

August 2002

Welcome RiverBend Medical

We are pleased to welcome RiverBend Medical, a multi-specialty practice with several locations:

230 Main Street
Agawam, MA 01001
(413) 789-6800

444 Montgomery Street
Chicopee, MA 01029
(413) 594-3111

305 Bicentennial Highway
Springfield, MA 01118
(413) 733-4101

300 Stafford Street
Springfield, MA 01102
(413) 733-1159

Hampton Ponds Plaza
1029 North Road (Rt 202)
Westfield, MA 01085
(413) 533-2900

For more information, please visit www.healthnewengland.com and click on the HNE Provider Directory or HNE Direct. You also may call Network Development and Operations at 413-787-4000 x5000.

Medical Director's Letter

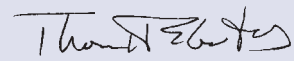
Health Services spending has remained close to budget during 2002, while inpatient costs are lower compared with 2001, reversing a disturbing trend. However, these are more than offset by continued increases in pharmacy spending and other ambulatory services.

Despite the release of generic forms of several expensive popular drugs, overall pharmacy spending continues to accelerate around 15 percent per year. Other ambulatory services expenses continue to rise, particularly the frequency and cost of high-end radiology imaging. In response to this trend, Health New England plans to begin the radiology management program with National Imaging Associates effective Sept. 1. All providers and facilities will learn more about the details over the next several months.

Although Health New England will not release its 2001 HEDIS data until mid-summer, we are already working on several programs to improve access for patients through copayment voucher programs. One program encourages diabetics to receive retinal eye exams, and another encourages members to seek outpatient mental health services after a psychiatric hospitalization. Both programs are designed to improve care as well as our HEDIS scores for these

members. In addition to implementing these programs, Health New England continues to work closely on statewide initiatives with Massachusetts Health Quality Partnership (MHQP) to improve quality of care for all Massachusetts citizens in managed care plans.

Finally, I would like to announce several staffing changes. After nearly nine years building a department, Elaine Malboeuf has moved from Credentialing to become claims manager. Gail Moreno, the claims manager for the past nine years, has taken a newly created audit manager position, reporting to our chief financial officer, Rob Kosior. I am pleased to announce that Dale Zlotnick, who has worked with many of you as network account manager, has been promoted to credentialing manager, reporting to me. Finally, Ann Hurley, who has worked tirelessly in Provider Services for nearly 10 years, will take Dale's position as the network account manager. Please join me in congratulating all these wonderful Health New England employees.



Thomas H. Ebert, M.D.
Vice President, Medical Director

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HEALTHSCRIPT

A Publication for Health New England Providers and their Staff

QUALITY
DOCUMENTS
AVAILABLE TO
PROVIDERS

Health New England's 2001
Annual Quality Program
Evaluation, 2002 Quality
Improvement Program
Description, and 2002 Quality
Improvement Workplan are
available. For copies, contact
Pat Scheer, Quality Operations
Manager, at 413-787-4000
ext. 3435 or pscheer@hne.com.

book to help children ages 5-12 learn to control their asthma. Written in response to the lack of fun, education-al asthma-related materials, the book also introduces a sticker system for children and their parents to use with asthma medications and related equipment.

All children in this age group who are active Health New England members and enrolled in HNE's Pediatric Asthma Program will receive this book by mail. In addition, plan pediatricians and pulmonologists will receive a limited supply to distribute non-Health New England patients. Books are scheduled to arrive in households and offices this summer.



ACE & FURLS STORY BOOK TO BE PUBLISHED

Health New England is proud to announce the creation of "How ACE Became an Asthma Control Expert," a



Member Advisory Committee: *Voice of the Member*

We're looking for a few good members...
to join the Health New England Member Advisory Committee.

Established in 2001, this unique committee represents the voice of the member. It's a forum for encouraging open, constructive dialogue with HNE and providing suggestions, comments and ideas. The committee may discuss any part of our business including their thoughts regarding our plans, network, and service.

- The goals include:
- identifying and addressing members' problems and concerns.
 - exploring ways to enhance quality, service, access to care, and satisfaction.
 - giving members the opportunity to provide input on matters that affect them, their colleagues, and the entire region.

