

We would like to hear from you.

The Health Programs staff is undertaking a project to identify what the physician

Best Practices are for the management of diabetes. If you are doing something that works effectively with the management of your patients' with diabetes we would like to learn about it so that we can share the Best Practices in our next issue of Health Scripts.

Please contact
Lynn Ostrowski,
Health Programs
Manager at
(413) 233-3383.

*We look forward to
hearing from you.*

A Letter from the Medical Director

As another year comes to a close, I would again like to review Health New England activities that have affected the network.

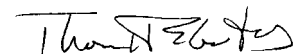
In 2002 as in 2001, we experienced double digit premium increases for employers and double digit increases in our Health Services costs driven by pharmacy and ambulatory services. In 2002, HNE made several investments to help moderate those costs. As everyone in the network is aware, HNE has contracted with National Imaging Associates to do precertification on high-cost imaging procedures. The decision to precertify these imaging procedures through an outside vendor was not taken lightly. We have worked hard with NIA to monitor the service guarantees they have given us. Although over 90% of requests for coverage of these services are approved, the rate of increase in cost and frequency of these tests has moderated. Precertification remains controversial, but most physicians agree that many radiologic procedures are discretionary. Thank you for your cooperation and understanding as HNE has implemented this new program.

Our second investment has been in personnel. HNE has added a second pharmacist, Maura McCaffrey, RPh, MBA. I know a number of you have already met Maura, who combines intimate knowledge of the pharmaceutical industry with unbounded enthusiasm. She is heading our

academic detailing program to maximize formulary compliance. This new attention to direct provider contacts, along with benefit changes in which co-pays for non-formulary drugs have gone up dramatically, are two factors that have allowed HNE to beat the national pharmacy inflation trend.

I would also like to call to your attention to an exciting initiative for 2003. For the past year, HNE has been a member of the Massachusetts Health Quality Partners (MHQP). This non-profit group, comprised of health plans, hospitals, government agencies and physicians, was awarded a large grant from the Robert Wood Johnson Foundation called "Rewarding Results." This grant is designed to help determine the impact of financial and non-financial incentives on providers to improve quality. HNE will institute a number of quality initiatives throughout the network designed to improve our HEDIS scores, particularly in the area of diabetes management. HNE is excited to have the opportunity to work with MHQP and other member health plans.

I would like to take this opportunity to wish all of you Happy Holidays.



Thomas H. Ebert, M.D.
Medical Director

SECONDARY DIAGNOSIS REPORTING



GROUP INSURANCE
COMMISSION (GIC)

HNE and other plans that provide coverage for members enrolled through the Group Insurance Commission (GIC) are required to submit certain claims data for its Medical Claims Data Quality Report. This data is used by the GIC to validate each plan's claim information for development of premium rates for GIC members.

The GIC's risk adjustment initiative requires that plans and their provider networks focus additional attention on secondary diagnosis codes. The availability of this data provides additional information on the severity of the membership's medical conditions which is useful in the development of adequate premium rates.

Although HNE data has shown an increase in the availability of secondary diagnosis coding, we ask that our provider network continue to increase secondary diagnosis reporting with its claims submitted to HNE.

CLAIMS SERVICE OPTIONS

Health New England offers a number of options for providers to get answers and resolution to claims questions and receive assistance with other policy or procedural issues related to claims payment.

BY TELEPHONE

Effective October 1, 2002 Health New England implemented an additional service for providers. The Claims Service Unit of the Claims Department is available from 8 a.m.-4 p.m., Monday-Friday. Call 800-842-4464 x5003 or 413-787-4000 x5003 to obtain claims status information as well as real-time adjudication of claims issues. Your call will typically be answered in less than 30 seconds, and your question can be answered in as little as one minute.

IN PERSON

For other claims questions or for more information on HNE policies and procedures or contractual issues, call the Network Development and Operations Department's message line at 800-842-4464 x5000 or 413-787-4000 x5000. The Network Operations Representative assigned to your region will contact you within one business day to discuss these issues over the telephone or arrange for a meeting at your office.

ON LINE

Providers that have internet access may also check the status of their claims on HNEDirect. You can also check member eligibility and submit and review the status of referrals on line. For further information or to schedule an on-site training session, please contact the Network Development and Operations Department.

IN WRITING

If you have researched the payment of a claim by one of the above alternatives and still feel that your claim has been processed incorrectly, you may submit a written appeal. You may appeal a claim within 12 months of the date of service by completing a Provider Appeal Review Sheet contained in the November 2002 edition of the HNE Provider Manual and submitting it to the attention of Provider Appeals.

THE NOVEMBER 2002 EDITION OF THE HNE PROVIDER MANUAL IS NOW AVAILABLE.

