

MEMBERMATTERS

PROVIDING HEALTH RELATED NEWS FOR HNE MEMBERS

HNE RANKED AMONG TOP 10 HEALTH PLANS IN AMERICA

Source: U.S. News & World Report/NCQA America's Best Health Plans 2007™*

Health New England (HNE) placed among the top-10 health plans in the recently released U.S. News & World Report/NCQA America's Best Health Plans 2007 ranking. HNE ranked 9th among the 250 commercial plans reviewed.

More than 100,000 people in Western Massachusetts already know the benefits of being an HNE member—local access, an extensive network of independent providers, wellness programs, and most importantly, our personal accountable service.

* America's Best Health Plans is a trademark of US News & World Report

It's 2:00 in the Morning ... do you know where your health plan is?

All day long you were feeling just a little bit “off.” “But,” you thought, “I’ll go home, have some soup and go to bed early. By morning, I’ll be myself again.” Now, it’s the middle of the night, and you don’t feel any better—in fact, you feel just awful...

At HNE, we understand that concerns about your health can come up 24/7. That’s why we now offer a nurse line service for our members. After hours, you’ll be able to get caring medical advice when you need it. The nurses will help you decide what you or your loved ones need and direct you to the most appropriate covered service—whether it is your primary care physician, a specialist, or emergency services.

Remember, if you think you need emergency care, dial 911 or go right to the nearest emergency room. You don’t need to call first. Additionally, HNE requires your PCP’s office to have 24-hour phone coverage. The nurse line doesn’t take the place of either of these. We are just providing you

with access to another caring professional to help you decide what’s best for your health.

To call HNE’s nurse line:

Call 413.787.4000 or toll free 800.842.4464, and choose option 2 (member covered by HNE), and

then option 6 (HNE nurse line). An experienced nurse will listen carefully to your concerns and give you information to help you choose the care that’s right for you.

To e-mail HNE’s nurse line:

Enter the HNE Secure Messaging Center at <https://hne-mail.com>. If you have not used HNE secure mes-

saging, you will need to register your e-mail and choose a password. If you have already registered, enter your e-mail address and password. Click on the “Compose” tab to send your Health Information Line question to nurseline@hne.com. An experienced nurse will respond to your question within 24 hours.★



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DECEMBER 2007



Fraud, Waste, and Abuse Prevention Program

While most people are honest, a small minority commit health care fraud and abuse. This costs health plans and government programs—and you—a lot of money every year. Incidents of fraud and abuse are low in Massachusetts when compared to other parts of the country. However, that doesn't mean we can let our guard down. That's why HNE has implemented a fraud, waste, and abuse prevention program.

In this article, we explain what fraud, waste, and abuse are, and we provide examples of suspicious activity. We also discuss important laws related to the prevention of fraud and protections for whistleblowers.

What are fraud, waste, and abuse?

- **Fraud** is the intentional use of false statements to cheat another person or company out of something of value. It includes any act that constitutes fraud under state and federal law.
- **Waste** is any unnecessary cost that results from poor or inefficient practices.
- **Abuse** is an activity that goes against sound business, monetary, or medical practices. Abuse may include practices by

providers, members, or customers that result in unnecessary costs to the health plan.

What is suspicious activity?

Suspicious activity is any activity that you think is fraudulent, wasteful, or abusive. Here are some examples of suspicious activity by:

Providers

- Altering medical records
- Billing for non-covered services as if covered
- Billing for services that weren't provided
- Falsely certifying that services were medically necessary
- Kickbacks and bribery
- Certain billing activity, like “unbundling” or “upcoding”
 - Unbundling is billing for each piece of a service, instead of for the service as a whole.
 - Upcoding is billing for a costlier service than the one provided.
- Using unlicensed staff

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HNE WANTS TO KEEP YOU HEALTHY! Find what interests you and take advantage of our educational and self-help programs. Preregistration is required for most classes. For more information visit www.hne.com and click on “Healthy Directions.” You also can call us about class times, registration information, or to request materials at 413.787.4000 or 800.842.4464—use the extension listed next to the classes and resources below.