The committee, which meets quarterly, also allows members, benefits administrators, and Human Resources directors to learn more about who we

are and what we do in a relaxed, friendly environment. A light meal is provided and participants are reimbursed for their time and travel.

We encourage all members to participate so that we can better serve all our constituencies. The next meeting will be held Wednesday, Sept. 4 from 6 to 8 p.m. at HNE offices in Springfield. For more information, please call Arlene Gaudet at 413-787-4000 or 800-842-4464, ext. 3237.



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.

HEDIS PROJECT COMPLETED

Our sincere thanks to staff at many offices for assisting with Health New England's 2002 Health Plan Employer Data and Information Set (HEDIS®)¹ project. Data collected from charts, along with claims information, determine overall rates of care for specific measures (e.g., childhood immunizations, diabetes care, prenatal care).

HEDIS® measures more than 50 aspects of care and service, including cancer screening, immunization rates, diabetes treatment, cardiovascular disease, member satisfaction, smoking cessation and other serious health issues. HEDIS® rates are reported to the National Committee for Quality Assurance (NCQA) and incorporated into health plan accreditation outcomes.

Thanks again for your cooperation and assistance! Look for the results in an upcoming special edition of HealthScripts.

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



CHOOSING AN SSRI

by Jay M. Pomerantz, M.D.

All practicing clinicians particularly primary care physicians and psychiatrists, are constantly exposed to drug detail representatives, advertisements, journal articles, and even patients trying to educate us on which SSRI to prescribe. These perspectives leave out the important issue of cost, both to the medical insurer and the patient. On the other hand, drug formularies and differential copayments may ignore the differences between SSRIs. So how does one choose an SSRI for a newly diagnosed patient?

Let us assume that the antidepressant will be for treating depression. (Incidentally, that is not a given; a recent HNE audit showed one-third of antidepressant prescriptions are prescribed for such things as migraines, smoking cessation, chronic pain, and fibromyalgia rather than depression or anxiety.) Let us also acknowledge that once daily medication is preferable to more frequent dosing (for patient acceptance). That being the case, the usual first-choice candidates are fluoxetine (Prozac), sertraline (Zoloft), paroxetine (Paxil), citalopram (Celexa), and venlafaxine (Effexor). Although similar in efficacy, these drugs do have significant side-effect differences. Fluoxetine may exacerbate anxiety symptoms, sertraline can activate the gastrointestinal system causing nausea and/or diarrhea, paroxetine causes significant weight gain (more so than the others), and citalopram (like paroxetine) has a relatively short half-life, sometimes leading to withdrawal effects if a patient forgets a dose. Venlafaxine (Effexor), even in its extended release form, is a very short half-life drug and not only requires twice daily dosing above 150 mg per day, but is the most likely of all the antidepressants to show a discontinuation syndrome on abrupt discontinuation. It needs prolonged and careful downward titration prior to cessation.

From a strictly per pill cost perspective, there are also significant differences among these five drugs. See Table 1.

My advice for HNE clinicians would be to first make sure that the chosen SSRI matches up with the particular patient, e.g., not prescribing fluoxetine for someone who is already very anxious. For patients without specific contraindications, I would advise either generic fluoxetine, primarily for cost considerations, or citalopram for its few side-effects, relatively benign cytochrome p450 profile, and reasonable per pill cost.

The largest pill size that fits the patient's need is always the best value. Since a 40 mg tablet of Celexa costs about the same as a 20 mg tablet of Celexa (and that is true across the board for antidepressants), prescribing two 20 mg tablets for a patient each day is wasteful. For patients on lower doses, half tablets (for scored preparations such as Celexa 40 mg or Zoloft 100 mg) likewise can cut the monthly prescription cost in half.

Whatever SSRI is chosen, remember that these are slow-acting medications, usually prescribed for prolonged periods of time (six months or more). It is best to start at low doses, e.g. 10 mg for either fluoxetine or citalopram for the first week. After the patient has tolerated the start-up, a usual dose of 20 mg is indicated. After not less than four weeks of non-response or minimal improvement, dose escalation is in order. In most programs, only 30% of patients will stay on an SSRI past a few months. We will talk about the reasons for patient discontinuation and treatment strategies for augmentation and switching in a future article.