The manual contains current policies and procedures, as well as 2003 benefit information. One copy of the manual has been mailed to all offices and facilities of participating HNE providers. For questions or additional copies, please call Network Development and Operations at 800-842-4464 x5000 or 413-787-4000 x5000.

Health Management Program Performance

Each year HNE measures the outcomes of each of the Disease Management Programs. You will notice that the Cholesterol Initiative is new. This initiative is a secondary cardiac prevention program targeted to all members with a diagnosis of Coronary Artery Disease (CAD) or CHD equivalents (clinical CHD, symptomatic carotid artery disease, peripheral artery disease, abdominal aortic aneurysm and diabetes).

You will also see that a change was made in the performance metrics of the Diabetes Management Program to the HEDIS Comprehensive Diabetes Care Measures. This change was made to avoid duplication of efforts and reduce confusion between HEDIS and program measures. No changes have been made to the Asthma Program performance metrics.

Performance goals are determined by the HNE Quality Management Committee (QMC). Goals are a combination of current benchmarks or a percentage change from the current rate. The Cholesterol Program performance goals are based on a ten percent change from the current rate. The Diabetes Program performance goals are based on the highest New England rate in the *Quality Compass*[™]. The Asthma Program performance goals for hospitalizations/1000 and ER visits/1000 are based on a 20% change from the current rate and the other measures are based upon the New England *Quality Compass* rates.

CHOLESTEROL MANAGEMENT

Percent of HNE membership identified that has had screening for LDL cholesterol

| TIME PERIOD MEASUREMENT COVERS | MEASUREMENT | RATE OR RESULTS | CURRENT GOAL |
|--------------------------------|-----------------|-----------------|--------------|
| 1/1/01 - 6/30/01 | Baseline | 27.2% | N/A |
| 7/1/01 - 12/31/01 | Remeasurement 1 | 55.2% | 29.9% |
| 1/1/02 - 6/30/02 | Remeasurement 2 | 65.51% | 60.7% |
| 7/1/02 - 12/31/02 | Remeasurement 3 | PENDING | 72.1% |

Statistically significant improvement was achieved for all measurement points.

Percent of identified members with LDL > 100

| TIME PERIOD MEASUREMENT COVERS | MEASUREMENT | RATE OR RESULTS | CURRENT GOAL |
|--------------------------------|-----------------|-----------------|--------------|
| 1/1/01 - 6/30/01 | Baseline | 89.6% | N/A |
| 7/1/01 - 12/31/01 | Remeasurement 1 | 77.3% | 81.5% |
| 1/1/02 - 6/30/02 | Remeasurement 2 | 72.51% | 74.1% |
| 7/1/02 - 12/31/02 | Remeasurement 3 | PENDING | 62.5% |

Statistically significant improvement was achieved for all measurement points.

Percent of members identified and on therapy

| TIME PERIOD MEASUREMENT COVERS | MEASUREMENT | RATE OR RESULTS | CURRENT GOAL |
|--------------------------------|-----------------|-----------------|--------------|
| 1/1/01 - 6/30/01 | Baseline | 41% | N/A |
| 7/1/01 - 12/31/01 | Remeasurement 1 | 44.8% | 45.1% |
| 1/1/02 - 6/30/02 | Remeasurement 2 | 47.72% | 49.6% |
| 7/1/02 - 12/31/02 | Remeasurement 3 | PENDING | 52.5% |

There has not been any statistically significant improvement, although there is movement in the right direction.

¹ HEDIS® is a registered trademark of the National Committee for Quality Assurance

² Quality Compass™ is a registered trademark of the Committee for Quality Assurance (NCQA).

Percent of members identified and on therapy but not at the goal of LDL < 100

| TIME PERIOD MEASUREMENT COVERS | MEASUREMENT | RATE OR RESULTS | CURRENT GOAL |
|--------------------------------|-----------------|-----------------|--------------|
| 1/1/01 - 6/30/01 | Baseline | 86.9% | N/A |
| 7/1/01 - 12/31/01 | Remeasurement 1 | 68.2% | 79.0% |
| 1/1/02 - 6/30/02 | Remeasurement 2 | 65.98% | 71.8% |
| 7/1/02 - 12/31/02 | Remeasurement 3 | PENDING | 59.4% |

Again there was no statistically significant improvement from measurement point 1 to 2, however there is movement in the right direction.

DIABETES MANAGEMENT PROGRAM

Percent of diabetics who had a retinal eye exam performed

| TIME PERIOD MEASUREMENT COVERS | MEASUREMENT | RATE OR RESULTS | CURRENT GOAL |
|--------------------------------|-----------------|-----------------|--------------|
| 1/1/99 - 12/21/99 | Baseline | 55% | 65% |
| 1/1/00 - 12/31/00 | Remeasurement 1 | 57% | 65% |
| 1/1/01 - 12/31/01 | Remeasurement 2 | 60% | 70% |
| 1/1/02 - 12/31/02 | Remeasurement 3 | PENDING | |

There was no statistically significant improvement, however there is movement in the right direction.

