The Source

Summer 2013

healthfirst®

IN THIS ISSUE

CONTACTS

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Monday – Friday, 8:30am – 5:30pm

Provider Services
1-888-801-1660
Monday – Friday, 9:00am – 5:00pm

Fraud, Waste & Abuse Anonymous Hotline
1-877-879-9137

Member Services: CHP, FHP, Medicaid
1-866-463-6743
Monday – Friday, 8:00am – 6:00pm

Member Services: Medicare
1-888-260-1010
Monday-Friday, 8:00am – 8:00pm

Produced by:
Marketing & Communications

From the Desk of the Chief Medical Officer

Dear Valued Provider,

This year, as we celebrate our 20th anniversary, I would like to share with you two recent developments that further Healthfirst's commitment to providing quality and accessible coverage to underserved communities: our acquisition of Neighborhood Health Partners ("Neighborhood") and our participation in the New York Health Benefit Exchange.

In February, Neighborhood joined the Healthfirst family of companies. Neighborhood is a leader in providing Medicaid, Family Health Plus, and Child Health Plus programs throughout the Bronx, Brooklyn, Manhattan, Queens, Staten Island, and Suffolk County. The combined resources of Healthfirst and Neighborhood will enable us to better serve our collective membership and strengthen the work we do in providing affordable healthcare to broader populations in the New York metropolitan area.

The New York Health Benefit Exchange is a new kind of marketplace for the purchase of health insurance. This is a result of the passage of the Patient Protection and Affordable Care Act. The Act includes several provisions designed to expand coverage to uninsured populations, control costs and improve the delivery of services. As your partner, we want to help you understand what this means for you and your patients. On page 3, we provide answers to some of the questions you might have about the Exchange and how Healthfirst will be involved with it.

Also in this edition of *The Source*, we talk about Healthfirst's coordinated and thoughtful approach to caring for members through education and quality improvement programs. We highlight strategies to help prevent falls by seniors and discuss ways to promote asthma self-management among your Healthfirst patients. As always, if you have any questions concerning the articles and information in this issue, please do not hesitate to contact us.

We appreciate having you in the Healthfirst network and thank you for providing quality healthcare to our members.

Until next time,

Jay Schechtman, M.D., M.B.A.
Senior Vice President
Chief Medical Officer

Let us know what you think of ***The Source***. Send us an email at source@healthfirst.org.

Answers to Frequently Asked Questions Regarding

HEALTHCARE REFORM AND THE EXCHANGE

Beginning October 1, new health insurance marketplaces (sometimes called "Exchanges") will open in each state. These new health insurance marketplaces are a key component of the Patient Protection and Affordable Care Act (PPACA) legislation, also known as the Affordable Care Act (ACA) or the Healthcare Reform law. New York State will run its own, state-based "exchange" or "marketplace,*" and is currently working on key policy and operational and technical decisions to get it ready in time for Open Enrollment, which starts October 1, 2013.

What is the New York Health Benefit Exchange?

It will help people shop for and enroll in health insurance coverage. Eligible individuals, families and small businesses can use the Exchange to help them compare commercial insurance options, calculate costs and select coverage online, in person, over the phone or by mail. Individuals and families will be able to take advantage of this new "one-stop shopping" option to select the health insurance that best fits their needs.

The Exchange will also help New Yorkers check their eligibility for New York state government-sponsored healthcare programs, including Medicaid and Child Health Plus. New Yorkers will be able to sign up for these programs if they qualify. They will also be able to use the Exchange to see if they can get financial assistance to help them with health insurance costs.

How will the New York Health Benefit Exchange work?

Beginning October 1, 2013, consumers will be able to shop for a plan on New York's exchange, with coverage beginning January 1, 2014. Commercial plans on the Exchange are called Qualified Health Plans (QHPs). Public plans like Medicaid and Child Health Plus will also be on the Exchange. All QHPs sold on the Exchange must cover 10 categories of services collectively referred to as "Essential Health Benefits." Individuals and families whose income is up to 400% of the federal poverty level may also be eligible for federal government subsidies.

There will be a variety of groups located in communities throughout New York City that will be guiding people through the enrollment process in their own languages. One group will be called **Navigators** and will be funded by the state. They will provide outreach, education, and help consumers enroll through the Exchange. Another group will be called **Certified Application Counselors (CACs)** who are trained or certified by the state, but not paid by the state or the insurance companies. They will perform enrollment functions, but are not be required to do any outreach or education. This group will likely include the staff of community health centers and those who don't qualify to be Navigators. A third group will be called **Marketing Representative, Healthcare Specialists (MRHCS)**, and those will be our Healthfirst facilitated enrollers.

