

HEALTHSCRIPT

June 2006

A publication for HNE providers and their staff

Clinical Practice Guidelines

Each year, HNE distributes information about Clinical Practice Guidelines to physicians. These Guidelines are tools to help practitioners and members make decisions about appropriate health care for specific clinical circumstances, and to reduce inter-practitioner variation in diagnosis and treatment.

The Guidelines are available on the HNE Web site ([click here](#))- as well as the physician-only secure Web site, HNEDirect. If you would like a paper copy of a Guideline, call Alres Dinnall, RN at 413-787-4000 or 800-842-4464, ext. 3553.

HNE has adopted the following Guidelines:

Asthma

- Practical Guide for the Diagnosis and Management of Asthma (NIH Publication No. 97-4053 October 1997)

Diabetes

- Massachusetts Guidelines for Adult Diabetes Care (Diabetes Prevention and Control Program, Massachusetts Department of Public Health)

Depression

- Practical Guideline for the Treatment of Patients with Major Depressive Disorder (American Psychiatric Association)
- Improving Patient Compliance with Antidepressants: A Health New England Clinical Guideline

Dyslipidemia

- Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (ATP III) (NIH Publication No. 02-5215 September 2002)

Attention Deficit/Hyperactivity Disorder

- Diagnosis and Evaluation of the Child with Attention-Deficit/Hyperactivity Disorder (American Academy of Pediatrics)
- Treatment of the School-Aged Child with Attention-Deficit/Hyperactivity Disorder (American Academy of Pediatrics)

Preventive Care

- Adult and Pediatric Preventive Care Recommendations (Massachusetts Health Quality Partners)

Obstetric Care

- Perinatal Recommendations (Massachusetts Health Quality Partners)
- Scope of Services for Uncomplicated Obstetric Care (American College of Obstetricians and Gynecologists)

Immunizations

- Childhood Immunization Schedule (Centers for Disease Control, Department of Health and Human Services)
- Adult Immunization Schedule (Centers for Disease Control, Department of Health and Human Services)



Coverage Reminder:

Outpatient Surgical Services and Procedures Copayments

At HNE, we understand that health care is always changing. Because of advances in technology, many outpatient surgical procedures that used to be done at a hospital facility are performed in a doctor's office. Often, this is both more convenient and cost effective. In response to this change, HNE changed the copayment for these types of services on July 1, 2005 for our fully funded plans. Now, members pay the same copayment for outpatient surgical services whether they get them at a hospital, surgical center, or doctor's office. The copayment for outpatient surgical services performed at a hospital or surgical facility is no longer the same as the copayment for acute hospital care.

HNE covers the following services under the outpatient surgical services benefit:

- Outpatient or ambulatory surgery and related services
- Certain procedures, such as sigmoidoscopies, colonoscopies, arthroscopies, needle aspirations, and biopsies

Some outpatient surgical services are simple, minimally invasive, and/or minor in terms of the time, preparation, or expertise needed to perform them. Others are more complicated or involved and/or may require the skills of a clinical specialist.

Some services may be performed in an outpatient facility or physician office. The outpatient surgical services copayment is applied based on the type of service, not where it is performed.

In general, Members do **not** pay an outpatient surgical services copayment for:

- Services that are simple, minor, or involve a small, localized area of the body
- Services that involve closed treatment
- Services that require only local anesthesia
- Biopsies that are not extensive or invasive
- Injections
- Imaging guidance

Members **do** pay an outpatient surgical services copayment for:

- Services that are complicated, clinically complex, deep, or involve an extensive area of the body
- Services that involve open treatment
- Services that require general anesthesia
- Scope procedures (such as endoscopies and colonoscopies)
- Some IVF procedures

To find out if the outpatient surgical services copayment applies to a specific procedure, please contact Member Services at 413-787-4004 or 800-310-2835.