Percent of diabetics who had a glycohemoglobin blood test

| TIME PERIOD MEASUREMENT COVERS | MEASUREMENT | RATE OR RESULTS | CURRENT GOAL |
|--------------------------------|-----------------|-----------------|--------------|
| 1/1/99 - 12/21/99 | Baseline | 69% | |
| 1/1/00 - 12/31/00 | Remeasurement 1 | 76% | 78.4% |
| 1/1/01 - 12/31/01 | Remeasurement 2 | 82% | 89% |
| 1/1/02 - 12/31/02 | Remeasurement 3 | PENDING | |

Statistically significant improvement has been achieved from baseline to remeasurement point 1 and from point 1 to point 2.

Percent of diabetics who have poorly controlled diabetes (HbA1c >9.5)

| TIME PERIOD MEASUREMENT COVERS | MEASUREMENT | RATE OR RESULTS | CURRENT GOAL |
|--------------------------------|-----------------|-----------------|--------------|
| 1/1/99 - 12/21/99 | Baseline | 74% | 44.9% |
| 1/1/00 - 12/31/00 | Remeasurement 1 | 53% | 42.5% |
| 1/1/01 - 12/31/01 | Remeasurement 2 | 50% | 27.2% |
| 1/1/02 - 12/31/02 | Remeasurement 3 | PENDING | |

There was not a statistically significant improvement from remeasurement point 1 to remeasurement point 2.

Percent of diabetics who had a LDL-C Screening

| TIME PERIOD MEASUREMENT COVERS | MEASUREMENT | RATE OR RESULTS | CURRENT GOAL |
|--------------------------------|-----------------|-----------------|--------------|
| 1/1/99 - 12/21/99 | Baseline | 63% | 69% |
| 1/1/00 - 12/31/00 | Remeasurement 1 | 70% | 76.5% |
| 1/1/01 - 12/31/01 | Remeasurement 2 | 80% | 87% |
| 1/1/02 - 12/31/02 | Remeasurement 3 | PENDING | |

Statistical significance has been achieved from baseline to remeasurement point 1 and from reameasurement point 1 to point 2.

Percent of diabetics who had controlled LDL-C < 130

| TIME PERIOD MEASUREMENT COVERS | MEASUREMENT | RATE OR RESULTS | CURRENT GOAL |
|--------------------------------|-----------------|-----------------|--------------|
| 1/1/99 - 12/21/99 | Baseline | 17% | 36.7% |
| 1/1/00 - 12/31/00 | Remeasurement 1 | 33% | 44.3% |
| 1/1/01 - 12/31/01 | Remeasurement 2 | 40% | 58% |
| 1/1/02 - 12/31/02 | Remeasurement 3 | PENDING | |

Statistical significance has been achieved from baseline to remeasurement point 1 and from reameasurement point 1 to point 2.

Percent of diabetics who have been monitored for kidney disease

| TIME PERIOD MEASUREMENT COVERS | MEASUREMENT | RATE OR RESULTS | CURRENT GOAL |
|--------------------------------|-----------------|-----------------|--------------|
| 1/1/99 - 12/21/99 | Baseline | 32% | 36% |
| 1/1/00 - 12/31/00 | Remeasurement 1 | 38% | 41.4% |
| 1/1/01 - 12/31/01 | Remeasurement 2 | 50% | 59.8% |
| 1/1/02 - 12/31/02 | Remeasurement 3 | PENDING | |

Statistical significance has been achieved from remeasurement point 1 to reameasurement point 2.

ASTHMA MANAGEMENT PROGRAM

Hospitalizations/1000 (Adult Asthmatics 18 years and older)

| TIME PERIOD MEASUREMENT COVERS | MEASUREMENT | RATE OR RESULTS | CURRENT GOAL |
|--------------------------------|-----------------|-----------------|-------------------|
| 1/98 - 12/98 | Baseline | 53.2 | 42.5 |
| 1/99 - 12/99 | Remeasurement 1 | 31.27 | 25.0 |
| 1/00 - 12/00 | Remeasurement 2 | 11.25 | Maintain at 11.25 |
| 1/01 - 12/01 | Remeasurement 3 | 12.72 | 11.25 |

Statistical significant reductions have been achieved from baseline to remeasurement point 1 between remeasurement point 1 and point 2. Although there was a slight increase during 2001, however not statistically significant.