DISEASE MANAGEMENT CLASSES AND RESOURCES

- Disease Management Grocery Store Tours. Ext. 3451.
- Adult Asthma Education. Ext. 3553.
- Diabetes Education and Meal Planning Workshop. Ext. 3451.
- Smoking Cessation: HNE provides reimbursement of up to \$50 to attend a smoking cessation program for HNE members who have asthma, cardiovascular diseases, diabetes, and/or who are pregnant. Ext. 3553.

HEALTH PROGRAMS CLASSES AND RESOURCES

- HNE's Virtual Asthma Class on DVD. Ext. 3553.
- HNE's Virtual Diabetes Class on DVD. Ext. 3451.
- Living Well Grocery Store Tours. Ext. 3031.
- HNE's Virtual Grocery Store Tour: Available on VHS or CD-ROM format and free of charge to HNE members. Ext. 3031.

Overview of Fraud Abuse Laws

FEDERAL FALSE CLAIMS ACT

This law makes it illegal to “knowingly” submit false or fraudulent claims for payment or approval to the federal government. Penalties for violations include fines of \$5,500 to \$11,000 plus three times the damages for each false claim. Violations could result in criminal prosecution and conviction as well as exclusion from the federal government program or contract.

MASSACHUSETTS FALSE CLAIMS ACT

Modeled after the federal False Claims Act, this law makes it illegal to make false claims against the commonwealth or a political subdivision of Massachusetts.

MASSACHUSETTS FALSE HEALTH CARE CLAIMS ACT (ALSO KNOWN AS THE MASSACHUSETTS INSURANCE FRAUD LAW)

This law makes it illegal to submit fraudulent bills to private health insurers and other health care payers. Violators are subject to criminal prosecution. The health insurer or payer is entitled to bring a civil action to recover the amount paid, along with attorneys' fees and the costs of investigation.

WHISTLEBLOWER AND WHISTLEBLOWER PROTECTIONS

Both the federal False Claims Act and the Massachusetts False Claims Act include provisions to encourage private citizens who know about fraud to file suit against those that committed the fraud. The government decides whether or not to join in the suit. If a suit is successful, the “whistleblowers” are awarded a percentage of the amount recovered. These laws also include important protections for whistleblowers. The laws make it illegal to retaliate against those participating in a whistleblower action. If an employer retaliates in any way against an employee, the employee may bring an action against the employer. Settlement may include reinstatement, two times the amount of back pay plus interest, attorney's fees, and damages. *

What Can I Do for Depression?

This is the last installment of the HNE Behavioral Health Department's 3-part series on depression. Part 1 was published in the May issue, and part 2 in the October issue. You also can get this information in a brochure at hne.com, or by calling HNE Member Services.

Depression can be treated. Talk to your doctor if you think you are feeling depressed. Be sure to give details of your symptoms so your provider can decide how best to help you. The sooner you get help for your depression the sooner you will feel better. If untreated, depression may worsen and be difficult to treat.

There are two main types of treatment for depression—medication and psychotherapy. Some people use medication, some use psychotherapy, and some use both. Your health care provider can help you decide which treatment will be most effective for you.

Medication

Antidepressant medications are very effective. They work by affecting the brain's chemistry. Some side effects of antidepressants are nausea, headache, insomnia, agitation, and/or sexual problems. These symptoms are often temporary and mild.

A common misunderstanding is that you do not have to continue with medication once you begin to feel better. Nothing could be farther from the truth. If you stop the medication too soon, you could start to feel the symptoms again. Staying on your medication is the key to your recovery. Always talk to your provider if you are thinking about stopping your medication.

Give your medicine about 4 to 6 weeks to work, although you could begin to feel better sooner. Be sure you take your medicine just as your provider told you. Take it every day and make sure you don't run out of it. Keep taking your medication until your provider recommends that you stop.

Because it may take several weeks for your medicine to work, you should have at least three follow-up visits during the first three months of taking antidepressant medication. Call the provider who prescribed the antidepressant medication to make these appointments if you haven't already.