NOTE: Certain outpatient surgical services require Prior Approval by HNE. These are listed in the Explanation of Coverage. HNE will approve these services only if they are medically necessary covered services and meet HNE's clinical review criteria.

Changes to HNE's Member ID Cards

HNE has completed the process of changing Member ID numbers from the Subscriber Social Security number to a randomly generated numeric identifier. HNE made this change beginning in May 2005 for all subscribers on their renewal date. This effort is part of our commitment to safeguard member privacy.

The Member ID number appears at the top of newly issued Member ID Cards with the Group number below it. Previously, the Group number was listed first, followed by the Member ID number. Additionally, all newly issued Member ID Cards include the Express Scripts (ESI) numbers for the prescription benefit. As a result of this change, it is longer necessary for members to carry a separate ESI ID card. The new cards also list the member's copayment responsibility for inpatient services and ambulatory surgery services, in addition to the other copayment amounts currently listed on the cards.

As part of this process, we have instructed members to present their new card when they receive services. While we have taken steps to ensure that there is no interruption in claims processing as a result of these changes, we would like to encourage you to update your records to reflect the new Member ID numbers, if you have not done so already.

Fax Number Change

As part of our ongoing efforts to streamline the claims adjudication process and enhance the timeliness of claims payment, HNE is changing the fax number for referral submissions. This number change is necessary for us to convert from a paper generating fax machine to a fax server, where transmissions are stored electronically. As a result, we will eliminate the additional step of scanning paper documents for referrals received via fax.

BEGINNING JULY 1, THE NEW FAX NUMBER FOR REFERRALS FROM PROVIDERS IS:

413-233-2630

The existing fax number will remain operational until September 1, 2006, to allow for a transition period while providers update their records. After that date, the number will no longer be in service. Please be certain to update your records to reflect this change.

Notice of Benefit Changes for Fully Funded Plans:

Effective July 1, 2006

As part of our commitment to provide affordable access to high quality health care, we continually review the benefits and services offered to our members. As a result, from time to time we provide updates to the coverage we provide and how that coverage is administered. We then notify our members, their employers, and our contracted providers of these changes.

Since we recognize that these changes may not be easy to understand, we want to communicate them to our members clearly and concisely. This is a link to copy of a supplement to our regular member newsletter, MemberMatters ([click here](#)). This supplement contains an amendment to the Explanation of Coverage, as well as more detailed information about the changes. We want members to understand their health care benefit, and this new format was designed for that purpose.

If you have any questions, please call your Network Representative in the Provider Operations Department at 413-787-4000.

Blue text indicates new or changes to HEDIS 2007 measures (measures PY 2006)

TO MEET THIS MEASURE:	WE LOOK FOR THIS DESIRED CARE (the “measurement year” refers to prior year care):
Childhood Immunizations	<p>Children with a completed series of the following vaccinations <u>by 2nd birthday</u>.</p> <ul style="list-style-type: none"> ⊙ 4 - DtaP/DT (none prior to 42 days of age) ⊙ 3 -IPV (none prior to 42 days of age) ⊙ 1 - MMR ⊙ 3 - HiB (none prior to 42 days of age) ⊙ 3 - Hepatitis B ⊙ 1 - Varicella immunization or documented history of chickenpox disease having occurred prior to 2nd birthday ⊙ 4 - Pneumococcal conjugate <p><i>Medical records may be reviewed if claims/encounter data not sufficient</i></p>
Adolescent Immunizations	<p>Adolescents with a completed series of the following vaccinations <u>by 13th birthday</u>.</p> <ul style="list-style-type: none"> ⊙ 1 - MMR (between 4th and 13th birthdays) <i>or</i> 2 - MMR (on or between the 1st and 4th birthdays) ⊙ 3 - Hepatitis B vaccines (3 HepB by the 13th birthday or evidence of 2-dose regime having been completed) ⊙ 1 - Varicella or documented history of chickenpox disease having occurred prior to the 13th birthday <p><i>Medical records may be reviewed if claims/encounter data not sufficient</i></p>
Well-Child Exams (First 15 Months of Life)	<p>Looks for 6 well child exams (at least 2 weeks apart) having occurred <u>by 15th month birthday</u>; that must have evidence of <i>all</i> of the following components of care:</p> <ul style="list-style-type: none"> ⊙ A health and developmental history (physical and mental) ⊙ A physical exam ⊙ Health education/anticipatory guidance (problem focused guidance alone does not meet standard of care) <p><i>Medical records may be reviewed if claims/encounter data not sufficient</i></p>
Well-Child Exams (Ages 3, 4, 5, and 6 years)	<p>An annual well child exam during the measurement year; that must have evidence of all of the following components of care:</p> <ul style="list-style-type: none"> ⊙ A health and developmental history (physical and mental) ⊙ A physical exam ⊙ Health education/anticipatory guidance (problem focused guidance alone does not meet standard of care) <p><i>Medical records may be reviewed if provider claims/encounter data not sufficient</i></p>