ER Visits/1000 (Adult Asthmatics 18 years and older)

| TIME PERIOD MEASUREMENT COVERS | MEASUREMENT | RATE OR RESULTS | CURRENT GOAL |
|--------------------------------|-----------------|-----------------|--------------|
| 1/98 - 12/98 | Baseline | 212.82 | 170.25 |
| 1/99 - 12/99 | Remeasurement 1 | 164.76 | 131.81 |
| 1/00 - 12/00 | Remeasurement 2 | 103.43 | 82.74 |
| 1/01 - 12/01 | Remeasurement 3 | 44.91 | 40.4 |

Statistically significant improvements have been achieved from baseline to each remeasurement point and between remeasurement points.

Use of appropriate medications for people with asthma (HEDIS Rate) Ages 18-56

| TIME PERIOD | MEASUREMENT COVERS | MEASUREMENT | RATE OR RESULTS | CURRENT GOAL |
|--------------|--------------------|-----------------|-----------------|--------------|
| 1/99 - 12/99 | | Baseline | 64.08% | 77% |
| 1/00 - 12/00 | | Remeasurement 1 | 66.08% | 77% |
| 1/01 - 12/01 | | Remeasurement 2 | 69.5% | 77% |

There has not been statistically significant improvement in appropriate medications for members between 18 and 56 years of age.

Hospitalizations/1000 (Pediatric asthmatics aged < 18)

| TIME PERIOD | MEASUREMENT COVERS | MEASUREMENT | RATE OR RESULTS | CURRENT GOAL |
|--------------|--------------------|-----------------|-----------------|-------------------|
| 1/99 - 12/99 | | Baseline | 37.62 | 30 |
| 1/00 - 12/00 | | Remeasurement 1 | 10.38 | Maintain at 10.38 |
| 1/01 - 12/01 | | Remeasurement 2 | 16.96 | 10.38 |

Statistically significant improvement was achieved between baseline and remeasurement point 1, however an increase occurred between measurement point 1 and 2 in 2001.

ER Visits/1000 (Pediatric asthmatics aged < 18)

| TIME PERIOD | MEASUREMENT COVERS | MEASUREMENT | RATE OR RESULTS | CURRENT GOAL |
|--------------|--------------------|-----------------|-----------------|--------------|
| 1/99 - 12/99 | | Baseline | 131.66 | 105.33 |
| 1/00 - 12/00 | | Remeasurement 1 | 96.23 | 77.0 |
| 1/01 - 12/01 | | Remeasurement 2 | 34.78 | 31.3 |

Statistically significant improvement was achieved between baseline and remeasurement point 1, and between remeasurement point 1 and point 2.

Use of appropriate medications for people with asthma (HEDIS) Ages 10-17

| TIME PERIOD | MEASUREMENT COVERS | MEASUREMENT | RATE OR RESULTS | CURRENT GOAL |
|--------------|--------------------|-----------------|-----------------|--------------|
| 1/99 - 12/99 | | Baseline | 63.27% | 76% |
| 1/00 - 12/00 | | Remeasurement 1 | 63.3% | 76% |
| 1/01 - 12/01 | | Remeasurement 2 | 75.2% | 82.72% |

Statistically significant improvement was achieved between remeasurement point 1 and point 2.

Use of appropriate medications for people with asthma (HEDIS) combined

| TIME PERIOD | MEASUREMENT COVERS | MEASUREMENT | RATE OR RESULTS | CURRENT GOAL |
|--------------|--------------------|-----------------|-----------------|--------------|
| 1/99 - 12/99 | | Baseline | 65.26% | 78.3% |
| 1/00 - 12/00 | | Remeasurement 1 | 66.07% | 78.3% |
| 1/01 - 12/01 | | Remeasurement 2 | 71.16% | 78.3% |


Statistically significant improvement was achieved between remeasurement point 1 and point 2.



HEDIS RESULTS

From a clinical and care delivery perspective, the HEDIS category that provides us with the best information about HNE's performance are the Effectiveness of Care measures. The following table summarizes our results for the past two years on these measures. A ☆ identifies the HNE measures designated as "Best in Class" by NCQA. A health plan must be in the top 10 percent of all health plans on a measure to receive this designation. The source for the data is Quality Compass™, and is used with NCQA permission. Any analysis, interpretation, or conclusion based on this data and information is solely that of the authors, and NCQA specifically disclaims responsibility for any such analysis, interpretation, or conclusion.

