Continuity and coordination of care between medical and behavioral health is important to the delivery of quality health care, as behavioral and medical disorders can interact to affect an individual’s health.

Until recently, the role of the primary care physician (PCP) had been to address medical issues but not necessarily their patients’ mental health issues. However, PCPs today prescribe many mental health medications (e.g., depression and attention-deficit disorders). Therefore, it is crucial that communication and collaboration exist between medical and behavioral health professionals.

You can take a few easy steps to communicate with your behavioral health professional:

- Have your patient sign a Release of Information Form, which allows you to communicate with their behavioral health provider.

Continued on page 3
Assessing Reproductive Coercion

Reproductive coercion involves behaviors related to reproductive health that are intended to maintain power and control in a relationship. These behaviors involve someone who is, was, or wishes to be in an intimate or dating relationship with an adult or adolescent. Interference with contraception, unwanted attempts to impregnate or become impregnated, and attempts to control a pregnancy outcome, are examples of reproductive coercion. Both men and women may be subjected to birth control sabotage or pregnancy pressure and coercion within a relationship. However, data surrounding males’ experiences and their associated reproductive health consequences are limited.

Health care providers have a unique opportunity to assess and intervene due to their ability to provide specific services during an appointment.

In February, 2013, The American College of Obstetrics and Gynecologists (ACOG) published health care provider recommendations regarding reproductive coercion. These recommendations outline how providers can create a safe and supporting environment for assessment and patient disclosure, examples of effective screening questions, and several methods for intervention such as safety planning and the provision of long-acting methods of contraception.

For further detail, please read the ACOG Committee on Health Care for Underserved Women’s Opinion on Reproductive and Sexual Coercion at www.acog.org. Wallet-sized reproductive coercion safety cards are available for patients by contacting ACOG at underserved@acog.org.

Information and Resources

- Futures Without Violence—www.futureswithoutviolence.org

National guidelines recommend screening for LDL cholesterol (LDL-C), and that LDL-C be lowered to less than a 100 mg/dl in persons with coronary or other atherosclerotic vascular disease because they are at high risk for recurrent and new atherosclerotic events.

Along with dietary therapy and therapeutic lifestyle changes, it is recommended that a statin be prescribed in the absence of contraindications or adverse events to treatment. It is recommended that this lipid lowering therapy be initiated before hospital discharge. For secondary prevention, the reduction of LDL-C is associated with a reduction of 20–25% of cardiovascular death and non fatal MI and 15–20% reduction of death from all causes.

NHP has LDL-C screening and LDL-C and risk reduction as a goal for our members with atherosclerotic vascular disease, and we encourage you to order this test for these patients and work with them to reduce their LDL-C.

Modification of other risk factors—including smoking, obesity, hypertension and diabetes, and the use of diagnosis-appropriate medications including anti-thrombotics—also impacts recurrent atherosclerotic events and death.

For members who need additional support and services, NHP has resources to help:

- Assistance from an NHP Care Manager and/or Social Care Manager, for disease management and to reduce barriers to health care. Call the Provider Service Center at 1-855-444-4647 and ask for Care Management.
- “Healthwise”—An educational tool in both English and Spanish where viewers can learn more about their disease, risk factors, and medications, available at www.nhp.org.
- “Smart Neighbor”—A list of community resources, available at www.nhp.org.

In the Exam Room...

Are you seeing a 3- to 21-year-old NHP member who is almost, but not quite, due for their annual well-child check? If so, go ahead and perform the well-child check. We want our members to receive their necessary preventive care—so NHP does not adhere to a strict one-year and one-day rule for annual well-child checks for members age 3 to 21.
Pharmacy & Therapeutics (P&T) Update

The Pharmacy and Therapeutics (P&T) Committee has reviewed the following medications for tier status and copays.

Tier 1 (New Generics)
- Atacand HCT (candesartan-hydrochlorothiazide)
- Maxalt (rizatriptan)
- Lamictal XR (lamotrigine extended release)
- Suboxone sublingual tablets (buprenorphine-naloxone)

The P&T Committee has voted to implement changes in the step therapy program for Nasal Steroid Step Therapy, effective April 15, 2013.

First Line Medications
- flunisolide (compare to Nasalide 25mcg)
- flunisolide (compare to Nasarel 29mcg)

Second Line Medications
- fluticasone propionate (compare to Flonase)

The Pharmacy and Therapeutics Committee has voted not to cover Dymista (azelastine/fluticasone nasal).