Psychotherapy

Psychotherapy, sometimes called talk therapy, can be an important part of treatment. A therapist can help you understand and cope with your feelings and change behavior patterns that may contribute to your depression.



Combination therapy

For some people with depression, a combination of taking antidepressant medication and seeing a therapist is the most effective treatment.

How long will I need to be treated for depression?

Health care providers typically treat depression in two or three phases:

- 1. Acute:** The aim of acute treatment is to reduce or eliminate the symptoms of depression.
- 2. Continuing:** With continuing treatment, your chances of staying well for 6 months are very good. Continuing in treatment, even after you feel well, will help keep the depression from coming back.
- 3. Maintenance:** For recurrent depression (depression that comes back for three or more episodes), maintenance treatment aims to prevent the depression from returning. In this phase of treatment, you stay on the treatment for a longer period.

Under treatment for depression, you will feel better little by little. Be patient with yourself. Try to do something each day that you enjoy—get some exercise, go for a walk, or try yoga or meditation. Avoid unpleasant situations and people who upset you. Avoid beer, wine, or any kind of alcohol; these can actually make your depression worse, and the antidepressant medication may not work as effectively.

Remember, depression is a medical condition that can be treated. As you start to feel better, you'll probably find yourself enjoying the things that you always liked to do—and the people around you will see a difference, too. ✨

Check Your Food Habits

Profile

Is it a Habit?

Edy Emotional Eater

- EATS FOR NON-PHYSICAL HUNGER
- SAD, GLAD, MAD, ANXIOUS, OR DEPRESSED

Steve Starving Eater

- SKIPS MEALS

Sara Social/Environmental Eater

- EATS TO BE SOCIAL, BECAUSE EVERYONE ELSE IS EATING
- ENTICED BY FOOD IN THE ENVIRONMENT

Don Diet Food Eater

- FOOD SELECTION LIMITED TO NON-FAT, LOW-CAL, LACKS VARIETY

Fred Fast Eater

- SCARFS DOWN LOTS OF CALORIES IN A FLASH

Wendy Water Deficient Eater

- HUNGER TIED TO BEING THIRSTY

Quanna Queen of Portion Size

- FOOD SELECTION QUANTITY IS TOO LARGE

Beverly Beverage Consumer

- OVERCONSUMES HIGH-CAL BEVERAGES OR ALCOHOL

Patty Poor Planner

- NO FORETHOUGHT TO PLANNING FOR MEALS
- ENDS UP EATING FAST FOOD CHOICES

Bert Bored Eater

- TOO FEW FOOD ITEMS IN FOOD PLAN
- EATS SAME FOODS ALL THE TIME

Grace Grazer/Unconscious Eater

- EATS WHILE DOING OTHER TASKS (TV, COOKING)

Bertha Binge Eater

- OVEREATS HIGH-RISK FOODS

Larry Late Night Eater

- CONSUMES MAJORITY OF CALORIES AFTER 7 PM

Brenda Breakfast Avoider

- SKIPS BREAKFAST, OUT OF CONTROL HUNGER BY MIDDAY

Tammy Tired Eater

- EATS TO STAY AWAKE (STUDYING, WORKING, DRIVING)

Carl Closet Eater

- CHOOSES HEALTHY FOODS AROUND OTHERS, OVEREATS ALONE

Debbie Dessert Eater

- EATS HEALTHY MOST OF DAY, BUT WEAKENS WITH DESSERT

Source: Reshaping Your Body, Rethinking Your Mind, Lauve Metcalfe, MS. 520.529.9147
6122 N. Running Deer Circle, Tucson, Arizona 85750, e-mail: Lauve@u.arizona.edu



Wellness
Coach

Lauve Metcalfe, MS

Lauve Metcalfe, MS, is a professional speaker and organizational health consultant. She is on the faculty at the University of Arizona College of Medicine, and is the author of Reshaping Your Body, Rethinking Your Mind: a practical guide to enhancing body image and self-esteem.