Table 1 - Health New England SSRI Cost Comparison

Parameter	Fluoxetine	Citalopram	Sertraline	Paroxetine	Venlafaxine
Brand Name	Generic Prozac	Celexa	Zoloft	Paxil Paxil CR	Effexor
AWP per Month	\$6.00	\$69.42	\$75.63	\$84.72	\$103.80
	20 mg per day	20 mg per day	100 mg per day	20 mg per day (25 mg per day of CR)	200 mg per day

PROVIDER SATISFACTION SURVEY

We recently compiled results of the Provider Satisfaction Survey, measuring provider satisfaction with various aspects of Health New England. The survey, conducted by an independent firm, covered a variety of topics:

- general satisfaction
- processes and systems
- communication
- claims processing
- credentialing and recredentialing
- health management programs
- provider use of the Internet and satisfaction with www.healthnewengland.com

SURVEY RESULTS

General Satisfaction: Relative to other managed care plans, providers are moderately satisfied with HNE. Specifically, 45 percent of those surveyed are very satisfied with the plan; 44 percent are very likely to recommend HNE to other practitioners; and 83 percent are very likely to continue to participate in the HNE network.

Processes and Systems: Providers surveyed also expressed moderate levels of satisfaction with HNE's processes and systems. Providers ranked none of the survey categories as either highly satisfactory or in need of improvement.

Providers rated:

- timely notification of policy changes
- ease of using HNE's specialist referral system
- ease of obtaining pre-authorization
- ease of verifying patient eligibility
- ease of hospital admission process
- the case management process
- ease of the continued stay review

Communication: Overall, providers are highly satisfied with their communication with HNE, particularly in staff professionalism, courtesy and helpfulness, and readability of printed materials. While 52 percent surveyed indicated that they are very satisfied, only 4 percent said they are dissatisfied.

Providers surveyed rated:

- staff professionalism and courtesy
- helpfulness and readability of printed materials regarding policies and procedures
- timely responses to phone calls
- completeness and accuracy of information provided by staff

Claims: Relatively lower satisfaction levels indicated opportunities to strengthen certain areas.

Providers rated:

- ease of getting information on the status of claims
- accuracy of processing claims
- prompt payment of claims

In the past year, HNE has introduced two key programs that will continue to significantly enhance service and performance in this area. Since July 2001, HNE has increased its electronic claims processing from 24.5% to 51.3% of claims, thus decreasing average claims lag from 27 to 19 days for the same period. In November 2001, HNE introduced its web-based claims and eligibility inquiry program, HNE Direct, which will continue to enhance service capabilities for obtaining claims information.

Credentialing and Recredentialing: Providers surveyed who have undergone credentialing or recredentialing are satisfied with the process. Nearly 70 percent of providers who have undergone recredentialing rated it excellent or very good.

Health Management Programs: Provider awareness of programs or referrals to a health management program appeared to largely depend on the provider's specialty.

HNE offers the following health management programs:

- Asthma (adult and pediatric)
- Brighter Infant Beginnings (BIB)
- Diabetes
- Living Well with Chronic Conditions Self-Management

For additional information about our health management programs, please contact our Health Promotions Department at (413) 787-4000 x3383.

Internet Use: Approximately 67 percent of provider offices surveyed indicated they currently have Internet access. Of these, 64 percent reported that both physicians and staff have Internet access. Of those offices who do not currently have access, 40 percent reported that they plan to obtain access within the year.

Visit www.healthnewengland.com for information and instant access to member eligibility and claims status information through HNE Direct. You can also submit and check the status of referrals. HNE will continue to make enhancements to enhance provider service and convenience.

NCQA SURVEY PREPARATION UNDERWAY

As you know, on July 3, 2000, NCQA awarded Health New England (HNE) "Excellent" accreditation status for our HMO and POS products. (HNE) is preparing for its next accreditation review by the National Committee on Quality Assurance (NCQA), an independent, nonprofit organization that evaluates and reports on the quality of health plans nationwide.

