

WINTER 2001**REMINDER:
ELECTRONIC CLAIMS
PROCESSING**

Health New England made an announcement in the Spring edition of HealthScript about our expanded electronic claims processing capabilities. We also sent a mailing to all of our participating providers of their eligibility to submit HCFA-1500 claims electronically through NDI or Envoy beginning in July.

Since July, a substantial number of providers have begun to increase the turn-around time for claims payment by submitting their claims electronically. For those eligible providers who have not yet taken advantage of this capability, we'd like to remind you of this claims submission option.

Whether you continue to submit paper claims or begin to submit claims electronically, please be advised that you must include a valid HNE provider number and member number on each claim.

**Medical Director's Letter
Year In Review**

The year 2001 provided a number of significant challenges to Management at Health New England. The company has had a number of successes, however, we have also suffered several setbacks. 2001 continued to see enormous increases in cost and utilization in ambulatory care and pharmacy. Ambulatory care expenses have continued to increase at more than 10% per year, while pharmacy costs have risen at more than 15% per year. However, for the first time in five years, inpatient costs rose dramatically; in fact, our inpatient costs grew faster than our pharmacy costs during 2001. This was a combination of an increase in the number of admissions, increased length of stay and increased cost per day. Because of these major increases in utilization, Health New England has continued to face significant financial challenges.

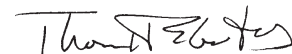
Management has had to make some difficult decisions in setting its premium rates for 2002 and has had to drop several very high cost employer groups, most notably the Federal Employees.

Despite the financial exigencies, the company has enjoyed success in several areas which I would like to enumerate. Our NCQA accreditation status remains at excellent because of our high HEDIS® scores, particularly in the area of childhood and adolescent immunization, member satisfaction and access to care. I want to single out Pat Scheer, our Quality Operations Manager, for her hard work in making sure that our HEDIS® data accurately reflects the hard work that our network does on behalf of our members. The second success area is in disease state management. Under the able leadership

of Lynn Ostrowski, Manager of Health Programs, we have had several new programs, most notably a program that focuses on patients dealing with the commonality of chronic diseases. Our third success is the implementation of an injectable drug program. This new program will allow our members to access their benefit to receive injectable drugs in a consistent, cost-effective manner across our entire network. Jean Wyman, our Health Services Data Manager, and Dave Boss, M.D., our Associate Medical Director, spearheaded that implementation.

The area of which the company is most proud is the rapid increase in our ability to handle electronic claims submission. HNE started 2001 with 15% submitted through EDI and will end the year at well over 40%. Gail Moreno, our Claims Manager, and John Neville, Systems Production Support Manager, led that charge. Health New England has also significantly increased its ability to communicate with the network electronically. Paul Lagasse, Manager of Reporting and Analysis, worked closely with HealthTrio to implement a web-based solution for providers to check member eligibility and claims status.

The year 2002 will present its share of challenges. We have planned several new initiatives including a radiology management program for high-cost imaging services. In addition, we hope to more aggressively use the mail order pharmacy. I look forward to working with all of you in 2002 to improve the health care for our members.



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

HEDIS^{®1} REPORTING

HEDIS (Health Plan Employer Data and Information Set) is a set of standardized performance measures designed to ensure that purchasers and consumers have the information they need to make reliable comparisons among health plans. HNE must adhere to stringent specifications on how to collect HEDIS data, standards that are identical for all health plans that choose to participate.

The HEDIS data and information included in this report is for our commercial HMO and point-of-service products. When available, results are compared to the average HMO/POS national and New England regional performance displayed in *Quality Compass*^{®2}. “Best In Class” - To recognize health plan performance that NCQA

believes represents a benchmark for others, they assigned the “Best in Class” designation. The “Best in Class” designation distinguishes a plan in a specific area. The designation recognizes that distinction, and points to a “best achievable performance” that others can strive to meet or exceed. A star on the chart identifies the HNE measures that have been assigned “Best in Class” by NCQA.

Requests for the complete HEDIS report or questions about this information may be directed to Pat Scheer, Quality Operations Manager at HNE (phone: 1-800-842-4464 or e-mail: pscheer@hne.com or fax: 1-413-734-3356).

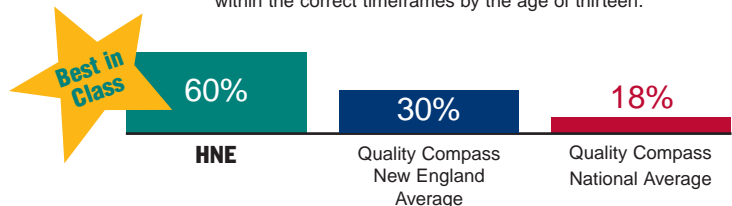
Childhood Immunizations

Percentage of children who have had all appropriate immunizations within the recommended timeframes by the age of two.