Healthfirst intends to participate in the Exchange in 2014. At this time, Healthfirst is not participating in the Small Business Health Option Program (SHOP) Exchange for small business groups.

Which plans will be offered on the New York Health Benefit Exchange?

Consumers will be able to choose coverage from Qualified Health Plans (QHP), categorized by actuarial value and referred to individually as Platinum, Silver, Gold, Bronze, and catastrophic plans. These plans will offer a set of "essential health benefits" including hospital, emergency, maternity, pediatric, drug, and lab services in addition to other care.

Who is eligible to purchase health coverage through the New York Health Benefit Exchange?

An individual is eligible to purchase health insurance coverage on the Exchange if he/she lives in New York State, is between 18 and 64 years old, and is a citizen or legal resident of the United States.

Subsidies to help pay for insurance will be available for those whose income meets certain federal poverty levels, too.

Remember, by law, every U.S. citizen or legal resident will be required to have health insurance (with limited exceptions) in 2014 or will have to pay a penalty.

When will the New York Health Benefit Exchange start?

The Health Benefit Exchange website will open on October 1, 2013, with coverage beginning January 1, 2014.

Please visit Healthfirst's **ExchangeFacts.org** for educational resources and links to information about the ACA and the New York Health Benefit Exchange. For additional information about the New York Health Benefit Exchange, visit **healthbenefitexchange.ny.gov.**

You can also email additional questions to ***HealthExchanges@Healthfirst.org***.

**New York's Exchange is called the New York Health Benefit Exchange for now, although that name will soon change.*

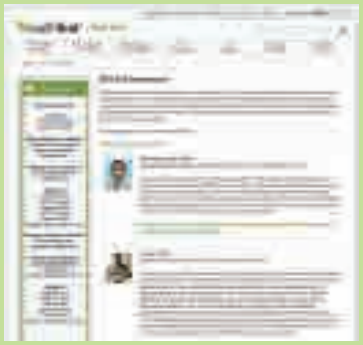
Provider Symposia:
Exchanging Ideas and Sharing Best Practices

Spring Symposium: **Left to right** | Siobhan Sundel, MSN, GNP-BC, ANP, Coffey Geriatric Center, Mount Sinai Medical Center; Elaine Gunn, Maimonides Medical Center; Melvyn L. Hecht, M.D., Maimonides Medical Center; and Diana Chandler, PharmD, New York State Medicaid Prescriber Education Program, State University of New York at Buffalo

Healthfirst's Biannual Provider Symposia brings together participating hospitals and primary care practices to share innovative approaches that can help raise the quality of care in the communities we serve.

Moderated by Healthfirst's Medical Director, Susan Beane, M.D., last year's symposia focused on optimizing the health status of older adults and enhancing the effectiveness of caring for children. The ***Innovative Best Practices in Effective Care for Older Adults*** symposium highlighted initiatives by geriatric and adult medicine practices that improved outcomes for senior patients. Presentations focused on healthcare issues unique to older adults. These included the geriatric patient-centered medical home; modifying electronic medical records (in regards to the care of older adults); training internal medicine residents in transitional care management; and strengthening caregiver outreach.

The ***Optimizing Health Outcomes for Children*** symposium focused on improving the health of our youngest members by covering topics such as obesity; oral health; mobile technology outreach; and family/cultural dynamics.



To learn more about our speakers and view the presentations, please visit our website at:

healthfirst.org/healthfirst-2012-fall-symposium.html

You may also contact Dr. Beane at:

sbeane@healthfirst.org

Fall Symposium: **Left to right** | Eugene Dinkevich, M.D., SUNY Downstate Medical Center; Cheryl Doyle, M.D., FAAP, FCCP, SUNY Downstate Medical Center at LICH; Joan Hittelman, Ph.D, Infant and Child Learning Center at SUNY Downstate Medical Center; and Susan Beane, M.D., Healthfirst

Key Measures to HEDIS 2013/QARR 2013

Please note that the measures indicated are a subset of the HEDIS/QARR measure set. Measures without changes are not noted. Please contact Laisha Washington at **lawashington@healthfirst.org** or **(212) 801-6186** to discuss if further clarification is needed.

Rotated Measures as per New York State Department of Health (NYS DOH) for QARR

The following QARR measures will be rotated for the 2013 measurement year (2012 dates of service), largely following the HEDIS 2013 rotation schedule. Health plans are not required to submit these measures, therefore medical record review and retrieval for these measures will not be required:

- Adolescent Preventive Care – NYS specific
- Childhood Immunization Status
- Cholesterol Management for Patients with Cardiovascular Conditions
- Colorectal Cancer Screening
- Comprehensive Diabetes Care
- Lead Screening in Children
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
- Relative Resource Use Measures (all five conditions)

Please note that although the rotation schedule for HEDIS 2013 includes Adult BMI Assessment, NYS DOH is not rotating these measures for QARR 2013.