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TO MEET THIS MEASURE:	WE LOOK FOR THIS DESIRED CARE (the “measurement year” refers to prior year care):
Adolescent Well-Care Exam (Ages 12 through 21 years)	An annual well child exam during the measurement year; that must have evidence of all of the following: <ul style="list-style-type: none"> ⊙ A health and developmental history (physical and mental) ⊙ A physical exam ⊙ Health education/anticipatory guidance (problem focused guidance alone does not meet standard of care) <i>Medical records may be reviewed if provider claims/encounter data not sufficient</i>
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD) (Ages 6 through 12 years)	Children who received an initial prescription dispensed for ADD/ADHD medication, and <ul style="list-style-type: none"> ⊙ Who had one follow-up visit with practitioner with prescriptive authority during the 30-day after meds initiated (Initiation Phase); and ⊙ Who remained on the medication for at least 210 days and had at least two additional follow-up visits with a practitioner within 9 months after the Initiation Phase ends. (This Continuous Medication Treatment phase spans a total of 9 months after the prescription start date.) <i>This is an administrative measure based on provider claim coding only</i>
Appropriate Treatment for Children With Upper Respiratory Infection (URI) (Ages 3 months to 18 years)	Children diagnosed with an upper respiratory infection (URI) that <i>were not</i> dispensed an antibiotic prescription on or three days after the Episode Date. <ul style="list-style-type: none"> ⊙ EXCLUDES: members with history of antibiotic within last 30 days ⊙ EXCLUDES: all encounters with more than one claim diagnosis <i>This is an administrative measure based on provider claim coding only</i>
Appropriate Treatment for Children With Pharyngitis (Ages 2 to 18 years)	Children diagnosed with pharyngitis, prescribed an antibiotic and who received a group A streptococcus (strep) test for the episode. <ul style="list-style-type: none"> ⊙ EXCLUDES: members with a history of antibiotic Rx within last 30 days ⊙ EXCLUDES: all encounters with more than one claim diagnosis <i>This is an administrative measure based on provider claim coding only</i>
Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis (Ages 18 to 64 years)	Healthy adults with a diagnosis of acute bronchitis who were dispensed an antibiotic prescription on or within three days after the diagnosis date. (A history negative for: significant co-morbid conditions for 12 months prior to/on the ‘episode date’, <i>and</i> , previous antibiotic Rx for 30 days prior, are both required for the individual to fall into the review population.) <u><i>A lower rate represents better performance</i></u> <i>This is an administrative measure based on provider claim coding only</i>
Chlamydia Screening in Women (Ages 16 to 25 years)	Women who are identified as presumed sexually active (by pharmacy, i.e. contraceptive Rx data, or claims data indicating potential sexual activity). Looks for evidence of annual Chlamydia testing. <ul style="list-style-type: none"> ⊙ EXCLUDES: women who had a pregnancy test and within 7 days had a Rx for Acutane or an X-ray. <i>This is an administrative measure based on provider claim coding only</i>