| Indicator | HEDIS 2001 Measures calendar year 2000 performance | HEDIS 2002 Measures calendar year 2001 performance | New England Regional Average |
|---|--|--|------------------------------------|
| Childhood Immunizations | | | |
| Combo Rate 1 | 72% | 79% | 80% |
| Combo Rate 2 | 61% | 73% ☆ | 65% |
| Adolescent Immunization | | | |
| Combo Rate 1 | 69% | 72% | 61% |
| Combo Rate 2 | 60% | 72% | 41% |
| Breast Cancer Screening | 79% | 79% | 81% |
| Cervical Cancer Screening | 83% | 84% | 86% |
| Chlamydia Screening in Women | | | |
| Age 16-20 | 39% | 39% | 28% |
| Age 21-26 | 27% | 28% | 23% |
| Total 33% | 33% | 25% | |
| Controlling High Blood Pressure | 46% | 51% | 60% |
| Beta Blocker after Heart Attack | 97% | 92% | 96% |
| Cholesterol Management after Cardiac Event | | | |
| LDL-C Screening | 76% | 81% | 82% |
| LDL-C Level | 48% | 67% | 64% |
| Comprehensive Diabetes Management | | | |
| HgA1c Testing | 76% | 82% | 86% |
| Poor HgA1c Control (low % = better control) | 53% | 50% | 33% |
| Eye Exam | 57% | 60% | 65% |
| LDL-C Screening | 70% | 80% | 83% |

| Indicator | HEDIS 2001 Measures calendar year 2000 performance | HEDIS 2002 Measures calendar year 2001 performance | New England Regional Average |
|--|--|---|------------------------------------|
| Comprehensive Diabetes Management (cont.) | | | |
| LDL-C Level | 33% | 40% | 49% |
| Nephropathy Screening | 38% | 50% | 48% |
| Use of Appropriate Meds for Asthmatics | | | |
| Age 5-9 | 71% | 76% | 72% |
| Age 10-17 | 63% | 75% | 66% |
| Age 18-56 | 66% | 70% | 68% |
| Combined | 66% | 71% | 68% |
| Follow-Up after Hospitalization for MH | | | |
| Within 7 Days | 62% | 60% | 62% |
| Within 30 Days | 80% | 84% | 81% |
| Antidepressant Med. Management | | | |
| Optimal Practitioner Contacts | 37% | 25% | 26% |
| Effective Acute Phase Treatment | 63% | 61% | 64% |
| Effective Continuation Phase Treatment | 49% | 48% | 47% |
| Prenatal and Postpartum Care | | | |
| Prenatal Care | 84% | 90% | 94% |
| Postpartum Care | 86% | 93%  | 85% |

Many of our rates have increased since last year. The areas with the most notable improvement are childhood immunizations, adolescent (combo 2) immunizations, cholesterol LDL-C level, diabetes HgbA1C testing, LDL-C screening, LDL-C level, nephropathy screening, and prenatal and postpartum care. While we are pleased with these changes, there are many opportunities for improvement. We have several educational initiatives in place to help our members understand the importance of preventive care. These initiatives as well as the health care you provide to our members are important factors in increasing HEDIS rates.

2003 Quality Management Program Description and Work Plan

Each year we develop a Quality Management Work Plan for the clinical and service initiatives we believe will have the most positive impact on the most members. To design our plan, we review members' concerns, medical and claims data, physician and member feedback and other information about our members' health. This helps us understand what we're doing well, what we need to improve and, most important, what our members need. Some of the projects included in the 2003 work plan include:

- Clinical initiatives to improve the care, service and outcomes for:
 - diabetes (adult);
 - asthma (pediatric and adult);
 - treatment of depression in at-risk individuals;
 - cholesterol management in at-risk individuals;
 - childhood and adolescent immunizations;
 - women's health services (obstetrical care, pap smears, mammography, chlamydia screening, menopause education); and,
 - follow-up after hospitalization for mental health illness.
- Service initiatives to ensure:
 - members receive accurate responses to questions and inquiries;
 - new members are contacted within the first 60 days after they enroll to welcome them to the health plan, educate them on how to access care, inform them of the programs available to them, and identify any questions they may have;
 - access to primary care, behavioral health care, urgent care, emergency care, after-hours care, and member services;
 - the HNE network is sufficient in numbers and types of practitioners, and that the special and cultural needs and preferences of our members have been considered;
 - information about member and practitioner satisfaction is obtained through surveys, analysis of concerns, complaints and appeals, member focus groups, and/or other available data; and,
 - oversight of any delegated activities.

If you would like more information about our 2003 Quality Management Program Description or Work Plan, please contact Pat Scheer, Quality Operations Manager at 413-787-4000 ext. 3435.

Q&A Electronic Claims

Q *What percentage of Health New England claims are processed electronically?*

A Health New England processes approximately 66 percent of its claims electronically.

Q *Can any provider submit claims electronically?*

A Providers that submit HCFA 1500 claims through Medunite or WebMD are eligible to submit claims electronically. Institutional providers may arrange to submit claims directly to HNE. *Please refer to the HNE Provider Manual for specific vendor requirements.*

Q *What impact does electronic claims submission have on the claims payment lag?*

A On average, HNE currently processes clean paper claims in 12 days from the date of receipt. On average, HNE currently processes clean electronic claims in 5 days from the date of receipt.