New Measure Requirements

There are six new measures required for 2013 QARR:

- Adherence to Antipsychotic Medications for People with Schizophrenia (MA, HIV SNP)
- Asthma Medication Ratio (CPPO, CHMO, FHP EBI, CHP, MA, HIV SNP)
- Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (MA, HIV SNP)
- Diabetes Monitoring for People with Diabetes and Schizophrenia (MA, HIVSNP)
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder Using Antipsychotic Medications (MA, HIV SNP)
- HPV Vaccine for Female Adolescents (CPPO, CHMO, CHP, MA, HIV SNP)

Please refer to HEDIS 2013 Quick Reference Guides, available at **healthfirst.org/hedisqarr.html**, for code specific requirements for HEDIS/QARR measures.

Public Health Grand Rounds

Preventing a Million Heart Attacks and Strokes by 2017: The Million Hearts Initiative

Heart disease and stroke are, respectively, the first and fourth leading causes of death in the United States. Cardiovascular disease alone is responsible for one out of three deaths in the U.S. and costs the nation $444 billion per year in healthcare expenses and lost productivity. To address this problem, the Department of Health and Human Services (DHHS), Centers for Disease Control (CDC), Centers for Medicare and Medicaid Services (CMS), and a broad range of public and private-sector partners, have launched the Million Hearts Initiative. This initiative will promote cardiovascular disease prevention activities by using proven, effective, and inexpensive clinical and community interventions.

In the clinical field, Million Hearts will improve management of the "ABCS" — Aspirin for high-risk patients, Blood pressure control, Cholesterol management, and Smoking cessation. The initiative will also encourage community-based efforts to reduce smoking, improve nutrition, and reduce blood pressure. Between 1980 and 2000, heart attack deaths in the U.S. were reduced by 50% due to similar measures. By improving upon these efforts, the Million Hearts Initiative is projected to prevent more than a million heart attacks and strokes by the target date of 2017.

This session of Public Health Grand Rounds examined heart disease and stroke prevention interventions. It presented Million Hearts activities currently underway in cities such as San Diego and New York City; and discussed public and private sector collaboration for this national initiative. It also explored plans to unite existing prevention efforts with innovative programs that will ultimately help Americans live longer, healthier, and more productive lives.

You can receive free training, continuing education opportunities, and contact hours for watching Grand Rounds. The course will be available until January 21, 2014. You may visit **cdc.gov/about/grand-rounds/archives/2012/February2012.htm** to learn more about the training.

As a healthcare professional, you play a key role in helping patients live longer, healthier lives by reducing their risk for heart disease and stroke. Focus on the "ABCS" with your patients:

- Emphasize that controlling blood pressure and managing cholesterol reduces their risk of heart attack and stroke. Educate patients on goals for blood pressure (<140/90) and cholesterol (<100 mg/dL) control
- Talk to your patients about any difficulties they may have taking their medications. Find ways to make it easier for them
- Ask your patients about their smoking habits and provide smoking cessation counseling and tools to help current smokers quit
- Prescribe appropriate aspirin therapy for those who would benefit from it
- Promote heart-healthy habits to your patients, such as regular physical activity and a diet rich in fresh fruits and vegetables
- Reduce out-of-pocket costs for smoking cessation, blood pressure and cholesterol medications and services

We know that access to best practice information is crucial to providing your patients with quality healthcare. As part of our Chronic Care Improvement Program, Healthfirst has provided access to Clinical Practice Guidelines (addressing cardiovascular conditions) as well as other toolkits and resources below.

Clinical Practice Guidelines

www.healthfirst.org/clinical-practice-guidelines.html

Million Hearts Initiative Toolkits and Resources

millionhearts.hhs.gov/resources/toolkits.html

CDC Grand Rounds Toolkit

millionhearts.hhs.gov/Docs/GR_Toolkit/Grand_Rounds_toolkit.pdf

Source(s): Centers for Disease Control cdc.gov/about grand-rounds/archives/2012/February2012.htm

Million Hearts Initiative millionhearts.hhs.gov/Docs/MH_Partner_HCP_TP.pdf

Fall Prevention for Seniors: **Reducing Fall Risk Is Key**

Falls are among the most common health problems facing seniors today, and can lead to serious injury. Falls are associated with decreased mobility, increased reliance on healthcare services, and substantial costs. According to the American Geriatrics Society, British Geriatrics Society, and the American Academy of Orthopaedic Surgeons' Panel on Falls Prevention, older adults who have recurrent falls can lose confidence in their ability to move safely.