The next accreditation, scheduled for March 31 through April 2, 2003 will include rigorous on-site and off-site evaluations of more than 50 standards in six categories: quality improvement, physician credentials, utilization management, member rights and responsibilities, preventive health services, and medical records.

Accreditation, which is voluntary, also rates HNE on Health Plan Employer Data and Information Set (HEDIS^{®1}) measures compared with those of other national norms. Key measures include immunization rates, mammography rates, access to care, and member satisfaction with the health plan and doctors.

A national committee of physicians reviews survey findings and assigns accreditation levels, which include: Excellent (highest); Commendable (full accreditation with no conditions to review); Accredited (meets the basic standards); Provisional (meets some standards) and Denied.

HNE's Project Lead Team, representing every functional area, has met regularly over the last year and a half to discuss issues, assess organizational readiness, celebrate the positives and develop action plans to strengthen areas as needed.

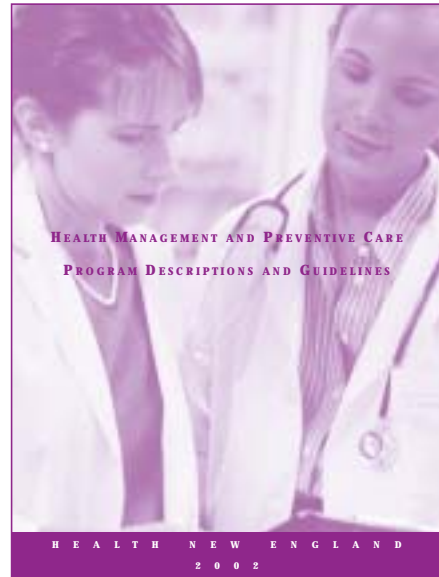
In addition, work groups cover topics in different chapters of the NCQA Standards Manual. Examples include practitioner geographic access, after-hours care, and clinical and service performance improvements. We continue to write roadmaps to lead NCQA surveyors through our systems and conduct clinical and member services performance improvement projects.

We also hired former NCQA surveyors as consultants to help us interpret standards and anticipate what surveyors will truly want to see. These consultants help us focus on frequent "problem areas" found at other health plans (i.e., the NCQA "Hot Spots.") Current "hot spots" include continuity and coordination of care and monitoring over- and under-utilization. The consultants will conduct a mock survey in September to help us plan work for the rest of the year.

To learn more, contact Pat Scheer, Quality Operations Manager, at 413-787-4000 ext. 3435 or pscheer@hne.com

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

Health Management & Preventive Care Program Descriptions and Guidelines 2002 updates **Just arrived!**



The annual Health Management & Preventive Care Program Descriptions and Guidelines booklet has been mailed to you. The booklet contains HNE's Adult and Pediatric Preventive Care Recommendations including Childhood Immunization Guidelines.

The booklet along with all of HNE's clinical guidelines:

- Asthma
- Diabetes
- Cholesterol
- Uncomplicated Obstetric Care
- Management of Major Depressive Disorder

also contains information about disease management programs for Asthma, Diabetes, and several enhancements have been made to these programs.

- New diabetes education material has been developed,
- a book called Living Well with Diabetes,
- Diabetes Grocery Store Tours and
- Diabetes Care Day health fair will be offered.

The pediatric asthma program will soon include an educational and fun book, How ACE Became an Asthma Control Expert, written especially for children age 5-12 years who have asthma.

New

New this year are HNE's Chronic Conditions and Co-Morbidity Self-Management Program, called Living Well and the Cholesterol Management Initiative.

Several innovative Wellness and Preventive Health Initiatives are also underway such as the Celebrating Women 2002 Program. Celebrating Women is a series of seminars on women's health topics:

- Osteoporosis Prevention
- Women & Cardiovascular Disease
- Menopause Management

The program will culminate with a health fair that will not only include health screenings but massages, yoga, and much more.

If you have questions about any of the programs or guidelines, please contact: Lynn Ostrowski, Health Programs Manager at 413-787-4000 x 3383, or 800-842-4464 x 3383



Celebrating Women 2002

Several hundred attendees learned about osteoporosis prevention and treatment at the first Celebrating Women event April 25. Featured speakers Dr. Mary Pat Roy and Nurse Practitioner Jessica Tropp gave a dynamic presentation. On May 1, another full house greeted cardiologist Dr. Reed Shnyder, who talked about the importance of lifestyle changes in preventing and managing heart disease.