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TO MEET THIS MEASURE:	WE LOOK FOR THIS DESIRED CARE (the “measurement year” refers to prior year care):
Cervical Cancer Screening	<p>Looks at women 21 to 64 years of age as of the measurement year. Looks for evidence of a Pap test during the measurement year or within the prior 2 years.</p> <ul style="list-style-type: none"> ⊙ EXCLUDES: women who have had a complete hysterectomy with no residual cervix <p><i>Medical records may be reviewed if provider claims/encounter data not sufficient</i></p> <p><i>NOTE: HEDIS 2007 – NCQA is considering change to increase lower age limit from 21 to 24.</i></p>
Breast Cancer Screening	<p>Looks at women 52 to 69 years of age. Looks for evidence of a mammogram in the measurement year or a year prior to the measurement year.</p> <ul style="list-style-type: none"> ⊙ EXCLUDES: women who have had bilateral (occurring on same or separate dates) mastectomy <p><i>This is an administrative measure based on provider claim coding only</i></p> <p><i>NOTE: HEDIS 2007 – NCQA is considering change to decrease lower age limit from 52 to 40 and increase upper age limit from 69 to 74.</i></p>
Prenatal and Postpartum Care (by event)	<p>Women who delivered a live birth between November 6 of the previous year and November 5 of the measurement year. Looks for evidence of:</p> <ul style="list-style-type: none"> ⊙ Timeliness of Prenatal Care - Prenatal care in the first trimester or within 42 days of enrollment in HNE ⊙ Postpartum Care - Postpartum visit occurring on or between 21 and 56 days after delivery <p><i>Medical records may be reviewed if provider claims/encounter data not sufficient</i></p>
Frequency of Ongoing Prenatal Care (by event)	<p>Women who delivered a live birth between November 6 of the previous year and November 5 of the measurement year. The percentages of the expected number of prenatal care visits (based on ACOG guidelines) are compared to the number of received visits adjusted for the month of pregnancy at time of enrollment and gestational age.</p> <p><i>Medical records may be reviewed if provider claims/encounter data not sufficient</i></p>
Antidepressant Medication Management (Ages 18 years and older)	<p>A new diagnosis of major depression (no claims with depression diagnosis for past 120 days). Seeking to identify the following care for these identified members:</p> <ul style="list-style-type: none"> ⊙ Optimal practitioner contacts - Member had at least 3 follow-up visits <i>within 12 weeks</i> ⊙ An effective acute phase to see whether member filled a sufficient number of Rx(s) for antidepressant medication to allow for 84 days of continuous therapy (up to 30 days of allowable gaps permitted) ⊙ An effective continuation phase of 180-day treatment of antidepressant medication (a total of 51 days of allowable gaps are permitted) <p><i>This is an administrative measure based on provider claim coding</i></p>