Falls can lead to problems with daily activities like dressing, bathing and walking. Yet of all the causes resulting in nursing home placement, falls are considered the most preventable. Frequently, older people are not aware of their risks of falling and, not recognizing the risk factors, do not report any such issues to their physicians. Consequently, opportunities for reducing these kinds of accidents may go unrecognized by healthcare providers, and risks may become evident only after injury and disability have occurred. The American Geriatrics Society, British Geriatrics Society and the American Academy of Orthopaedic Surgeons' Panel on Falls Prevention, all report that falls occur more often after age 60, and the severity of fall-related consequences rises. In the aged 65-and-over population, approximately 35% to 40% of community-dwelling, generally healthy older persons fall annually.

A falls risk assessment is a critical first step to establish strategies for preventing slips, trips or tumbles by seniors. The assessment should be conducted by a healthcare professional trained to conduct tests that measure an individual's strength, balance, gait stability and other factors. Individual risk factors identified in the evaluation may be adjusted according to the individual or environment, such as muscle weakness, medication side effects or something not modifiable (such as blindness). However, recognizing all risk factors is important for identifying appropriate interventions and making suitable referrals.

The American Geriatrics Society and British Geriatrics Society's Panel on Prevention of Falls in Older Persons, suggest that older patients should be asked by their healthcare provider, at least once a year, whether they have fallen since their last visit.

For those who have had a serious fall, recurrent falls in the last year, or who currently have difficulty with walking or balance,

a complete fall risk assessment should be done. This should be performed by a clinician with appropriate skills and experience.

Once at-risk senior candidates have been identified, multifaceted intervention strategies may help in decreasing risk factors and reducing falls. Two interventions that may be effective are physical therapy and home safety evaluations.

Specific interventions should be tailored to meet the needs of the individual as determined by a falls risk assessment and the findings of interdisciplinary team members. A multifaceted accident prevention program may include:

- Exercising, including balance and strength training
- Gait training with assistive devices
- Making improvements to home safety
- Reviewing and managing medications that may affect balance
- Treating chronic health conditions associated with falling
- Educating seniors on risk factors for falls and how to prevent falls

Source(s): Falls among older adults: an overview. Centers for Disease Control and Prevention: cdc.gov/HomeandRecreationalSafety/Falls/adultfalls.html. Updated December 8, 2010. Accessed June 1, 2011.

American Geriatrics Society, British Geriatric Society and American Academy of Orthopaedic Surgeons Panel on Falls Prevention. Guideline for the prevention of falls in older person. J Am Geriatr Soc. 2001, 49(5):664-672.

Medication Adherence Reduces the Health Risks of Diabetes

The Centers for Disease Control and Prevention report that more than 1.7 million New Yorkers have diabetes. This is approximately 7% of all the diabetics in the United States. According to the New York City (NYC) Department of Health & Mental Hygiene, there were 20,438 hospitalizations in NYC in 2008 due to a primary diagnosis of diabetes. Diabetics also have a two to six times greater risk of death from cardiovascular events than persons without the disease. The New York State (NYS) Department of Health's 2008 Vital Statistics showed that there were 3,500 deaths because of this disease—making diabetes the seventh leading cause of death in the state.

Diabetes is associated with cardiovascular-related mortality, stroke, periodontal (gum) disease, blindness, neuropathy, lower-limb amputation, and kidney failure. Complications and hospitalizations due to diabetes can be prevented by effective disease management – including the control of blood sugar, blood pressure, and blood lipid levels through healthy eating, exercise and medication.

Improving the control of blood glucose levels can greatly reduce the incidences of retinopathy, nephropathy, and neuropathy—making glycemic control an essential component of diabetes management. However, our pharmacy claims reveal that not all of our Healthfirst members are taking their oral diabetes medications as prescribed and/or not refilling their prescriptions.

Please join Healthfirst in reinforcing the clinical guidelines that are supported in the American Diabetes Association's (ADA) *Standards of Medical Care in Diabetes – 2012* and the Centers for Medicare and Medicaid Services' (CMS) patient safety measure, *Part D Medication Adherence to Oral Diabetes Medications*.

