baystate Medical Center Children's Hospital
Assistant Professor of Pediatrics
Tufts University School of Medicine

JENNIFER GIFFUNE, RD, LDN
Diabetes Dietitian
Noble Hospital, Outpatient Department
Westfield, Massachusetts

MARYLYNN OSTROWSKI, MEd
Health Programs Manager
Health New England
Springfield, Massachusetts

UTILIZATION MANAGEMENT *Notices & Reminders*

- Effective immediately, prior approval for carpal tunnel or median nerve release will no longer be required.
- Effective May 1, clinical criteria have changed for: COX-2 inhibitors; growth hormone; and reduction mammoplasty. For a copy of the criteria, please contact Health Services, ext. 3416.
- Effective June 26, in accordance with the practice of many of our hospital providers, Health New England will begin utilizing Managed Care Appropriateness Protocol (The Oak Group), in place of the InterQual® (McKesson) criteria. MCAP criteria will be used for utilization review of:
  - Medical-surgical acute care
  - Rehabilitation care
  - Sub-acute care
  - Skilled nursing facility care
  - Home care

  Because InterQual criteria is used for utilization review of rhinoplasty, septoplasty, laser assisted uvuluopalatopharyngoplasty (UPPP), and panniculectomy procedures, the criteria for these procedures will also be changed, effective June 26.
- Effective July 1, prior approval will be required for Neuropsychological Testing and Intravenous Immunoglobulin (IVIg) therapy. For a copy of the criteria, please contact Health Services, ext. 3416.
- New Exclusions:
  - Xyrem, a prescription drug (effective April 1)
  - Diagnostic tests analyzed in functional medicine laboratories such as Great Smokies Diagnostic Laboratories (effective May 1)
  - INJEX™/ROJEX™ Needle-Free Injection System (effective July 1)
  - Growth-Factor-Mediated Lumbar Spinal Fusion Devices such as the InFUSE™ Bone Graft/LT-CAGE™ Lumbar Tapered Fusion Device (effective July 1)
- The Authorization Request Form will be revised effective May 1. Health New England will not accept the prior versions of this form for authorizations submitted on or after July 1. Please make sure you are using the correct form. If you need additional forms, please go to the HNE website or contact the Network Development and Operations Department, ext. 5000. Instructions for completing the forms are also available upon request.
- Also beginning on May 1, Health Services will have new fax numbers:
  - Health Services Management (HSM): 413-233-2700
  - Managed Mental Health Program (MMHP): 413-233-2800
  - Pharmacy Services: 413-233-2777

  Please note: The HSM Fax in the Berkshire Office will remain 413-499-6265.

BERKSHIRE PROVIDERS – Notice of Change in Utilization Management for Mental Health and Substance Abuse Services

Effective April 1, the Health New England Mental Health Triage Unit will conduct all utilization management activities for mental health and substance abuse services for Berkshire County members. 1-800-842-4464 ext. 5020

Does HIPAA Affect Audits of Patient Medical Records?

Health New England conducts quality improvement activities as required for licensure and accreditation purposes. Accreditation includes the National Committee for Quality Assurance HEDIS reporting. As part of quality improvement processes, HNE performs periodic audits of various physician offices and requests medical records.

The audits include the review of randomly selected medical records of patients that are, or have been, members of HNE. The records are maintained by the physician. Specific activities conducted during the audits include review of documentation within medical files, assessment of appropriate follow-up care for patients with certain illnesses, and confirmation of compliance with appropriate immunization schedules.

Some physicians have expressed concern about whether they may disclose medical record information to HNE in light of the privacy rule requirements of the Health Insurance Portability and Accountability Act (HIPAA). HIPAA prohibits covered entities, which includes physicians and health plans, from using or disclosing protected health information without an individual authorization except for treatment, payment or health care operations purposes and for certain other specific purposes outlined by the HIPAA Privacy Rule. (45 C.F.R. §§ 164.502, 164.506.) The definition of health care operations includes quality improvement, accreditation and licensing activities. (45 C.F.R. § 164.501.)

The recent changes to the HIPAA Privacy Rule issued in August 2002 and in a recently released guidance confirm that covered entities may disclose PHI to other covered entities for the other covered entity's treatment, payment and limited health care operations purposes, as defined by the Privacy Rule, as long as the request relates to current or former patients or members. [45 C.F.R. § 164.506(c)(4)]. HNE's quality improvement and accreditation activities are included within these limited health care operations. The disclosure of health information by physicians to HNE, or HNE's audit of medical records maintained by physicians, is permissible under the HIPAA Privacy Rule.