IF YOU ARE TRYING TO MANAGE YOUR

WEIGHT, it's important to understand that to be successful, you should consider not only your nutrition—what you eat or don't eat—but also your behavior.

Each time you think about eating, stop and ask yourself: "How hungry am I now?" Then consider what else is going on. Are you angry, bored, tired, depressed, or anxious?

Take a few moments to review the food profiles to the left. Most people will find something in common with at least one of the food profiles; maybe you identify with two or three. First, recognize that these are habits. Next, check the ones you would like to improve, then determine what barriers are preventing you from stopping those habits and/or if you are creating reasons not to stop them.

It's a matter of starting now and making small changes gradually. For example, if you are a Debbie Dessert Eater, you'll have more success if you have dessert, but choose a healthful alternative, such as fruit. Or have dessert, but split it with your dinner partner, or don't have it every night.

If you checked more than a couple habits on the list, try to address only one or two a week and then revisit the list in a week or two. Have you succeeded in removing some check marks? Note what you're doing right and acknowledge your progress!

Seek encouragement and support from friends and family members if you get discouraged. Remember, for a healthy lifestyle, view food as fuel (not as reward or comfort) and create as many opportunities as you can for regular physical activity. ✨



Men, Women, and Health



Health Issues of Aging

We now understand that men and women are different in many ways that affect our health and well-being. Medical researchers and health care providers know that what applies to one gender does not necessarily apply to the other. These differences often are more pronounced during puberty, mid-life, and in the elderly. Committing to a healthy lifestyle in your younger years has a lot to do with how long and how well you live. However, as you age, be aware of certain health risks that are more likely to affect you—according to your gender.

Men

Men who avoid risky behaviors and poor lifestyle choices in middle age have a greater chance of living longer and better. However, the primary health concerns for older men include:

- ▲ **Heart disease and stroke.** In the early 1990's, it was estimated that 50 percent of deaths in men age 60 and older were due to heart disease.
- ▲ **Colon cancer.**
- ▲ **Prostate health,** includes both benign and cancerous conditions.
- ▲ **Reduced testosterone** causes lack of energy, reduced muscle strength, depression, decreased libido, and erectile dysfunction.
- ▲ **Mental health.** Men ages 65 years and over are much more likely to commit suicide than women.

The things you do and the choices you make from day-to-day throughout your life will influence the quality of your life as you age. Respected gerontologist Walter M. Bortz, MD, suggests that combining a healthy attitude with healthy actions is a dynamic way of living life to the fullest. By continuing to practice the following self-care basics, you can take charge now to avoid the gradual deterioration of physical and mental abilities, which results in frailty and loss of independence later in life.

- ▲ **Rev up.** Stay physically active. Aim for 30 minutes of moderate activity, most days of the week.
- ▲ **Quit now.** Do not smoke or use tobacco in any form.
- ▲ **Lighten up.** Achieve and maintain your ideal body weight.
- ▲ **Ease up.** Manage stress, face problems, and learn to relax.
- ▲ **Guard your heart.** Control cholesterol and blood pressure.
- ▲ **Follow directions.** Use medications wisely.

Women

A report by the National Centers for Excellence in Women's Health revealed the following primary health concerns of older women:

- ▲ **Heart disease and stroke.** It's estimated that 60 percent of deaths in women age 60 and older are due to heart disease.
- ▲ **Osteoporosis.** Fractures can lead to loss of mobility and confidence.
- ▲ **Reduced estrogen** causes loss of bone density (increased risk of fracture), vaginal dryness, and loss of muscle mass.
- ▲ **Breast cancer.** Risks are higher among women who are overweight or who consume alcohol.
- ▲ **Mental health.** Women suffer more depression than men.

- ▲ **Protect and prepare.** Get recommended immunizations and health screenings.
- ▲ **Eat well.** Shop wisely, read product labels, and consume 5 to 9 servings of vegetables and fruit each day.
- ▲ **Live it up.** Stay socially active and engaged. Enjoy a hobby or sport, share meals with friends, and schedule regular outings together. ✨

Do You Want a Second Opinion?