Adolescent Immunizations

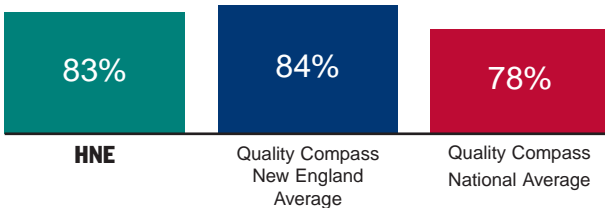
Percentage of children who have had all appropriate immunizations within the correct timeframes by the age of thirteen.



What you can do: Develop strategies that prevent missed opportunities. Examples of strategies include educating parents, well-organized and readily accessible vaccination information charts, sending reminder cards and telephoning parents who miss an immunization appointment.

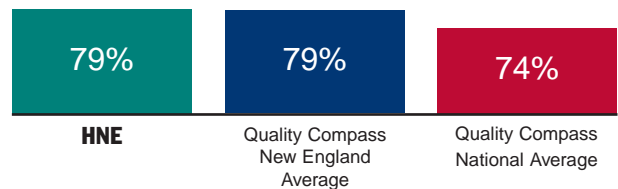
Cervical Cancer Screening

Percentage of women ages 21 to 64 who have had at least one Pap test during the past three years. Women who have undergone a hysterectomy with no residual cervix are excluded from this measure.



Breast Cancer Screening

Percentage of women ages 52 to 69 who have had at least one mammogram during the past two years. Women who have undergone a radical bilateral mastectomy are excluded from this measure.



What you can do: Educate your patients about Breast and cervical cancer screening and how testing saves lives. Send reminder cards and telephone patients who have not had these important screenings.

Chlamydia Screening

Percentage of sexually active women age 16-26 who were screened for chlamydia.



Overall Management of Menopause Management

Percentage of women 47-55 who received counseling about the management of menopause from their physician or health plan.



What you can do: Screen women at high risk for asymptomatic infection to prevent the spread of chlamydia. As an extra preventive caution include chlamydia testing as part of routine gynecological exams.

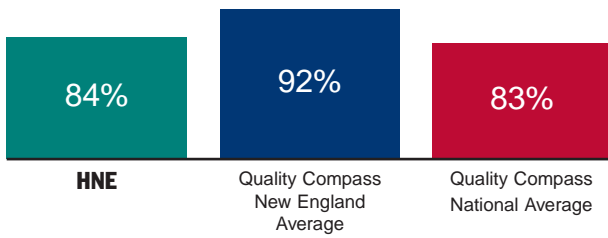
What you can do: Begin talking to women at age 44 about perimenopause and menopause. Continue talking to them as they progress through the different stages of menopause. Personalize each session so that the risks and benefits of treatment take into account a woman’s personal history, risks and concerns. Discuss alternatives to HRT.

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

² *Quality Compass*[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

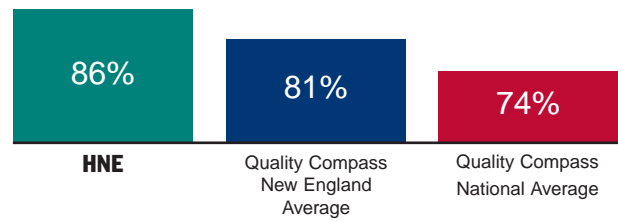
Prenatal Care in the First Trimester

Percentage of women who began their prenatal care during their first trimester or within 42 days of enrollment in HNE.



Checkups After Delivery

Percentage of women who had a visit to a health care provider on or between 21 days and 56 days after delivery.



What you can do:

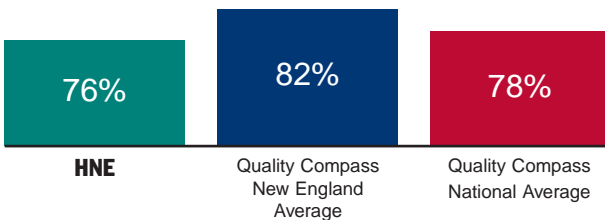
- Since many women do not realize they are pregnant until several weeks after conception, begin talking about proper health and the importance of early prenatal care before they decide to become pregnant.
- Provide obstetrical care as recommended by the American College of Obstetricians and Gynecologists. Guidelines were distributed to provider offices in the HNE Health Management and Preventive Care Program Descriptions and Guidelines booklet.
- Send reminder cards and telephone patients who have not kept scheduled appointments.
- Complete and submit to HNE the OB Pre-Registration Form. This will enroll the patient in the HNE Brighter Infant Beginnings Program. For more information about this program, call 1-800-842-4464, ext. 3391, from 9am to 5pm, Monday through Friday.