Q *Does HNE meet the HIPAA requirements for electronic transactions?*

A HNE is currently accepting the HIPAA-mandated EDI Claim and Enrollment transactions. HNE is upgrading its core system in November 2002. After that HNE will be able to develop and test all of the HIPAA-mandated EDI transactions well before the October 16, 2003 compliance date.

Q *Can I submit claims electronically if I must submit supporting paper documentation?*

A Yes. Both paper and electronic claims that require supporting documentation (i.e., invoices or operative notes) will pend until the supporting information is received by the Claims Department.

Q *If I submit claims electronically how do I submit referrals?*

A In order to expedite the processing of electronic claims, you may submit referrals for in-plan elective outpatient services electronically through HNEDirect. Alternatively, you may fax paper referrals for in-plan specialty services to 413-734-7539.

HEDIS® 2003 is Here!

Next month, Health New England (HNE) will begin collecting information to be reported in the Health Plan Employer Data and Information Set (HEDIS). HEDIS, developed by the National Committee for Quality Assurance (NCQA), measures the care and service provided by health care plans. HEDIS evaluates health plans' effectiveness of care, access to health care, use of services and member satisfaction. Selected HEDIS data is used by the National Committee for Quality Assurance (NCQA) when computing a health plan's accreditation score.

The majority of HEDIS information is obtained from our claims systems. However, when claims do not provide the needed information, review of medical records is necessary. If a patient of yours is selected to be included in HEDIS review, you will receive a letter that identifies the information needed to determine if and when specific treatments were provided in 2002. Please copy and forward the information requested to the attention of HNE Quality Operations. HEDIS results combine all of this information to arrive at the percentages of members who have received the treatments being measured.

We will review a statistically valid random sample of HNE members for the following HEDIS measures:

- Childhood Immunizations – MMR, DtaP, Hib, OPV, HepB and chickenpox (or history of disease) prior to age two
- Adolescent Immunizations - MMR, HepB and chickenpox (or history of disease) prior to age 13
- Prenatal and postpartum care – Timely prenatal care (in first trimester or within 42 days of enrollment in HNE) and postpartum visit (21 to 56 days after delivery)
- Controlling High Blood Pressure – BP adequately controlled (both the systolic and diastolic BP must be BP < 140/90)
- Beta Blocker after a Heart Attack – Beta blocker prescribed within seven days of discharge

- Cholesterol Management after Acute Cardiovascular Events – LDL test 60 to 365 days after discharge with level <130 mg/dL
- Comprehensive Diabetes Care – HbA1c test and level (> 9.5%), LDL test and level (< 130 mg/dL), retinal eye exam and monitoring of diabetic nephropathy within recommended timeframes

HNE's access to patients' records is authorized by each member upon enrollment. This authorization allows us to administer the member's benefit plan, research quality of care issues, and gather data for preventive health programs. HNE also has the authority, based on provider and member contracts, to review members' records for performance measures like the HEDIS report. All medical records are carefully maintained to ensure the confidentiality of member information.

We appreciate your support of the HEDIS process in past years and we look forward to working with you again in the future. If you have any questions about HEDIS, please call Pat Scheer, Quality Operations Manager at 413-787-4000 ext. 3435.

MEDICAL TECHNOLOGY ASSESSMENT COMMITTEE

Over the past few months, the Medical Technology Assessment Committee at Health New England has been busy reviewing technologies at the forefront of medicine. The list of technologies and procedures that we review is growing. Here is a sample of some of the technologies that have been reviewed recently.

Health New England will not cover the following procedures/devices as they are either investigational/experimental and/or not the current standard of care:

- ALCAT Test for Food Sensitivity
- Functional Electrical Stimulation for Rehabilitation of Paralyzed Lower Limbs
- Ingestable Telemetric Gastrointestinal Capsule Imaging System
- Radiofrequency Ablation for Varicose Veins of the Leg (Closure Catheter System)
- Vision Therapy for Visual Dysfunctions and Dyslexia and Other Reading Disabilities (Orthoptics)
- Laser Therapy for Psoriasis
- Laser Discectomy
- Computer-Assisted Diagnosis for Mammography (76085)

The Medical Technology Assessment Committee at HNE is co-chaired by our Associate Medical Director and Health Services Program specialists. The rest of the Committee is made up of associates in different areas of the company. These individuals use information from Hayes, Inc, a research firm with international case study and safety information, reports from the FDA and from Medicare. In a situation where the committee feels that there is insufficient information to make a decision on the coverage of a technology/procedure, research information is sent to outside physician reviewers for a specialist opinion. Decisions made by the committee are based on FDA approval, Medicare coverage guidelines, standard of care, medical appropriateness and safety. We review any and all requests received by Health New England as well as up and coming technologies that are “in the news.”