This can be done by optimizing our members' medication adherence to oral diabetic medications through the following recommendations:

- Ask all members how they take their medications and address any barriers at every visit
- Prescribe simple, generic medications, and 60 or 90-day supplies when possible
- Review and reconcile your patient's medications, adjust dosages accordingly, and discontinue unnecessary prescriptions
- Encourage the use of tools such as medication logs or pillboxes to help patients remember to take their medication

For more information on how to explain the facts about medication to patients (e.g. what the prescription is for, why it's important to take as directed, possible side effects), visit:

- **Healthfirst's Spectrum of Health Bulletin on "Control of Chronic Illness-Medication Adherence": healthfirst.org/spectrum**
- **NYC DOHMH's Medication Adherence Action Kit: nyc.gov/html/doh/html/csi/csi-medication-adherence.shtml#pem**
- **MedlinePlus: Health Information in multiple languages; "Medicines—Multiple Languages": nlm.nih.gov/medlineplus/languages/medicines.html**

Source(s): New York City Department of Health and Mental Hygiene; diabetes.niddk.nih.gov/dm/pubs/statistics/#dud

The Importance of
Timely Follow-up After Hospitalization for Mental Illness

Some important mental health statistics in the United States:

- In the U.S., one in four adults, aged 18 and older, suffers from a mental illness. When applied to the 2004 U.S. Census on residential population, this is approximately 57.7 million people (National Institute of Mental Health).
- In 2008, the National Quality Forum reported that 13.4 percent of adults in the U.S. received treatment for a mental health problem. This includes all adults who received care in an inpatient or outpatient setting and/or used a prescription medication
- More than two million patients were discharged from a hospital with a mental disorder in 2008. Half of first-time psychiatric patients are readmitted within two years of a hospital discharge (Agency for Healthcare Research & Quality).

The period immediately following discharge from a psychiatric hospitalization can present many challenges for members. In order to maintain stability and continue treatment, they need timely access to outpatient care. The American Psychiatric Association's Practice Guidelines on the Psychiatric Evaluation of Adults and HEDIS' 2013 specifications on the Follow-up After Hospitalization for Mental Illness measure, recommend that individuals admitted to an inpatient setting due to a mental illness, should be seen by a mental health specialist within seven days. They should then have a follow-up visit within 30 days after discharge to ensure their successful transition to outpatient care.

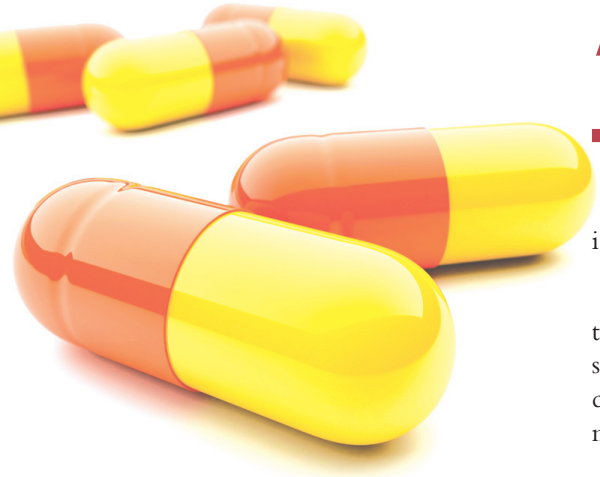
For more information on clinical guidelines, clinical tools, and online resources, visit our provider website at **healthfirst.org/providerservices**.

Source(s): psychiatryonline.org/guidelines.aspx;
HEDIS 2013, Volume 2, Technical Specifications for Health Plans

Here are a few ways you can help improve our Healthfirst members' quality of life and increase their access to the behavioral health services they need and deserve:

During a primary care visit, if a member informs you that he/she had a recent psychiatric hospitalization, ask if the facility scheduled a follow-up with a mental health practitioner *within seven days* from discharge. If an appointment was made, encourage the member to keep the appointment. If not, call Healthfirst Member Services at **1-866-463-6743**, TDD/TTY: **1-888-542-3821** (Monday through Friday, 8:00am – 6:00pm) to find a mental health specialist and assist the member in scheduling a mental health visit as soon as possible.

- If the member is unable to keep the seven day appointment, then schedule an appointment *within 30 days* of the discharge date
- Confirm with the member that the aftercare plan is a good fit for him or her (e.g., transportation is not problematic; time of the appointment will work)
- Involve and educate the member's family to support the aftercare plan
- Explain the importance of taking medication as prescribed and instruct them to notify you of any side effects
- Contact Medical Management at **1-888-394-4327** (Monday-Friday, 8:30am – 5:30pm) if the member requires additional education, support, or care coordination



Antidepressant Medication Management – A Culturally Sensitive Approach

The 2004 *New York City Health and Nutrition Examination Survey (NYC HANES)* reports that 430,000 (7.5%) of New York City residents suffered from a major depressive disorder, but only one-third of these individuals were in treatment.

Approximately 70% of patients treated with antidepressants are not taking their medications as prescribed by their healthcare provider. Medication costs, side effects, lack of knowledge, fear of stigma, values, traditions, and religious/cultural beliefs are just a few reasons why some people do not comply with their medication regimen.