Comprehensive Diabetes Care

Percentage of members with Type 1 and Type 2 diabetes between the ages of 18 to 75 years old who had the following services:

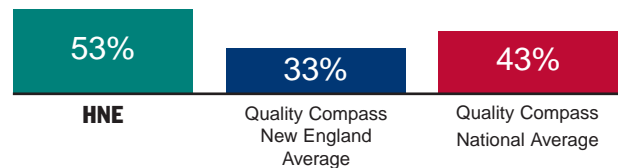
Blood Sugar Testing (HbA1c)

At least one HbA1c test in 2000.



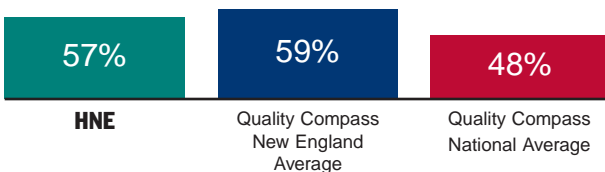
Poor Blood Sugar Control

An HbA1c test result greater than 9.5 during 2000. *(The lower the percentage the better.)*



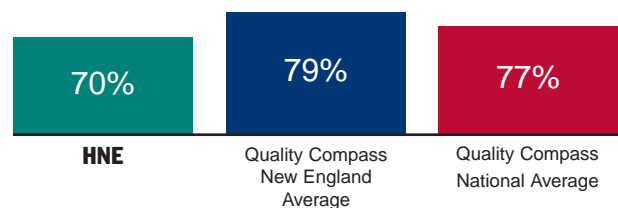
Retinal Eye Exam

At least one eye exam during 2000 (or 1999 if certain criteria were met).



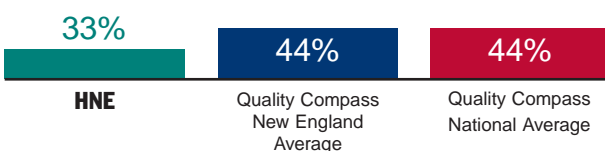
Lipid Screening

At least one LDL-C test between 1999-2000.



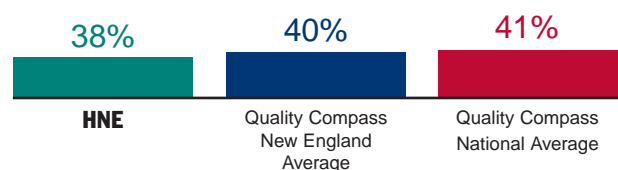
Lipid Control

The most recent LDL-C test result between 1999-2000 was less than 130 milligrams per deciliter of blood.



Monitoring for Diabetic Nephropathy

At least one screening for microalbuminuria during 2000 (or 1999 if certain criteria were met).



HEDIS[®] REPORTING

Comprehensive Diabetes Care (continued)

What you can do:

- Provide follow-up care as recommended by the Massachusetts Guidelines for Adult Diabetes Care. The guidelines were distributed to provider offices in the HNE Health Management and Preventive Care Program Descriptions and Guidelines booklet. Electronic copies of all materials are also available on the Massachusetts Department of Public Health Web site at www.state.ma.us/dph/diabcon.htm. Guidelines recommend a glycosylated hemoglobin test every 3 to 6 months, a lipid profile once a year, an annual dilated eye exam and an annual check for microalbuminuria.
- Send reminder cards and telephone patients who have not had these important screenings.
- Use a diabetes flow sheet with treatment guidelines when treating these patients. Sample flow sheets are available from HNE upon request, and online from the Massachusetts Department of Public Health Web site listed above.
- Refer HNE members with diabetes to the HNE Diabetes Management Program – use the “prescription pads” that you received from HNE this past summer.

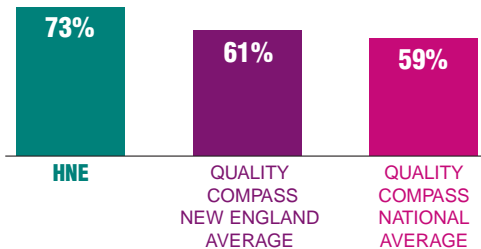
For more information about the Diabetes Management Program or to request materials, call 787-4000 or (800) 842-4464, ext. 3381.

MEMBER EXPERIENCE AND SATISFACTION

HNE surveys members annually about their satisfaction using the Consumer Assessment of Health Plans Study (CAHPS^{™3}) 2.0H survey. In order to ensure impartiality, an independent research firm is used to conduct the survey and evaluate member responses. The 2000 survey was sent to randomly selected members in the spring of 2001. Members’ answers are based on their experiences with HNE during the previous twelve months.