One are the days when people go to their doctors and accept all their medical advice and treatment without question. Today, it's critical for you to become a partner with your health care providers to make the decisions that affect your care. You may want to consider getting a second opinion from another doctor if your doctor recommends medications, treatments, or surgeries that cause you to doubt, fear, or question his or her approach to your problem. Getting a second opinion is especially important if the recommended treatment seems complicated or if your condition is serious.

Although doctors may get similar medical training, many have their own opinions and preferences about how to practice medicine. Some doctors take a more conservative, or traditional, approach, while others may be more confident in the use of the newest tests, therapies, and surgeries. Many doctors specialize in one area of medicine, but not all doctors are

equally skilled. Getting a second opinion may give you a fresh perspective and new information about your options for treating your condition.

- ➔ Ask your doctor for the name of another doctor or specialist so you can get a second opinion. Don't worry about hurting your doctor's feelings. Most doctors welcome a second opinion, especially when surgery or long-term treatment is involved.
- ➔ If you don't feel comfortable asking your doctor for a referral, then call another doctor you trust. You also can call university teaching hospitals and medical societies in your area for the names of doctors. Some of this information may be available on the Internet.
- ➔ Check with your insurance company before you get a second opinion. Many health insurance providers will pay for



a second opinion office visit. Find out if there are any special procedures you or your doctor need to follow.

- ➔ Have your medical records sent to the second doctor. You will need to give written permission to your current doctor to send any records or test results to a new doctor. The new doctor can then examine these records before your office visit.
- ➔ Ask your doctor for information to read about your condition. You can find additional information at a local library or on the Internet as well. Some teaching hospitals or universities have medical libraries that are open to the public. Make a list of your questions, and bring it with you when you see your new doctor. ★

For more information: U.S. Department of Health and Human Services, www.hhs.gov

Depression in the Elderly

FEELING SADNESS, GRIEF, OR GETTING "THE BLUES" FROM TIME TO TIME IS NORMAL FOR PEOPLE OF ANY AGE, but persistent depression that interferes significantly with the ability to function is not. While older Americans as a group suffer depression more than younger people and are more likely to die by suicide, depression is *not* normal for an elderly person. Older people who live independently are much less likely to be depressed than those requiring assisted care or hospitalization.

Many elderly people—and some health care providers—think that depression is to be expected when there are other serious illnesses or social and financial hardships that often accompany aging. This may be why older people are less likely to seek—and receive—treatment for depression. When depression occurs at the same time as other medical illnesses, both should be treated. Untreated depression can delay recovery or worsen the outcome of other illnesses.

If you are concerned that an elderly friend or family member may be depressed, you can gently ask the following simple questions to help evaluate his or her mood:

Do you frequently feel:

- sad?
- nervous?
- empty?
- worthless?
- that you don't enjoy things you used to?
- restless?
- irritable?
- unloved?
- that life isn't worth living?

And are you:

- sleeping more or less than usual?
- eating more or less than usual?

These may indicate the presence of clinical depression. Fortunately, treatment for depression generally is successful and involves a combination of medication and psychotherapy. ★

► Your Lab Tests



It's important to be involved in decisions affecting your care. When you understand the common medical laboratory tests your doctor orders, you'll be more informed about making some of those decisions.

Q. My doctor ordered a lab test called "liver panel." What is it?

A. The term "liver panel" refers to a combination of several blood tests that help the doctor evaluate the health of your liver. A liver panel often is ordered when you get other routine blood tests.

Q. So what does this test measure?

A. The test will identify and measure the presence of certain enzymes, proteins, or antibodies in your blood that may indicate a problem with your liver.

Q. Why should I have this test?

A. Because early liver disease often has few noticeable symptoms, this test will identify possible developing problems.

Q. Why do I need this test now?

A. Based on your symptoms or your doctor's physical examination, he or she may suspect you have liver disease. In addition, taking certain medications and/or drinking too much alcohol can be toxic to the liver. This test can show if these factors are affecting your health.

Q. How do I prepare for this test?

A. There is no need to fast or otherwise prepare for this test. Using a needle, a small sample of your blood will be drawn from a vein in your arm or hand. *

What can I do for bronchitis?