Quantity limits promote cost effective prescribing by limiting the number of units of medication that can be dispensed over a given time. These are established based on strengths available and the recommended doses.

Step Therapy is an automated case review based on P&T established guidelines and the individual member’s NHP pharmacy profile. This process occurs with a pharmacy claims submission and does not require provider intervention if prior NHP pharmacy claims indicate use of the first line and/or second line medications.

Supporting Providers and Members through E-prescribing

Electronic prescribing, or e-prescribing, continues to grow rapidly among providers. The reasons are simple. It decreases medication errors, greatly reduces call-backs from pharmacies, and may give immediate access to detailed member medication history and plan benefit requirements.

NHP supports e-prescribing through its partnership with Catamaran, our pharmacy benefit provider. When you use e-prescribing for an NHP member, you may see the member’s medication history, drug details (including formulary and prior authorization status), and drug copay details. Our goal is to help you and your patient avoid unnecessary delays getting medication.

In 2012, nearly half of all new and renewal prescriptions were sent electronically. The growing acceptance by providers has spurred the majority of community and chain pharmacies to accept e-prescriptions.

Catamaran, our partner in providing pharmacy benefits, is actively involved with the National Council for Prescription Drug Programs to improve the e-prescribing experience and related transactions. Ease of use, accessibility, and compliance with CMS and HIPAA are priorities as Catamaran works toward future enhancements.

Adoption of e-prescribing among providers continues to rise rapidly as it becomes a primary component of electronic health record systems. These systems include comprehensive medical information regarding a patient, and are ideally connected to other systems—including pharmacies, health systems, health plans, and pharmacy benefit managers.

To learn more about e-prescribing, visit the American Medical Association’s online Learning Center at www.ama-assn.org /ama/pub/eprescribing/home.shtml.

Continuity of Care

Send any pertinent lab results or prescribed mental health medications to his/her behavioral health provider.

If you receive the BH/PCP Communication Form from a behavioral health provider, please fill in your section and return it.

NHP’s behavioral health partner, Beacon Health Strategies, offers PCPs technical assistance in caring for their patients with behavioral health issues. Beacon also offers care management programs that address both mental health and substance use conditions.

To learn more about these services, call Beacon’s 24-hour Clinical Access Line at 1-800-414-2820 or go to the provider section of Beacon’s website at www.beaconhealthstrategies.com.

Spring 2013
Diabetes Quality Measures

Quality measures for diabetes care are at the top of NHP’s quality metrics, and used to evaluate care delivery. These measures reflect only a fraction of the many elements of care for diabetics, but will guide an integrated care organization’s (ICO) assessment of quality of care provided by you and your colleagues. Each measure is recommended by the American Diabetes Association (ADA) and achievable by most patients participating in care, working with clinic-based teams.

Room for Improvement

- Despite clinicians’ best efforts, many plans struggle to assure that all diabetics get Hgb A1c at least twice yearly, and that values show optimal A1C control.
- Lipid and blood pressure management are routine issues for primary clinicians, and another area in which NHP clinicians can do even better. For diabetics, we see some patient’s missing yearly LDL cholesterol measures, or failing to achieve American Diabetes Association (ADA) targets for blood pressures below 140/80 mm and LDL-C below 100 mg/dL (2.6 mmol/L) in the absence of vascular disease.
- NHP does better, but could improve further in yearly exams for retinopathy and nephropathy.
- For all these measures, there is room for improvement. It may be particularly difficult to achieve these goals in patients who miss visits. If requested, NHP can offer telephone support from diabetes care managers to support your clinical efforts. Call the Provider Service Center at 1-855-444-4647 and ask for Care Management.
Advance Directives
NHP members have the right to execute advance directives such as health care agents and proxies, living wills and organ donation cards to inform health care providers what to do if they become unable to make decisions about their care. NHP actively attempts to increase awareness of its adult members, participating providers, and NHP staff of the importance of members executing an advance directive.

When applicable, providers should discuss with patients their wishes for an advance directive as part of office visits. The discussion should be documented in the patient’s medical record and updated regularly, including whether or not the patient chooses to execute an advance directive. If a patient establishes a written advance directive, it is advised that a provider maintain a copy of this in the patient’s medical record. If patients need information on advance directives, they can go to www.caringinfo.org.