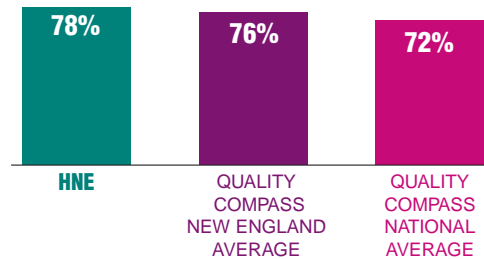
RATING OF HEALTH PLAN

The survey asks members, “We want to know your rating of all your experience with your health plan. Using any number from 0 to 10 where 0 is the worst health plan and 10 is the best health plan possible, how would you rate your health plan now?” The result displayed is the percentage of members who answered this question with an 8, 9 or 10.



RATING OF HEALTH CARE

The survey asks members, “We want to know your rating of all your health care in the last 12 months from all doctors and other health care providers. Using any number from 0 to 10 where 0 is the worst health care and 10 is the best health care possible, how would you rate all your health care?” The result displayed is the percentage of members who answered this question with an 8, 9 or 10.

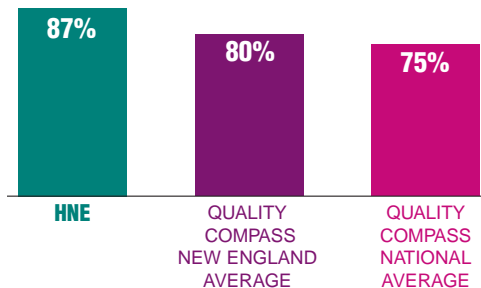


GETTING NEEDED CARE

The survey asks members if they had any problems:

- Finding a personal doctor or nurse.
- Getting a referral to a specialist.
- Getting care they and their doctor believed necessary.
- Getting care approved by the Plan without delays.

Percentage replying “Not a Problem”

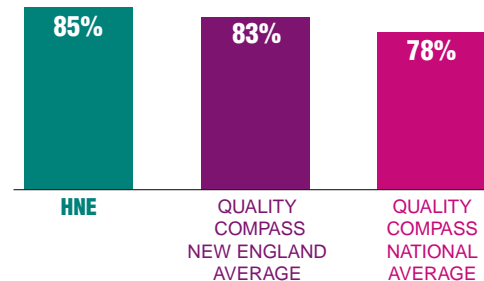


GETTING CARE QUICKLY

The survey asks members how often they:

- Got help or advice when they called their physician during regular business hours.
- Got treatment as soon as they wanted for an illness or injury.
- Got an appointment as soon as they wanted for regular or routine health care.
- Waited 15 minutes or less past their appointment time.

Percentage replying “Usually” or “Always”



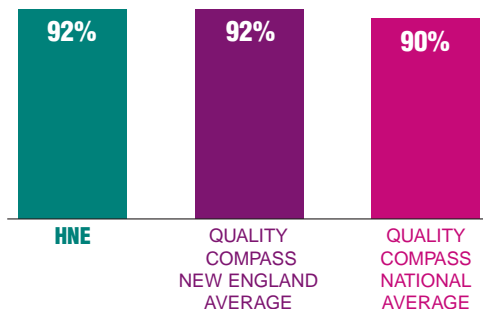
³ CAHPS[®] is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

HOW WELL DOCTORS COMMUNICATE

The survey asks members how often their doctors or other healthcare providers:

- Listened carefully to them.
- Explained things so they could understand.
- Showed respect for what they had to say.
- Spent enough time with them.

Percentage replying "Usually" or "Always"

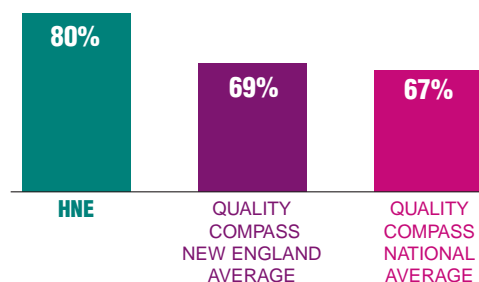


HNE CUSTOMER SERVICE

The survey asks members how much of a problem they had with:

- Finding and understanding information in written materials.
- Getting the help needed when calling the health plan customer services.
- Health plan paperwork.

Percentage replying "Not a Problem"



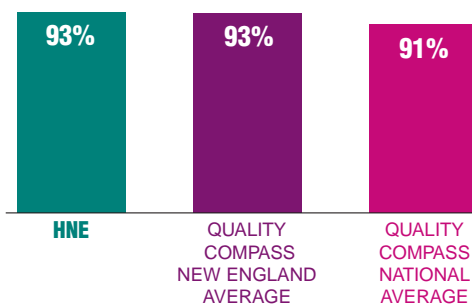
*We appreciate
the quality of care and
service you provide to your
HNE patients and thank you
for your role in improving
members' satisfaction.*

COURTEOUS AND HELPFUL OFFICE STAFF

The survey asks:

"Did the office staff at your doctor's office treat you with courtesy and respect, and/or were they as helpful as you felt they should be?"