HNE recognizes that physicians are concerned with compliance with applicable privacy laws. We share those same concerns and as a company will proceed only in a manner that is consistent with applicable laws.

Please contact the HNE Legal Department at 787-4000 if you have additional questions or concerns.

In its "Guidance Explaining Significant Aspects of the Privacy Rule" dated December 4, 2002, the U.S. Department of Health & Human Services Office of Civil Rights stated :

The HIPAA Privacy Rule permits a provider to disclose protected health information to a health plan for the quality-related health care operations of the health plan, provided that the health plan has or had a relationship with the individual who is the subject of the information, and the protected health information requested pertains to the relationship. See 45 CFR 64.506(c)(4).

Thus, a provider may disclose protected health information to a health plan for the plan's Health Plan Employer Data and Information Set purposes, so long as the period for which information is needed overlaps with the period for which the individual is or was enrolled in the health plan.

Practitioner Satisfaction & Utilization Management Survey Results

	QUESTION	RATING			
Q1 Part I	**Thinking about HNE's Utilization Management Program, how satisfied are you with the**	**Very Satisfied**	**Satisfied**	**Unsatisfied**	**Very Unsatisfied**
Q1a	Overall fairness of the Utilization Mgt Process?	26.6%	67.0%	5.5%	0.9%
Q1b	Overall objectivity of the Utilization Mgt Process?	24.3%	70.1%	4.7%	0.9%
Q1c	Consistency in how decisions are made?	26.6%	69.1%	2.1%	2.1%
Q1 Part II	**Please rank:**	**Excellent**	**Good**	**Fair**	**Poor**
Q1d	Ease of obtaining pre-authorization from HNE?	27.6%	45.7%	19.0%	7.6%
Q1e	Ease of HNE's hospital admission process?	30.3%	64.0%	4.5%	1.1%
Q1f	Ease of HNE's continued stay review?	25.3%	64.6%	8.9%	1.3%
Q1g	Ease of HNE's case management process?	23.8%	65.5%	7.1%	3.6%
Q1h	Ease of reaching a physician reviewer?	23.4%	59.4%	14.1%	3.1%
Q1 Part III		**Very Often**	**Often**	**Sometimes**	**Never**
Q1i	How often has feedback you received changed the clinical care you provided or your perception of the case?	4.9%	6.2%	44.4%	44.4%
Q2 Part I	**Thinking about patient continuity and coordination of care, if you are a PCP - when you refer a patient to a specialist**	**Very Often**	**Often**	**Sometimes**	**Never**
Q2a	How often does the specialist advise you of the results of the patient evaluation, care rendered, and recommended follow up care?	52.3%	44.6%	1.5%	1.5%
Q2 Part II	**Thinking about patient continuity and coordination of care, if you are a Specialist - when a PCP refers a patient to you**	**Very Often**	**Often**	**Sometimes**	**Never**
Q2b	How often do you advise the PCP the results of the patient evaluation, care rendered, and recommended follow up care?	80.6%	9.7%	9.7%	0.0%
Q2 Part III	**PCPs and Specialists - when a patient receives care in a setting indicated below, how satisfied are you with**	**Very Satisfied**	**Satisfied**	**Unsatisfied**	**Very Unsatisfied**
Q2c	Feedback received from hospitals?	17.8%	64.5%	16.8%	0.9%
Q2d	Feedback received from skilled nursing facilities?	8.9%	69.6%	20.3%	1.3%
Q2e	Feedback received from home care agencies?	12.6%	76.8%	9.5%	1.1%
Q2f	Hospital discharge planning?	20.0%	68.4%	11.6%	0.0%

Q3	**Thinking about Health New England…**	**Excellent**	**Very Good**	**Good**	**Fair**	**Poor**
Q3a	How would you rate HNE's overall performance as a managed care organization?	21.1%	43.0%	25.4%	7.9%	2.6%
Q3b	Please rank the overall ease of doing business with HNE?	21.9%	41.2%	21.9%	10.5%	4.4%

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It is Health New England's (HNE) policy:

- *to encourage open clinical dialogue between HNE providers and our members. HNE providers have always been, and continue to be, free to communicate with members regarding the treatment options available to them, including medication treatment options, regardless of benefit coverage limitations; and,*

- *that decisions regarding patient care are made based upon the appropriateness of care and the services rendered. This process reflects the need to avoid underutilization of necessary services. In the event that a service is denied, the decision is based upon the appropriateness of the service within the scope of covered benefits. HNE does not offer incentives to encourage denials, nor is compensation tied to denials.*