If you have any questions, or would like Health New England to review a specific technology/device for coverage, please contact Jen Graves at 413-233-3432.

IMPORTANT PHARMACY CHANGES

Additional Benefit: Attention Deficit Disorder Medications

Members may obtain up to a 60-day supply of these medications at a participating retail pharmacy. One copayment applies for each 30-day supply. A 90-day supply is available through mail order provided the prescription is written by a doctor and the diagnosis is included in the prescription.

| Medication | Tier | Generic (Tier 1) Equivalent |
|-------------------|------|-----------------------------|
| Adderall | 3 | amphetamine |
| amphetamine | 1 | N/A |
| Concerta | 2 | None |
| Dexedrine | 3 | dextroamphetamine |
| dextroamphetamine | 1 | N/A |
| Focalin | 3 | None |
| Metadate CD | 2 | None |
| Metadate ER | 2 | None |
| methylphenidate | 1 | N/A |
| Ritalin | 3 | methylphenidate |
| Ritalin SR | 2 | None |

Use of Mail Order

Only maintenance medications may be purchased through mail order. In general, medications may be classified as “maintenance” if they are used for chronic illnesses such as asthma, allergies, high blood pressure, etc. In addition, your prescription must be filled at least twice at a participating retail pharmacy.

The following medications may not be purchased through mail order: narcotics; injectables; drugs requiring prior approval; drugs with quantity limits.

Birth Control Patch Available

The birth control patch, Ortho Evra, is available at a Tier 3 (highest) copayment, limited to three patches per month. Replacement patches are available through the manufacturer; visit www.orthoevra.com for details.

DRUGS REQUIRING PRIOR APPROVAL

| Drug | Treatment | Notes |
|-------------------------|--|--|
| Actiq | Cancer pain | For a copy of the clinical criteria and/or request form used in the prior authorization process, please call Member Services at 413-787-4004 or 800-310-2835. |
| Bravelle | Infertility | |
| Cetrotide | | |
| Fertinex | | |
| Follistim | | |
| Follistim (Antagon kit) | | |
| Gonal-F | | |
| Metrodin | Chronic myeloid leukemia or metastatic malignant gastrointestinal stromal tumors | |
| Pergonal | | |
| Repronex | | |
| Gleevec | Narcolepsy | |
| Provigil | | |
| Tracleer | | |
| Arava | Rheumatoid arthritis * | * <i>No form required but you must have a previous consult with a rheumatologist.</i> |
| Enbrel | | |
| Kineret | | |
| Entocort EC | Crohn's disease | |



“How ACE Became an Asthma Control Expert,” a storybook for kids ages 5-12 was created by Health New England (HNE) associates and published in July 2002. The story follows ‘ACE’, a child with asthma, as he wanders through a castle in search of his lost hairless cat, ‘Furlis’. Along the way, he learns how to use his asthma medications and to recognize and avoid asthma triggers.

A symbol system is introduced, designed to help children identify asthma tools and use them properly. These symbols, printed on stickers, accompany the book for parents to apply to asthma medications. HNE distributed the books and stickers to all members ages 5-12 who have an asthma diagnosis. Additionally, network doctors who care for children with asthma received a supply of books and stickers to help educate the non-HNE members in their practices. The book can also be ordered on the new www.ACEandFurlis.com website at no charge.

Please visit the website if you can so that you can encourage your patients to log on. There are a lot of fun games to play like the “memory game” and “Get back dustbunnies, get back!” Kids can also color ACE and Furlis and play other games too. It is a really great way for children to learn how to manage their asthma.

Members' Rights and Responsibilities

- As a Member of HNE, you have certain rights and responsibilities.

Members' Rights

As a Member of HNE, you have certain rights. These are:

- To receive information on HNE, its services, Plan Providers, policies, procedures, and your rights and responsibilities. HNE will not provide to Members, or to any third party, information that it is not allowed to disclose under the law. HNE will not disclose information about Plan Providers that would constitute information that is privileged.
- To be treated with respect and with recognition of your dignity and right to privacy.
- To participate with your doctor or other health care provider in decisions on your health care.
- To expect that your doctor or other health care provider will fully and candidly discuss treatment options for your condition that are appropriate or Medically Necessary, regardless of the cost or benefit coverage. It does not mean that all treatment options are covered by HNE. If you are unsure about whether a treatment is covered, you should contact HNE Member Services.
- To bring a grievance or complaint about HNE, or care that is provided by a Plan Provider, to the attention of HNE. The procedure for this is outlined in Section 6.
- To refuse a treatment, drug, or other procedure that is recommended by your doctor or other health care provider to the extent permitted by law. You are to be informed of the potential medical consequences of refusing such treatment.
- To select a Primary Care Physician (PCP) who is accepting new patients. HNE PCPs are listed in its Provider Directory.
- To request to change your PCP. The newly-chosen PCP must not have notified HNE that he or she is no longer accepting new patients.
- To have access, during HNE's business hours, to HNE Member Services Representatives who can answer your questions and help in resolving a problem.
- To expect that information from your medical records and on your relationship with your doctor and your hospital will be kept confidential. This is in accordance with state and federal law and as provided by HNE policies and rules.