Percentage responding "Usually" or "Always".



HEDIS 2002

Just a reminder - HEDIS reporting requires yearly audits. The HEDIS document provides valuable data relating to core health plan activities – clinical and administrative. The data is used by NCQA and employer groups to rate health plans. The ratings can be used to determine which health plans should be selected. Additionally, clinical effectiveness of care measures count for 25% of a health plan's NCQA accreditation score. This puts an increased emphasis on the HEDIS measures and an added importance on improving and collecting complete and accurate data. The ability to collect data through administrative means (claims, encounter forms, etc.) is often difficult, and not always complete. This leads HNE to the HEDIS hybrid methodology, which uses data collected from medical record audits to augment the incomplete administrative results. HNE will continue to collect data through medical record audits on an annual basis. To reduce the number of medical record requests, it is crucial that your office document all the diagnoses and services rendered to our members on claim/encounter forms. Your continued support is greatly appreciated. Working together we can strive to accomplish the HNE mission and goals.

HNE would like to thank all of the providers and their office staff in advance who may be asked to assist us in the 2002 HEDIS medical record review that will begin the first quarter of 2002. We are aware that this places an increased strain on your office time and resources. HNE appreciates all the efforts that you and your staff employ to assist us in this important endeavor. We continue to look for methods to improve and streamline the process. Your comments and suggestions are always welcome. Feel free to contact Pat Scheer, Quality Operations Manager at (413) 787-4000 extension 3435. Thank you!

Menopause Management

With the population of the United States aging, the number of women patients going through or having completed menopause will represent a larger and larger percentage of primary care practices. The hormonal changes associated with menopause increase the risk of several important disease processes including osteoporosis and heart disease. The changes can also cause troublesome symptoms such as hot flashes, insomnia, and vaginal dryness, which can have a profound impact on the quality of life. A complete discussion about the consequences of menopause, the symptoms attributable to the change in hormones, the risk of cancer, heart disease and osteoporosis, and the risk/benefit ratio of the varieties of therapies available can be lengthy. In addition, it is also important to determine any personal preferences or prejudices of the patient as well as contraindications to medications. In today's busy practices, it is helpful to have a method to remember to screen women for menopause. By incorporating questions and counseling about options into an interim history, it is possible to begin a discussion about menopause at a routine annual exam.

Lifestyle counseling generally includes questions about smoking, alcohol, diet and exercise. Recommendations regarding increasing calcium intake to 1500 mg/day with vitamin D supplementation of 400 IU should be made. Regular weight bearing aerobic exercise can decrease the risk of osteoporosis and heart disease. Cessation of smoking may also decrease the risk of osteoporosis in addition to heart disease.

Family history of osteoporosis, CAD, breast cancer, uterine cancer, and DVT is important information to consider when discussing the use of hormone replacement therapy and other medications.

A thorough review of symptoms can help with personalizing the risk/benefit ratio of therapies for treating the symptoms of hormonal changes as well as preventing osteoporosis. Hormone replacement therapy consisting of estrogen with or without progestins is the most effective treatment for hot flashes. However, it will most likely cause increased bleeding in a woman experiencing irregular vaginal bleeding. In the case of a woman with irregular bleeding but an increased risk for osteoporosis (positive family history, petite, Caucasian or Asian, thin, smoker, etc.) alendronate may be the best choice for preventive treatment because it does not affect the uterine lining.

A discussion about symptoms being experienced, natural consequences of the change in hormones associated with menopause, lifestyle changes to prevent illness, and the variety of options available for treatment is easily incorporated into a routine check-up by adding it to the interim history.





HNE'S YEAR OF THE FAMILY: A SUCCESS!

Health New England 'proclaimed' 2001 to be the Year of the Family. Throughout the year we held seminars open to

members and people within the community that were focused on family issues. Dr. Steve Sobel kicked off the seminar series with Families & Change, Coping with Transitions. There were 186 people in attendance! Nancy Dell, RD was the next speaker and she spoke about Family Nutrition & Quick Healthy Meals and Snacks and the attendance totaled 135. Dr. Anthony Wolf drew a crowd of 137 with his talk The Secret of Parenting: What Works and What Doesn't With Today's Kids. The last seminar in the series was The Sandwich Generation: How to Handle Caring for Aging Parents While Raising Your Own Children, presented by Carol Abaya.

We will be changing our focus in 2002 to women's health. The program will be called Celebrating Women, 2002. Throughout the year we will offer seminars, open to members and the general public, that will address the issues of Menopause Management, Osteoporosis, and Cardiovascular Health. The Celebrating Women, 2002 program will culminate with a Women's Night Out health fair. More information about the program will be in upcoming HealthScript issues and on the HNE website. For more information about this program please contact Lynn Ostrowski, Health Programs Manager, at 787-4000, ext. 3383.