The next Celebrating Women seminar will be a "Menopause Town Meeting" on Wednesday Sept. 25 from 6:30-8:30pm. Participants will learn the facts about 'hot flashes', hormone replacement therapy, stress and depression, cardiac health and much more. The seminar will be conducted by guest speakers Carol Landau, Ph.D., Michelle G. Cyr, MD and Anne W. Moulton, MD of Brown University School of Medicine and nationally known authors of the number one rated book The Complete Book of Menopause: Every Woman's Guide to Good Health.

Dr. Carol Landau is a Clinical Psychologist and Dr.'s Anne W. Moulton and Michelle G. Cyr are Internists who all specialize in women's health. They co-founded a medical practice called Women's Health Associates, located in Rhode Island.

The grand finale event for Celebrating Women 2002 is Women's Night Out!, a health fair on Wednesday October 16 from 5-9pm. It will include health screenings such as bone density, skin analysis, cholesterol, blood pressure, and body fat analysis; expert panelists on women's health topics; relaxation techniques; nutrition information; alternative therapies; beauty tips; massages; yoga; raffle prizes; and much more!

Registration is required for all events. For information call HNE at (413) 787-4000, ext. 3553 or 3381.

All Celebrating Women events will be held at the Best Western Sovereign Hotel & Conference Center, 1080 Riverdale Street in West Springfield.

PROVIDER CONTACTS REFERENCE CHART

The Network Development and Operations Department has made some changes in network responsibilities and territories. In order to provide you with the best possible service, please refer to the Provider Contacts Reference Chart when you have questions about your Health New England contract or policies and procedures.

General Inquiries (413) 787-4000 x5000
Voicemail Only

Pam Zagorski, Network Development & Operations Manager
(413) 787-4000 x3400

Mike Snyder, Contracts and Reimbursement Manager
(413) 787-4000 x3403

- Acute Hospitals
- Mental Health Facilities
- Ancillary Facilities

Gail Fournier, Network Account Manager
(413) 787-4000 x3401

- Cooley Dickinson PHO
- Valley Medical Group
- Valley Health Partners
- Noble Health Alliance
- Independent Pioneer Valley Physicians
- Extended Care Facilities