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TO MEET THIS MEASURE:	WE LOOK FOR THIS DESIRED CARE (the “measurement year” refers to prior year care):
<p>Use of Appropriate Medications for People With Asthma (Ages 5 to 56 years)</p>	<p>Children and adults who are identified as having <i>persistent</i> asthma, who were appropriately prescribed inhaled corticosteroids, cromolyn sodium, nedocromil, leukotriene modifiers, methylxanthines.</p> <p>Note: long acting beta-2 antagonists do not count by themselves, they are viewed as an add-on therapy</p> <p>⊙ EXCLUDES: individuals with diagnosis of emphysema or COPD <i>This is an administrative measure based on provider claim coding only</i></p>
<p>Use of Spirometry Testing in the Assessment and Diagnosis of COPD (Age 40 years and older)</p>	<p>Adults with a new (within the measurement year) diagnosis or newly active chronic obstructive pulmonary disease (COPD) and who received appropriate spirometry testing to confirm the diagnosis; (at least one claim/encounter for spirometry in the 720 days before or 180 days after the diagnosis event.)</p> <p><i>This is an administrative measure based on provider claim coding only</i></p>
<p>Controlling High Blood Pressure</p>	<p>Adults 46 to 85 years of age as of the measurement year with a diagnosis of hypertension (HTN) on or before June 30 of the measurement year. Medical records are reviewed for diagnosis of hypertension (HTN) and for the presence of control:</p> <p>⊙ Review the most recent office visit blood pressure (BP) at PCP office</p> <p>⊙ Controlled if systolic BP is ≤ 140 and diastolic BP is ≤ 90</p> <p>EXCLUDES:</p> <p>⊙ readings done same day as major diagnostic or surgical procedure, or an emergency room visit</p> <p>⊙ readings self-reported by the patient to the provider</p> <p>⊙ adults with End Stage Renal Disease (ESRD)</p> <p>⊙ (may) exclude members who had admission to a non-acute inpatient setting during the year</p> <p><i>Medical records must be reviewed unless measure rotated</i></p> <p><i>NOTE: HEDIS 2007 – NCQA is considering change to decrease lower age limit from 46 to 18. AND</i> <i>Change adequately controlled blood pressure from $\leq 140/90$ to $< 140/90$</i></p>

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<p>Comprehensive Diabetes Care (Ages 18 to 75 years)</p>	<p>Adults with diagnosis of diabetes (Type I or II) who demonstrate annual care during the measurement year:</p> <ul style="list-style-type: none"> ⊙ A1c screening lab ⊙ Last A1c of the measurement year >9.0 (seeking evidence of poor control) ⊙ LDL screening lab - with <i>last</i> LDL of the measurement year <100 (also measures rate for <130) ⊙ Documented results of a diabetic retinal eye exam <i>by an eye care specialist</i> ⊙ Documented evidence of monitoring for nephropathy (or treatment of nephropathy) by either of the following methods: <ul style="list-style-type: none"> ⊙ Testing for urine microalbuminuria (24hr urine/timed urine/spot urine/microalbumin/creatinine ratio) ⊙ Documented treatment for nephropathy, end stage renal disease, chronic renal insufficiency, acute renal failure dialysis, or visit with nephrologist ⊙ A positive urine macroalbumin test in the measurement year (macro must be beyond trace) <p style="text-align: center;"><i>Medical records may be reviewed</i></p> <p><i>NOTE: HEDIS 2007 – NCQA is considering change to add A1c control measure of <7.0 AND add blood pressure control measure of 135/85</i></p>																
<p>Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis (Ages 18 years and older)</p>	<p>Adults with a diagnosis of rheumatoid arthritis and who had at least one ambulatory prescription dispensed for a disease modifying antirheumatic drug (DMARD) during the measurement year. See table:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="padding: 2px;">Adalimumab</td> <td style="padding: 2px;">Cyclosporine</td> <td style="padding: 2px;">Infliximab* J1745</td> <td style="padding: 2px;">Penicillamine</td> </tr> <tr> <td style="padding: 2px;">Anakinra</td> <td style="padding: 2px;">Etanercept</td> <td style="padding: 2px;">Leflunomide</td> <td style="padding: 2px;">Staphylococcal Protein A</td> </tr> <tr> <td style="padding: 2px;">Azathioprine</td> <td style="padding: 2px;">Gold (oral or IM)</td> <td style="padding: 2px;">Methotrexate</td> <td style="padding: 2px;">Sulfasalazine</td> </tr> <tr> <td style="padding: 2px;">Cyclophosphamide</td> <td style="padding: 2px;">Hydroxychloroquine</td> <td style="padding: 2px;">Minocycline</td> <td style="padding: 2px;"></td> </tr> </tbody> </table> <p style="text-align: center;"><i>This is an administrative measure based on provider claim coding only</i></p>	Adalimumab	Cyclosporine	Infliximab* J1745	Penicillamine	Anakinra	Etanercept	Leflunomide	Staphylococcal Protein A	Azathioprine	Gold (oral or IM)	Methotrexate	Sulfasalazine	Cyclophosphamide	Hydroxychloroquine	Minocycline	
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<p>Annual Monitoring for Patients on Persistent Medications (Ages 18 years and older)</p>	<p>Adults on any of the following medications for at least 180 days and for whom for at least one therapeutic monitoring event for the specific medication(s) occurred in the measurement year. The intent is to prevent potential harm associated with persistent use of these drugs.</p> <ul style="list-style-type: none"> ⊙ angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB) ⊙ digoxin ⊙ diuretics ⊙ anticonvulsants (phenytoin, phenobarbital, valproic acid, carbamazepine) ⊙ statins <p>EXCLUDES: anyone with a hospitalization in the measurement year</p> <p style="text-align: center;"><i>This is an administrative measure based on provider claim coding only</i></p>																