Members' Responsibilities

As a Member of HNE, you have certain responsibilities. These are:

- To provide, to the extent possible, information to your providers that they need in order to care for you. This includes giving them information on your present and past medical conditions, as you understand them, before and during any course of treatment.
- To follow the plans and instructions for care that you have agreed on with your provider.
- To become familiar with your HNE benefits and services by reading the materials that HNE gives you. You should also call HNE Member Services with any questions on these.
- To abide by all HNE policies and procedures.
- To treat Plan Providers and HNE staff with the same respect and courtesy that you would expect for yourself.
- To arrive on time for a scheduled appointment or to give adequate notice if you must cancel or will be late.
- To understand your health problems. If you do not understand your illness or treatment, talk it over with your doctor. It is very important to the success of the treatment for you to understand your health problems.
- To participate in decision-making on your health care.
- To inform HNE of any other insurance coverage you may have. This is so HNE may appropriately administer claims payment and coordinate with other payors.
- To inform HNE of any changes in status that could affect your eligibility for coverage, such as a change of address.
- To assist HNE and Plan Providers to obtain prior medical records when asked to do so. You agree that HNE may obtain and use any of your medical records and other information that it requires to administer the Plan.
- To consider the potential consequences of not following the advice of your health care practitioner. When a service recommended by a Plan Doctor is covered, you may choose for reasons personal to you, to decline it. For example, you may prefer to get care from Non-Plan Providers rather than Plan Providers. In these cases, HNE is not obligated to cover substitute or alternate care based on your preference.

P R I V A C Y N O T I C E

Health New England (HNE) knows how important it is to protect a member's privacy at all times and in all settings. It is HNE's practice to keep a member's personal health information ("PHI") confidential under HNE's policies and state and federal law.

How does HNE collect personal health information?

HNE gets PHI from:

- Applications a member submits when they enroll in the plan.
- A member's employer or employer's broker when applying for health insurance coverage.
- Providers who are treating members when they submit claims or request authorization on a member's behalf for certain services or procedures.
- Attorneys who are representing our members in automobile accidents or other cases.
- Other insurers.

How is HNE going to use my personal health information?

HNE uses the data it collects as follows:

- For enrollment and eligibility verification.
- To underwrite and set premium rates.
- To process, pay or audit claims and to coordinate benefits or subrogate a claim.
- For quality, utilization and disease management purposes.
- To furnish information to providers who are treating HNE members.
- To respond to a subpoena or court order.

Will HNE disclose my personal health information to anyone outside of HNE?

HNE may share your PHI with third parties outside of HNE, such as consultants and auditors, when necessary for the conduct of our business. HNE does not release PHI (other than name, address, and age) to employers. Employers who are self-funded, however, do need certain data so that they may adequately fund their accounts. In these instances, HNE will insist that the self-funded employer agree to protect the data from internal disclosure for any use that would affect the

member.

If HNE wishes to release a member's PHI for purposes other than those listed here, HNE will give the member the opportunity to consent to, or deny, such release. For cases in which HNE is involved in obtaining consent from a member who lacks the ability to give consent, HNE will determine the people who may authorize the release of PHI and who may have access to such information by contacting the member's PCP. HNE may also request from persons calling to request access to a member's PHI, proof of legal authority to act on behalf of a member.

How does HNE protect my personal health information?

HNE has a detailed policy on confidentiality. Each employee or temporary employee must sign a statement that he or she has read and understands the policy. HNE conducts privacy training and sends annual privacy reminders to its employees. If you would like a copy of HNE's Policy on Confidentiality, you may request a copy from HNE Member Services.

HNE also includes confidentiality provisions in all of its contracts with Plan Providers. In most cases, when HNE discloses PHI to a third party outside of HNE, HNE will require the receiving party to agree to keep the data confidential and to use it only for the purpose for which it is disclosed. HNE also maintains physical, electronic, and procedural safeguards to protect the data.

Can I get a copy of my medical records?

HNE does not provide medical care. All of our members receive care and treatment from providers based in their own facilities. Under Massachusetts law, you have a right to obtain a copy of your medical records. If you wish to obtain a copy, you should contact your health care provider directly. HNE's records are mostly records of claims for medical coverage. If you would like a copy of your medical claims history, please write to HNE, attention of the Legal Department.



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HEALTHSCRIPT

A Publication for Health New England Providers and their Staff

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.*