Practice Guidelines
NHP endorses the Massachusetts Health Quality Partners Adult and Pediatric Preventive Care Guidelines and the Prenatal Care Guidelines, the National Heart, Lung, Blood Institute Guidelines for the Diagnosis and Management of Asthma, and the Massachusetts Asthma Action Plan, the Institute for Clinical Systems Improvement guideline on the treatment of Major Depression in Adults in Primary Care, the Massachusetts Guidelines for Adult Diabetes Care, the U.S. Department of Health and Human Services guidelines for HIV/AIDS Treatment Information Service Guidelines. Through Beacon Health Strategies, NHP’s Behavioral Health Partner, NHP endorses the American Academy of Child and Adolescent Psychiatry’s (AACAP) Practice Parameter for the Assessment and Treatment of Children and Adolescents with Attention-Deficit/Hyperactivity Disorder.

To access these guidelines endorsed by NHP, click on Providers, Clinical Resources and then Clinical Practice Guidelines at www.nhp.org.

Paper copies of all guidelines are available upon request. Contact Catherine Jason, Manager of Clinical Compliance and Education for the Clinical Operations Department, at 617-204-1427 or 1-800-433-5556, x1427.

Availability of the Appropriate Practitioner to Discuss Utilization Management Decisions
In all instances of medical necessity denials, it is NHP’s policy to provide the treating/referring practitioner with an opportunity to discuss a potential denial decision with the appropriate practitioner. NHP is accessible to practitioners seeking information about the utilization management process and authorization requests and decisions Monday–Friday, 8:30 a.m.–5:30 p.m. Please call 1-800-462-5449 or 617-772-5565. (The fax number is 617-772-5512 or 617-478-7175.) For after-hours requests and utilization management issues, you may leave a message or fax. These lines are available 24/7. All requests and messages will be retrieved on the next business day.

Member Rights and Responsibilities
NHP members are entitled to specific rights, including accessing and correcting medical records information, as shown below.

Members must be allowed to freely apply these rights without negatively affecting how they are treated by providers and/or NHP. In addition, NHP providers must treat NHP members with fairness, honesty and respect, including refraining from any biases based on income status, physical or mental condition, age, gender, sexual orientation, religion, creed, race, color, physical or mental disability, national origin, English proficiency, ancestry, marital status, veteran’s status, occupation, claims experience, duration of coverage, pre-existing conditions, actual or expected health status, need for health care services, ultimate payer for services or status as a member.

Member Rights
Our valued NHP members have the right to:

- Receive information about NHP, our services, our providers and practitioners, their covered benefits, and their rights and responsibilities as a member of NHP
- Receive documents in alternative formats and/or oral interpretation services free of charge for any materials in any language
- Have their questions and concerns answered completely and courteously
- Be treated with respect and with consideration for their dignity
- Have privacy during treatment and expect confidentiality of all records and communications
- Discuss and receive information regarding their treatment options, regardless of cost or benefit coverage, with their provider in a way which is understood by them
- Be included in all decisions about their health care, including the right to refuse treatment and the right to receive a second opinion on a medical procedure at no cost to them
- Access emergency care 24 hours a day, seven days a week
- Change their primary care provider
- Access an easy process to voice their concerns, and expect follow-up by NHP
- File a grievance or appeal or if they have had an unsatisfactory experience with NHP or with any of our contracted providers, or if they disagree with certain decisions made by NHP
- Make recommendations regarding NHP’s “Member Rights and Responsibilities”
- Create and apply an advance directive, such as a will or a health care proxy, if they are over 18 years of age
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation
- Freely apply their rights without negatively affecting the way NHP and/or your provider treats them
- Ask for and receive a copy of their health record and request that it be changed or corrected
- Receive the Covered Services they are eligible for

Member Responsibilities
Members of NHP also have the responsibility to:

- Choose a primary care provider, the provider responsible for their care
- Call their primary care provider when they need health care
- Tell any health care provider that they are an NHP member
- Give complete and accurate health information that NHP or their provider needs in order to provide care
- Understand the role of their primary care provider in providing their care and arranging other health care services that they may need
- To the degree possible, understand their health problems and take part in making decisions about their health care and in developing treatment goals with their provider