The Surgeon General's Supplemental Report, *Mental Health: Culture, Race, and Ethnicity* states that ethnic and racial minorities have less access to and are less likely to receive needed mental health services. In order to effectively manage depression with Healthfirst's diverse membership, we recommend that you follow these culturally sensitive approaches. This will help you maintain adherence to the American Psychiatric Association's Practice Guidelines on the *Treatment of Patients with Major Depressive Disorder* and improve our HEDIS performance in the *Antidepressant Medication Management* measure.

- Dispel negative perceptions of a depression diagnosis by destigmatizing it. Compare the disorder to other treatable medical illnesses like hypertension
- Assess patients with an understanding that there are cultural differences in symptom expression, thresholds of psychiatric distress, and culture-bound syndromes
- Integrate patient/family cultural assessments into treatment planning to identify/address barriers at the initial intake
- Ensure forms, patient educational materials, and self-management tools are linguistically and culturally sensitive, as well as at the appropriate literacy level of the patient population(s) you serve
- Involve family or valued members of the community (e.g. clergy, spiritual leaders, traditional healers) in the treatment plan, as desired by the patient
- Provide education on how antidepressants work, their benefits, side effects, how long they should be used (patients with a new diagnosis of major depression should remain on medication for at least 84 days and then optimally 180 days). Also tell them when to expect to feel better, and instructions on what to do if they have questions/concerns. Direct patients to clinicians who speak their native language or an interpreter service when the member is non-English speaking

For more information about depression, visit **healthfirst.org**. Resources on cultural competence can be found at the New York State's (NYS) Office of Mental Health website: **omh.ny.gov/omhweb/cultural_competence/resources.html** and at the NYS Psychiatric Institute's Center for Excellence for Cultural Competence's link: **nyspi.org/culturalcompetence/**.

Medicaid Primary Care Enhanced Reimbursement

Healthfirst received notification from New York State regarding rate changes that were implemented in 2013. We would like to share this information with our providers in order to clarify these changes.

"Effective January 1, 2013, states will need to reimburse primary care physicians at Medicare fee levels for 2013 and 2014 for both FFS and Managed Care. Enhanced reimbursement is limited to qualified physicians. A qualified physician is defined as a physician whom can self-attest to a specialty designation of family medicine, general internal medicine, and pediatric medicine or a subspecialty recognized by the American Board of Medical Specialties, the American Board of Physician Specialties, or the American Osteopathic Association. As part of that attestation, the physician must specify that they are either Board certified in an eligible specialty or subspecialty and/or that 60 percent of their Medicaid claims for the prior year were for the E&M and vaccine administration codes specified in federal regulation."

Qualified physicians must self-attest to become eligible for the enhanced payment. Information on the provider attestation process will be provided in a future *Medicaid Update*.

Primary care services that qualify for increased payment designated in the Healthcare Common Procedure Coding System (HCPCS) are as follows:

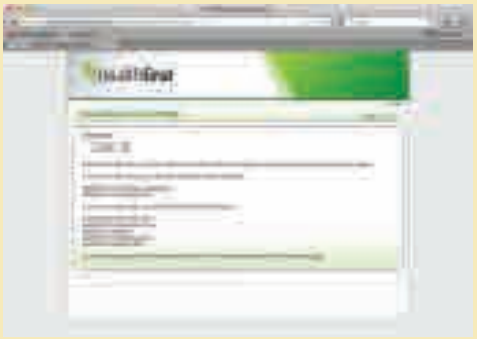
- Evaluation and Management (E&M) codes 99201 through 99499
- Vaccine administration codes 90460, 90461, 90471, 90472, 40473, 40474, or their successor codes

The December 2012 Medicaid Update provides additional detail on the regulation at **health.ny.gov/health_care/medicaid/program/update/2012/2012-12.htm#med**.

The final ruling is at **gpo.gov/fdsys/pkg/FR-2012-11-06/pdf/2012-26507.pdf**.

CVS is Healthfirst's New Pharmacy Benefit Manager

Effective January 1, 2013, CVS Caremark replaced Express Scripts to become Healthfirst's Pharmacy Benefits Manager (PBM). CVS now manages all prescription benefits on behalf of our members. CVS Caremark also provides Specialty Pharmacy services for Healthfirst members. For your reference, Healthfirst formularies are posted on our website at **healthfirst.org/formulary.html**.



New Doctor Look-up Tool Is Now Available

Finding information about Healthfirst doctors just got easier. Our new Doctor Look-up Tool gives you and your patients detailed provider information, including weekend hours, office locations, and hospital affiliations, in an easy-to-use navigation.

You can also send updated contact and practice information to **providerupdateinfo@healthfirst.org**, print the full directory, or send information to a mobile device via text or email.

Visit **HFDocFinder.org** to access the provider directory and learn more about these improvements.