MEDICAL TECHNOLOGY ASSESSMENT COMMITTEE

Health New England has created a new committee entitled the Medical Technology Assessment Committee. David Boss, M.D., Associate Medical Director for HNE chairs the committee. The committee's focus is on the safety and effectiveness of new and existing medical technology. Research is conducted using a variety of methods, including FDA approval and Medicare coverage guidelines. Recommendations are then made for coverage or non-coverage of the technology in question.

In future issues of HealthScripts, you will see a listing of devices/procedures that have been reviewed by the committee. Below is a listing of the latest reviews:

<u>DEVICE</u>	<u>MONTH REVIEWED</u>
Dermatoscopy for Detection of Melanoma	July 2001
LapBand® Adjustable Gastric Banding	July 2001
PET Scans	July 2001

The committee is available for questions from the physician community about new and existing technologies. If you should have questions, or would like Health New England to consider coverage for a new or existing technology, please contact Jennifer Graves, Technology Decision Support Specialist, at 413-787-4000, extension 3432.



HNE's Living Well Program

A CHRONIC DISEASE SELF-MANAGEMENT COURSE

This NEW program is an empowering six-week program; it meets 2.5 hours, once a week for 6 weeks. The program is open to adult HNE members who have a chronic condition including diabetes, asthma, emphysema, COPD, cardiovascular disease, arthritic & rheumatic conditions, and any other chronic condition. Program materials include a copy of the book, *Living A Healthy Life with Chronic Conditions*, and an audio cassette tape entitled, *Time for Healing: Relaxation for Mind & Body*.

The purpose of this program is to help members who have chronic illnesses improve self-management skills so that they will feel more confident in their ability to manage their health. Through participation in the program, members will learn how to:

- **make an action plan**
- **set goals and follow through**
- **problem solve**
- **communicate better with their physician(s)**
- **manage fatigue**
- **improve nutrition**
- **exercise more**
- **use more cognitive coping mechanisms**
- **make daily tasks easier, and**
- **deal with negative emotions.**

The outcome we expect is for members to have better general health, be less distressed about their health and be more confident in their ability to manage their condition(s).

The content of the Living Well Program is the Chronic Disease Self-Management Program (CDSMP) that was developed and tested by Stanford University Patient Education and Research Center. In developing the program, it was found that even though people have different chronic conditions, many of the health concerns these individuals face are the same. The program is lead by a team of 2 leaders, and is most effective when facilitated by persons who have a chronic condition, 'lay leaders'. Lay leaders will have been program participants themselves who have found the program to be successful for the management of their condition(s). The HNE Disease Management Program Staff has been trained at the Stanford Patient Education Research Center to facilitate the program as well as to train others to facilitate. Program measures include Health Behaviors, Health Status, and Health Service Utilization.

We encourage you to refer your HNE patients who are living with one or more chronic conditions to this program. For more information, call Alres Dinnall, RN, M.Ed at 800-842-4464 or 787-4000, ext. 3553.

Clinical Criteria:

The HNE Utilization Management (UM) Program provides for the review of various services, procedures and equipment. HNE makes decisions based on the member's individual benefit plan and on the medical necessity or appropriateness of the care. HNE uses the following clinical criteria to make its decisions:

- InterQual® Criteria (which are nationally recognized, licensed criteria sets)
- clinical criteria that are developed by HNE with the input of local physicians

If you would like a copy of the clinical criteria that HNE uses for a particular procedure, please call HNE's Health Services Management Secretary at (413) 787-4000, extension 3416. HNE will notify you through our provider newsletter or a direct mailing of any changes to the list of items and services that require prior approval or to the clinical criteria that we use for reviewing your requests.

If we make a medical necessity decision to deny your request and you disagree, you may request a case discussion with an HNE physician reviewer. This discussion may result in the reversal of HNE's decision. You may also request a reconsideration of our decision from a clinical peer reviewer. This will be conducted between you and the clinical peer reviewer within one working day of the request. If you are still dissatisfied, you may request a formal grievance review on the member's behalf. To set up a conference time, simply call the HSM Secretary at the number listed above. At any time during or following this process, the member may also request a formal grievance review.

Notice of Changes:

- Effective October 30, 2001, HNE no longer requires prior approval for Synagis®.
- Effective December 1, 2001, the clinical criteria for the following services will be changed:
 - Hospital services for dental procedures
 - Infertility
- Effective January 1, 2002, HNE will cover up to a maximum of 4 outpatient visits per calendar year for Nutritional Counseling for our fully funded plans. Prior approval will be required and clinical criteria will be used to determine coverage. In addition, new clinical criteria will be used for the following:
 - Cochlear Implants
 - PET Scans
- Effective May 31, 2002, the clinical criteria for the following services will be changed:
 - Remicade
 - Growth Hormone

If you would like additional information regarding the specifics of these changes or a copy of any new or updated criteria, please call HNE's Health Services Management Secretary at (413) 787-4000, ext. 3416.