Gia Taylor, Network Operations Representative
(413) 787-4000 x3405

- Physician network listed above
- Physical Therapists
- Podiatrists

Ann Hurley, Network Account Manager
(413) 787-4000 x3206

- Baycare Health Partners
- Berkshire County Physicians

Maureen Ryan, Network Operations Representative
(413) 787-4000 x3218

- Physician network listed above
- Mental Health Providers

Open - Network Operations Representative

- Physician network listed above
- Optometrists
- Nutritional Counselors

Selective Serotonin Reuptake Inhibitors - Drug Comparison Chart

Parameter	Citalopram	Fluoxetine	Fluvoxamine	Paroxetine	Sertraline
Brand Name	Celexa	Prozac/Generics	Luvox/Generics	Paxil/Paxil CR	Zoloft Indications
Indications	<ul style="list-style-type: none"> Depression 	<ul style="list-style-type: none"> Depression Obsessive-compulsive disorder Bulimia nervosa Premenstrual dysphoric disorder (Sarafem) 	<ul style="list-style-type: none"> Obsessive-compulsive disorder 	<ul style="list-style-type: none"> Depression Obsessive-compulsive disorder Panic disorder Social anxiety disorder Generalized anxiety 	<ul style="list-style-type: none"> Depression Obsessive-compulsive disorder Panic disorder Post-traumatic stress disorder
Time to Reach Steady State	~7 days	~28 days	~7 days	~10 days (14 days Paxil CR)	~7 days
Excretion	35% renal; 65% fecal	Hepatic	~94% renal	64% renal; 36% fecal	45% renal; 45% fecal
Half-Life (t1/2)	~35 hours	~1 to 384 hours (includes active metabolite)	~13.6-15.6 hours	21 hours (15-20 hours Paxil CR)	26-104 hours (includes active metabolite)
Protein Binding	~80%	~94.5%	~80%	~93-95%	98%
Active Metabolites	Yes	Yes	No	No	Yes
Effects Renal/Hepatic Impairment	Use with caution in patients with severe liver impairment; clearance reduced by 37% and t1/2 doubled with liver impairment. Use with caution in patients with severe renal impairment.	Use with caution in patients with severe liver impairment; t1/2 increased to 7.6 days in cirrhotic patients. Dose adjustment not needed with renal impairment.	Use with caution in patients with severe liver impairment; clearance decreased by 30%. Dose adjustment not needed with renal impairment.	Use with caution in patients with severe liver impairment; serum levels increased ~2 fold. Reduce initial dose in patients with severe renal impairment.	Use with caution in patients with severe liver impairment. Use lower or less frequent doses in cirrhotic patients. Use with caution in patients with severe renal impairment.
Contraindication (all)	<ul style="list-style-type: none"> Hypersensitivity to SSRIs or any inactive ingredients. In combination with an MAO inhibitor, or within 14 days of discontinuing an MAO inhibitor 				
Clinical Efficacy	In clinical trials, all SSRIs consistently demonstrate effectiveness over placebo in treating depression. Several short term comparative studies have demonstrated SSRIs are equally effective in depression; however, significant long term trials are limited and crossover trials are lacking.				
Adverse Reactions	<ul style="list-style-type: none"> In clinical trials 16% of patients discontinued therapy due to ADR Nausea, dry mouth, somnolence, insomnia, diaphoresis, tremor, diarrhea and ejaculation disorder most common ADR 	<ul style="list-style-type: none"> In clinical trials 15% of patients discontinued therapy due to ADR Nausea, insomnia, somnolence, anxiety, nervousness, weakness, anorexia, tremors, dry mouth, diaphoresis, decreased sex drive most common ADR 	<ul style="list-style-type: none"> In clinical trials 22% of patients discontinued therapy due to ADR Nausea, insomnia, dry mouth, nervousness, somnolence, constipation, weakness, abnormal ejaculation most common ADR 	<ul style="list-style-type: none"> In clinical trials 20% of patients taking Paxil & 10% taking Paxil CR discontinued therapy due to ADR Nausea, asthenia, diaphoresis, anorexia, somnolence, dizziness, insomnia, tremor, sexual dysfunction most common ADR 	<ul style="list-style-type: none"> In clinical trials 10-15% of patients discontinued therapy due to ADR Dry mouth, nausea, anorexia, somnolence, insomnia, sexual dysfunction, diarrhea, agitation, diaphoresis most common ADR
Drug Interactions	<ul style="list-style-type: none"> SSRIs are metabolized by the cytochrome P450 system in the liver and may inhibit individual isozymes within the cytochrome P450 system. Isozymes 2D6 and 3A4 are the most common isozymes involved with interacting drugs. Fluoxetine and fluvoxamine are the most potent inhibitors of CYP3A4/5 and fluoxetine and Paxil are the most potent inhibitors of CYP2D6, making interactions more likely. SSRIs are significantly protein bound. Administration of other medications that are protein bound may cause displacement of either the interacting drug or the SSRI increasing free concentration. Warfarin and digoxin have documented interactions in this category. Serotonin syndrome is a complication of therapy with serotonin elevating drugs. Administration of other medications elevating serotonin will potentiate this condition. MAOIs, tryptophan, amphetamines, other stimulants, and other antidepressants have been identified as potential interacting drugs. Administration of fluvoxamine with thioridazine, terfenadine, astemizole, cisapride, or pimozone is contraindicated. 				
AWP per Month	\$69.42 (20mg per day)	\$10.00* (20mg per day)	\$109.32* (200mg per day)	\$84.72 (20mg per day/25mg per day of CR)	\$75.63 per day (100mg per day)
Dose	Dose 20mg to 40mg per day	20mg to 80mg per day	50mg to 300mg per day	Paxil: 20mg to 60mg per day CR: 12.5mg to 75mg per day	25mg to 200mg per day

*MAC (maximum allowable cost)