Transportation Carve-Out

In coordination with New York State Medicaid policy, effective January 1, 2013, emergency and nonemergency medical transportation, for our Medicaid and Family Health Plus managed care members, is no longer managed by Healthfirst (for New York City). It is now covered through LogistiCare, New York State's transportation vendor.

Metrocard distribution will also be covered through LogistiCare. Medical practitioners who do not participate in the Public Transit Automated Reimbursement (PTAR) system must have their enrollees themselves contact LogistiCare to request a Metrocard (to take the bus or subway).

Healthfirst understands our providers play an integral role in assisting our members to arrange transportation to and from appointments. Therefore, to arrange for nonemergency transit service, you must now call LogistiCare at **1-877-564-5925** or go online to **NYCMedicaidRide.net**.

Population Carve-In Updates

New York State began to phase out exemptions and exclusions for special populations not previously subject to mandatory enrollment into Medicaid managed care plans in 2011.

Additional populations were gradually migrated into managed care in 2012 and will continue to be migrated in 2013. The most recent list of affected populations we have from New York State includes:

- Homeless population
- Individuals with End-Stage Renal Disease (ESRD)
- Individuals receiving services through the Chronic Illness Demonstration Program
- Low birth weight infants—infants weighing less than 1200 grams born on or after 4/1/2012, and infants under six months of age who are disabled—will no longer be excluded from enrolling in a Medicaid managed care plan
- Look-A-Likes
- Adolescents admitted to Residential Rehabilitation Services for Youth

National Drug Code (NDC) Billing Requirements

In accordance with the Patient Protection and Affordable Care Act (Public Law 111-148), effective January 1, 2013, Healthfirst requires all Medicaid, Child Health Plus, Family Health Plus, Medicare Max Plan and Complete Care claims to include the corresponding NDC code, NDC metric unit and unit of measure. This requirement applies to physician and outpatient administered drugs.

Claims that are excluded from these changes include ER and inpatient claims.

Claims submitted without the required NDC information will be denied. Billing guidelines are available on our provider portal at **healthfirst.org/providerservices**.

Appeal Process Address Transition

The Healthfirst New York Second Level Appeals has transitioned to the Analytics Unit of the Claims Department. All New York Second Level Appeals, with the exception of Medicare out-of-network, should be forwarded to:

Provider Claims Appeals
PO Box 958431
Lake Mary, FL 32795-8431

NO BUTTS ALLOWED

Talk to Your Patients About Quitting Smoking

The Centers for Disease Control and Prevention reports the following staggering statistics regarding tobacco use in New York:

- 16.8% of New Yorkers over the age of 18 years old (approximately 2,531,000 people) are current cigarette smokers
- At 8.2%, New York ranks fifth in the number of adolescent smokers aged 12-17 years old in the United States
- Among adults aged 35+ years, over 25,400 died because of tobacco use per year, on average, during 2000-2004

Please help save a life. Talk to our Healthfirst members about the harmful effects of smoking and counsel them on how to quit. Here are some tips:

- ASK about tobacco use at every visit. Document the response in the chart by the vital signs
- ADVISE the smoker to quit
- ASSESS readiness to quit
- If willing to quit, provide resources and assist with a cessation plan
- If unwilling to quit at this time, motivate the patient by using the 5 R's:
  - Relevance—Encourage the patient to indicate why quitting is personally relevant
  - Risks—Ask the patient what are the negative consequences of tobacco use
  - Rewards—Have the patient identify the benefits of stopping tobacco use
  - Roadblocks—Ask the patient to point out the barriers to quitting and provide appropriate treatment (e.g. problem-solving counseling, medication)
  - Repetition—Repeat the motivational intervention every time an unmotivated patient visits
- ASSIST with a quit plan:
  - Set a quit date, ideally within 2 weeks
  - Remove tobacco products from the environment
  - Get support from family, friends, and coworkers
  - Review past quit attempts—what helped, what led to relapse
  - Anticipate challenges, particularly during the critical first few weeks, including nicotine withdrawal
  - Identify reasons for quitting and benefits of ending tobacco use
  - Give advice on successful quitting
  - Encourage use of medication
  - Provide resources and make referrals:
    - **1-866-NY QUITS (1-866-697-8487)** or **nysmokefree.com**
    - Visit **healthfirst.org** for the Fax to Quit referral form, list of smoking cessation centers, clinical guidelines, and additional resources.
- ARRANGE follow-up visits

Talk to your patients about smoking at every opportunity. Your patients will listen to you.

Source(s): talktoyourpatients.org, ahrq.gov/clinic/tobacco/clinhlpsmksqt.pdf

Compliance Corner

Healthfirst's Compliance Program is designed to reduce or eliminate fraud, abuse, and inefficiencies; ensure Healthfirst's compliance with applicable regulations; and reinforce Healthfirst's commitment to ***zero tolerance*** for such activities.