HEPATITIS C

The hepatitis C virus (HCV) is one of the most important causes of chronic liver diseases in the U.S. It accounts for approximately 20 percent of acute viral hepatitis, 60 to 70 percent of chronic hepatitis, and 30 percent of cirrhosis, end-stage liver disease and liver cancer. Almost 4 million Americans, or 1.8 percent of the U.S. population, have antibody to HCV, indicating ongoing or previous infection with the virus. Hepatitis C causes an estimated 8,000 to 10,000 deaths annually in the U.S.

In July of 2000, the U.S. Surgeon General declared Chronic Hepatitis C a “silent epidemic” and advised the general public to be tested for hepatitis C if they had the following risks for infection:

- Illegal drug use by injection or non-injection route
- Blood transfusion before July 1992
- Blood product for clotting disorder produced before 1987
- Hemodialysis
- Body piercing, tattooing or other needle stick exposure
- Born to a mother infected with hepatitis C

Acute HCV infection occurs within 7 to 8 weeks after exposure, but is often unrecognized. Persistent viremia may occur in approximately 80 percent of persons. The natural history of chronic HCV infection is difficult to ascertain, however it is clear that most patients are asymptomatic for a long period of time. Once recognized, treatment is possible. Response rates have been typically less than 50% and will vary according to the genotype of HCV involved.

New therapy for Chronic Hepatitis C, peginterferon alfa, was released for use during 2001. This enhancement to standard interferon alfa has resulted in higher rates of response to therapy. Studies are currently underway regarding the use of combination therapy including peginterferon alfa and ribavirin. This new combination therapy holds great promise for newly diagnosed patients and those that have failed therapy in the past.

At Health New England, we feel that this is a significant public health issue that affects the population in western Massachusetts. The estimated prevalence of patients with the diagnosis of HCV infection in the HNE database is 0.3%. In light of the asymptomatic nature of early Chronic Hepatitis C and the low prevalence compared to national estimates, we are concerned that we have a significant number of unrecognized cases in our area. In order to address this issue, HNE is attempting to increase public awareness of the risk factors associated with HCV exposure. Many of the risk factors are of a sensitive nature and not generally available information. We encourage physicians to discuss these risk factors during preventive health discussions with patients.

Members' Rights & Responsibilities

Health New England (HNE) members have specific rights and responsibilities which are fundamental to the provision and receipt of quality health care. In order to provide health care in an environment that encourages a relationship between HNE members and their health care team, which is based upon a mutual understanding of each other's rights and responsibilities, the HNE Member Rights and Responsibilities statement is shared with you.

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.

PRIOR AUTHORIZATION UPDATE

THE FOLLOWING DRUGS NOW REQUIRE PRIOR AUTHORIZATION FOR COVERAGE.

Brand	Generic
Lamisil® (Formulary/Tier 2 copayment when approved)	terbinafine
Sporanox® (Nonformulary/Tier 3 copayment when approved)	itraconazole

As of January 1, 2002, the fluoroquinolone antibiotics will require prior authorization for a treatment duration of greater than 14 days.

From November 12, 2001 until January 1, 2002, fluoroquinolone antibiotics will require a submission of diagnosis for coverage of a treatment duration of greater than 14 days.

Brand	Generic
Avelox® (nonformulary/Tier 3 copayment)	moxifloxacin
Cipro® (formulary/Tier 2 copayment)	ciprofloxacin
Floxin® (nonformulary/Tier 3 copayment)	ofloxacin
Levaquin® (nonformulary/Tier 3 copayment)	levofloxacin
Maxaquin® (nonformulary/Tier 3 copayment)	lomefloxacin
Tequin® (nonformulary/Tier 3 copayment)	gatifloxacin
Trovan® (nonformulary/Tier 3 copayment)	trovafloxacin
Zagam® (nonformulary/Tier 3 copayment)	sparfloxacin

Please call the HNE Pharmacy Services Department at (413) 787-4000 x3421 with questions or to request a copy of the medical criteria used for determining approval. Please call MedImpact Healthcare Systems, Inc. at (800) 788-2949 to obtain a medication request form or to check on the status of a request. Please fax completed forms to MedImpact Healthcare Systems, Inc. at (858) 578-9732.



Wanted! Health New England is forming a local Pharmacy & Therapeutics Committee to aid in our management of the Formulary!

Interested physicians should call Health New England Pharmacy Services Department at (413) 787-4000 x3463.

FORMULARY UPDATE

Be on the look out! The Health New England Physician Formulary Listing should arrive in offices during the month of December. If you do not receive copies by the New Year, or if you would like to request additional copies, please call the HNE Pharmacy Services Department at (413) 787-4000 x3421.

The following medications have been added to the HNE Formulary. These medications are now available to the members at the middle copayment (Tier 2).