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TO MEET THIS MEASURE:	WE LOOK FOR THIS DESIRED CARE (the “measurement year” refers to prior year care):
<p>Beta-Blocker Treatment After a Heart Attack (Ages 35 years and older)</p>	<p>Adults who were hospitalized and discharged alive from January 1–December 24 of the measurement year with a diagnosis of acute myocardial infarction and who received a prescription for beta-blockers upon discharge.</p> <ul style="list-style-type: none"> ⊙ EXCLUDES: individuals who are identified as having a contraindication to beta-blocker therapy or previous adverse reaction (i.e., intolerance) to beta-blocker therapy. <p><i>Medical records may be reviewed if provider claims/encounter data not sufficient</i></p>
<p>Persistence of Beta-Blocker Treatment After a Heart Attack (Ages 35 years and older)</p>	<p>Adults discharged alive from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of acute myocardial infarction (AMI) and who received persistent beta-blocker treatment for six months after discharge.</p> <p><i>EXCLUDES: individuals who are identified as having a contraindication to beta-blocker therapy or previous adverse reaction (i.e., intolerance) to beta-blocker therapy.</i></p> <p><i>Medical records may be reviewed if provider claims/encounter data not sufficient</i></p>
<p>Cholesterol Management for Patients With Cardiovascular Conditions (Ages 18 to 75 years)</p>	<p>Adults who the year prior to the measurement year were discharged alive for any of the following:</p> <ul style="list-style-type: none"> ⊙ acute myocardial infarction, ⊙ coronary artery bypass graft, or ⊙ percutaneous transluminal coronary angioplasty, or ⊙ who had a diagnosis of Ischemic Vascular Disease; <p>and during the measurement year had each of the following:</p> <ul style="list-style-type: none"> ⊙ LDL-C screening performed ⊙ LDL-C controlled (<130 mg/dL) ⊙ LDL-C controlled (<100 mg/dL). <p><i>Medical records may be reviewed if provider claims/encounter data not sufficient</i></p>
<p>Use of Imaging Studies for Low Back Pain (LBP) (Ages 18 to 50 years)</p>	<p>Measures overuse of imaging studies in patients ages 18 to 50 with primary diagnosis of acute LBP.</p> <ul style="list-style-type: none"> ⊙ EXCLUDES: all members with LBP diagnosis in last 6 months ⊙ EXCLUDES:members with any history of cancer ⊙ EXCLUDES:members with recent trauma, IV drug abuse, neurological impairment <p><i>This is an administrative measure based on provider claim coding only</i></p>
<p>Medical Assistance With Smoking Cessation (Ages 18 years and older)</p>	<p>Adults who are current smokers, who were seen by an HNE practitioner during the measurement year, and</p> <ul style="list-style-type: none"> ⊙ who received advice to quit smoking; ⊙ for whom smoking cessation medications were recommended or discussed; ⊙ for whom smoking cessation methods or strategies were recommended or discussed. <p><i>External CAHPS survey methodology</i></p>