Our goal is to provide you with important information and updates on compliance that are relevant to your job. Compliance is an ever-changing environment and the key to keeping up with those changes is communication. We always welcome feedback. You may email Sonya Henderson, Vice President of Compliance and Audit/ Compliance Officer at **shenderson@healthfirst.org** with your thoughts, questions or suggestions.

Code of Conduct

Healthfirst strives to ensure that all activity by or on behalf of the organization is in compliance with applicable laws, regulations, and best practices. Our code of conduct is comprised of the following principles: Legal Compliance, Business Ethics, Confidentiality, Conflicts of Interest, Business Relationships, and Protection of Assets.

We would like to remind providers of our policy on gift giving. Healthfirst places limits on the items that our staff may receive. Personal gifts of a *nominal value* ($50 or less) are acceptable, so long as it does not exceed $100 per year. We encourage charitable contributions to nonprofit organizations in lieu of gifts to staff.

Our code of conduct serves as a firm basis that guides employees' ethical and legal behavior and compliance with applicable laws and requirements, as well as our relations and partnerships with you, the provider.

Deficit Reduction Act

As a participant in the Medicaid Program, Healthfirst must comply with the terms of the 2005 Act, otherwise known as the "DRA". This requires any organization that receives $5 million or more in federal funds annually to adopt a compliance program in accordance with the law and to inform its employees and any contractor or agent of the terms of the False Claims Act.

Did you know?

Healthfirst is required to provide you with information and education regarding our policies and procedures for preventing and detecting fraud, waste, and abuse in government-sponsored health programs as well as the provisions associated with the False Claims Act. In turn, organizations are also required to disseminate this information to all of their employees and associates.

False Claims Act

The False Claims Act is a federal law that is intended to prevent fraud in federally-funded programs. Using the False Claims Act, private citizens (i.e. whistle-blowers) can help reduce fraud by coming forward with issues of fraud and illegal acts. Whistle-blower protection is provided by laws that shield employees from retaliation for reporting illegal acts.

Did you know?

False claims occur when a company or person knowingly presents in any way a false or fraudulent claim for payment by the government. False records and/or providing statements to conceal, avoid, or decrease an obligation to pay or transmit money or property to the federal government is included.

Preventing Fraud, Waste and Abuse

Healthfirst maintains a strict policy of zero tolerance toward fraud, waste and abuse, and is committed to identifying fraudulent, wasteful, and/or abusive practices. We cannot accomplish this without your help. If you suspect or witness fraud, waste or abuse, please call our confidential and anonymous Hotline at **1-877-879-9137** or visit **hfcompliance.ethicspoint.com**.

Medicare Health Outcomes Survey

The Medicare Health Outcomes Survey (HOS) was developed by the Centers for Medicare and Medicaid Services (CMS) and the National Committee for Quality Assurance (NCQA) to measure outcomes for Medicare Advantage members, including the member's perception of their health and discussions that happen during the member's visit with their doctor.

The HOS is the largest survey effort taken by CMS. It gathers valid and reliable health status data for use in quality improvement activities, plan accountability, public reporting and improving health. All Medicare Advantage plans, including Healthfirst, must participate in this survey.

HOS survey results are an important component of CMS's Medicare Star program, a quality bonus program for Medicare Advantage plans.

Survey Methodology

The HOS is conducted annually on a random sample of 1200 members (cohort) selected by CMS, with a two-year follow-up survey for each cohort. Surveys are administered in English, Spanish, and Chinese and survey data is collected by mail and over the telephone.

Results from follow-up surveys administered in 2012 are included in Healthfirst's 2014 Star rating.

Survey Instrument

The HOS assesses a member's current physical and mental health status through questions that measure functional health and well-being from the patient's point of view. Because the survey is longitudinal in nature, HOS data shows how a member's physical and mental health status changed over a 2-year period.

Additionally, members are asked questions about conversations they have with their doctor and their perception of the care they received as it relates to:

- Monitoring Physical Activity
- Improving Bladder Control
- Reducing the Risk of Falling

What Can You Do?

It is important for Healthfirst providers to have conversations with their patients regarding:

- Physical activity
  - What is the member's current level of physical activity?
  - Does the member need to maintain, increase or decrease physical activity?
- Bladder control problems
  - Does the member have a problem?
  - If so, what are the treatment options available to the member?
- Risk of falling
  - Does the member have balance problems or a history of falls?
  - If so, what interventions are recommended for the member? (e.g., use of a cane or walker, blood pressure lying and standing, exercise or physical therapy program or the need for hearing or vision testing)

Although these conversations are sometimes difficult, they are necessary to keep our members healthy.

healthfirst®
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