(continued)
Follow the plans and instructions agreed to by them and their provider
Understand their benefits and know what is covered and what is not covered
Call their primary care provider within 48 hours of any emergency or out-of-network treatment. If they experienced a behavioral health emergency they should contact their behavioral health provider, if they have one
Notify NHP of any changes in personal information such as address, telephone, marriage, additions to the family, eligibility of other health insurance coverage, etc.
Understand that they may be responsible for payment of services they receive that are not included in the Covered Services

Affirmation
NHP recognizes that underutilization of medically appropriate services has the potential to adversely affect our members' health and wellness. For this reason, NHP promotes appropriate utilization of services. NHP's utilization management (UM) decisions are based only on appropriateness of care and service and existence of coverage. NHP does not specifically reward practitioners or other individuals conducting utilization review for issuing denials of coverage or service, nor does NHP provide financial incentives to UM decision-makers to encourage decisions that result in underutilization.

Medical Records Requirements
Just a reminder that MassHealth requires that NHP participating providers must include the following elements (at a minimum) in NHP member medical records. The NHP member medical record (whether paper or electronic) must:

- Be maintained in a manner that is current, detailed, and organized and that permits effective patient care, utilization review and quality review.
- Include sufficient information to identify the NHP member, date of encounter and pertinent information which documents the NHP member's diagnosis.
- Describe the appropriateness of the treatment/services, the course and results of the treatment/services and treatment outcomes.
- Be consistent with current and nationally accepted professional standards for providing the treatment/services, as well as systems for accurately documenting the following:
  - NHP member's information including, among other things, primary language spoken
  - Clinical information
  - Clinical assessments
  - Treatment plans
  - Treatment/services provided
  - Contacts with the NHP member's family, guardians, or significant others
  - Treatment goals and outcomes
  - All contacts with state agencies, as applicable
  - Be consistent with commonly accepted standards for medical record documentation, as follows:
    » Each page in the record contains the patient's name or ID number.
    » Personal biographical data include the address, home telephone, mobile telephone, and work telephone numbers, name of employer, marital status, primary language spoken, and any disabilities, such as visually impaired, hearing impaired, uses a wheelchair.
    » All entries in the medical record contain the author's identification. Author identification may be a handwritten signature, unique electronic identifier, or initials.
    » All entries are dated.

- The record is legible to someone other than the writer.
- Significant illnesses and medical conditions are indicated on the problem list.
- Medication allergies and adverse reactions are prominently noted in the record. If the NHP member has no known allergies or history of adverse reactions, this is appropriately noted in the record.
- Past medical history is easily identified and includes serious accidents, operations and illnesses. For children and adolescents, past medical history relates to prenatal care, birth, operations, and childhood illnesses.
- For children, adolescents and adults, there is appropriate notation concerning the use of cigarettes, alcohol and substances.
- The history and physical examination identifies appropriate subjective and objective information pertinent to the patient's presenting complaints.
- Laboratory and other studies are ordered, as appropriate.
- Working diagnoses are consistent with findings.
- Treatment plans are consistent with diagnoses
- Encounter forms or notes have a notation, regarding follow-up care, calls or visits, when indicated. The specific time of return is noted in weeks, months, or as needed.
- Unresolved problems from previous office visits are addressed in subsequent visits.
- For children, adolescents and adults, there is appropriate notation for under- or over-utilization of specialty services or pharmaceuticals.
- If a consultation is requested, there is a note from the specialist in the record.
- Consultation, laboratory and imaging reports filed in the chart are initialed by the practitioner who ordered them, to signify review. (Review and signature by professionals other than the ordering practitioner do not meet this requirement.)
- Unresolved issues of the medical record are addressed in follow-up plans.
- There is no evidence that the patient is placed at inappropriate risk by a diagnostic or therapeutic procedure.
- An immunization record (for children) is up to date or an appropriate history has been made in the medical record (for adults).
- There is evidence that preventive screening and services are offered in accordance with the EPSDT Periodicity Schedule or, for individuals over age 21, the Provider's own practice guidelines, including the administration of behavioral health screenings.

For records pertaining to inpatient hospital services, include the following information:
- Identification of the NHP Member
- The name of the NHP Member’s physician
- Date of admission, and dates of application for and authorization of MassHealth benefits if application is made after admission
- The plan of care required
- Initial and subsequent continued stay review dates
- Date of operating room reservation, if possible
- Justification of emergency admission, if applicable
- Reason and plan for continued stay, if the attending physician believes continued stay is necessary
- Other supporting material that NHP’s Care Management staff believes appropriate to be included in the record

Thank you for adhering to these medical record requirements.