<u>Brand Name (Tier 2)</u>	<u>Generic Name (N/A)</u>
Advair Diskus®	fluticasone/salmeterol
Concerta®	methylphenidate
Estratest®/Estratest HS®	esterified estrogens/testosterone
femhrt®	ethinyl estradiol/norethindrone
Glucovance®	glyburide/metformin
Humalog®/Humalog® 75/25	insulin
PEG-Intron®	peg-interferon alpha 2b
Precose®	acarbose
Qvar®	beclomethasone

The following drugs have been removed from the HNE Formulary. These medications are now available at the highest copayment (Tier 3).

<u>Brand (Tier 3)</u>	<u>Generic (N/A)</u>
Pravachol®	pravastatin
Prevacid®	lansoprazole

Equivalent generic products are now available for the following brand name medications.

<u>Brand Name (Tier 3)</u>	<u>Generic Name (Tier 1)</u>
Aygestin®	norethindrone acetate
Brethine®	terbutaline
Buspar®	bupirone
Prozac®	fluoxetine

The generic product is available at the lowest copayment (Tier 1) and the brand product is now available at the highest copayment (Tier 3). *Please note: It is Massachusetts state law that a pharmacist dispense an equivalent generic product, when available, unless the physician has written 'Do Not Substitute' on the prescription.* Please call the HNE Pharmacy Services Department at (413) 787-4000 x3421 with any questions or comments regarding the above information.

Happy Holidays!



Injectable Drug Vendor

Health New England has recently contracted with OptionMed, an injectable pharmacy that specializes in injectable drugs. OptionMed is available to provide services to both HNE providers and members as of November 1, 2001.

Health New England has elected to work with OptionMed to provide injectable drugs to HNE members in any setting, to include: private offices, hospital clinics and the members' home. We believe that this service will relieve the major headache for any providers of ordering expensive injectable drugs, because of the problem of wastage. Additionally, OptionMed will also provide compliance monitoring to patients on certain chronic drug therapies.

Ordering drugs through OptionMed is an option which is now available to all our network providers. In order to help determine if this alternative is right for your practice, you may contact David Boss, MD, Associate Medical Director at (413) 787-4000 for further information.

Guideline Update

Health New England's Clinical Care Assessment Committee (CCAC) approved the updated ATP III Cholesterol Management Guidelines, produced by the National Institutes of Health, at the August 2001 meeting. HNE's Health Programs Department is in the process of distributing a copy of the NHLBI ATP III Guidelines to all practitioners.

HNE is also planning a quality improvement initiative to improve the care of members with coronary heart disease. A program description will be sent with the guidelines. All PCP's will be receiving a list of their panel members who are eligible to participate in the program along with tracking tools to assist in the management of these patients. The panel listings are based upon the claims and administrative data that we have. If you have additional information on the patient(s) within your panel, please fax the information to (413) 734-3356, attention Health Programs Department.

HNE will also outreach directly to the patients that meet the criteria for the program. The outreaches will include educational materials and opportunities to participate in a number of educational sessions. Please encourage your patients to participate in the program.

Cultural Competence of Networks and Health Plan Information

In creating and maintaining Health New England's (HNE) network delivery system of practitioners and providers and related health plan information, HNE will consider and provide, to the extent possible, culturally sensitive services to help ensure access of both clinical and non-clinical services to covered persons. In counties or regions where there is a large population who speak a primary language other than English, HNE will seek to provide health plan information in that language. A comparative analysis of Census Bureau Data to HNE's membership shows that other than English, primary languages in our geographic service area are _____. HNE will strive to have health plan information available in alternative forms for the visually and hearing impaired. For other special and cultural needs and preferences of which HNE is aware, HNE will attempt to provide both clinical and non-clinical services to covered persons on an as needed basis.

HNE will attempt to link covered persons with practitioners who can address their special cultural needs and preferences by developing and maintaining a network appropriate to the population. To achieve this goal, HNE asks that practitioners who speak a language other than English, or who are able to meet other special needs and preferences of a group, to please notify HNE. This information will be input into a database and be available upon covered person's request to HNE.

To notify HNE, mail or fax the completed form to:

Pat Scheer
Health New England
One Monarch Place, Suite 1500
Springfield, MA 01144-1500 or
Fax number: (413) 734-3356 or
Call: 1-800-842-4464 Ext. 3435

Name: _____

Address: _____

Phone Number: _____

Languages spoken fluently, other than English: _____

Other needs/preferences that arise out of cultural, ethnic or social beliefs that you are comfortable addressing with patients: _____

Feedback on other needs/preferences based on cultural, ethnic, or social beliefs that exist based on your experience (which you were not able to address): _____



One Monarch Place, Suite 1500
Springfield, MA 01144-1500
www.healthnewengland.com

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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."*