It usually happens after the onset of the initial symptoms of a cold—your cough gets worse, you cough up yellow, green, or gray mucus, and you might have a slight fever.

Bronchitis sets up shop in your lungs, clogging airways with mucus, and creating a rattling cough. Acute bronchitis will go away within a week or so. But when symptoms linger for weeks or months, the diagnosis usually is chronic bronchitis.

Smoking, allergies, exposure to chemical irritants in the air, or breathing too much dust can cause both chronic and acute bronchitis. In either case, don't ignore your symptoms because repeated or prolonged bouts of bronchitis can cause irreversible lung damage or pneumonia, or contribute to heart problems.

Symptoms/Signs

- **Acute bronchitis:** tightness in the chest; deep, heavy cough that brings up yellow or grayish mucus; slight fever; is associated with a severe cold; clears up within 5 to 7 days without treatment.
- **Chronic bronchitis:** persistent mucus-producing cough; no other condition to explain the cough; symptoms worsen in the morning and in cold weather.

Get Emergency Care Right Away If:

- You have a fever higher than 101 F, chest pain, chills, shortness of breath, or night sweats with your bronchitis symptoms.

Talk with Your Doctor If:

- You have repeated bouts of acute bronchitis or your cough does not improve after a week.
- You cough up blood or mucus tinged with blood.

If physician referral is not recommended at this time,

Try HomeCare™:



Medication

- As long as your cough produces mucus, don't use cough suppressants; coughing removes secretions that harbor infection.
- Ask your doctor whether an over-the-counter or prescription bronchodilator (inhaler or tablet) would help relieve your symptoms.
- Take a cough expectorant if your cough does not bring up mucus.



Hot/Cold

- Breathe in warm, moist air (from a hot shower, a sink filled with boiling water, or a vaporizer) to loosen mucus and open airways.



Fluids

- Drink extra fluids to keep mucus thin and moving freely.
- Avoid alcohol, which promotes dehydration.



Note Well

- Quit smoking.
- Whenever possible, lie with your head lower than your chest to help clear your lungs of mucus. Ask your doctor what position would work best for you.
- Get adequate rest.



Prevention

- Avoid contact with people who have colds, flu, or respiratory infections.
- Avoid secondhand smoke, dust, and other air pollutants.
- Exercise regularly, but avoid exhaustion.

Fraud and Abuse

CONTINUED FROM PAGE 2

Members

- Adding someone to your plan who is not your dependent
- Not taking dependents off a policy when they are no longer eligible
- Forging or altering bills or receipts to get payment from the health plan
- Forging or altering a prescription
- Selling your prescription drugs to someone else
- Getting medical care and benefits with someone else's insurance card
- Letting someone use your insurance card to get medical care and benefits

Brokers or Agents

- Altering documents
- Accepting or offering kickbacks or bribes
- Falsifying or misrepresenting information to get better rates. This is called "clean sheeting."
- Failing to disclose information that may affect conditions of coverage

- Selling non-existent policies

Employer Groups

- Providing false group information to get coverage
- Misrepresenting who is eligible for coverage by misrepresenting them as employees
- Falsifying an employee hire date to modify the date of health care coverage
- Falsifying employee termination date to eliminate premium payments

Report suspicious activity

If you become aware of potential fraud or suspicious activity, please let us know so we can follow up. You can call our toll-free compliance hotline or send us a letter via e-mail, fax, or mail.

- **Compliance Hotline:** 800.453.3959 (available 24/7; reports can be made anonymously)
- **E-mail:** compliance@hne.com (please use secure messaging at <https://hne-mail.com>)

- **Fax:** 413.233.2806

HNE mailing address:

Health New England, Inc.
Attn: Compliance Officer
One Monarch Place
Springfield, MA 01144-1500

HNE cannot retaliate if you report suspicious activity in good faith. When making a report, it's helpful to provide as much detail as possible. Names, dates, and a description of the issues in question are helpful. For example, you may wish to describe why you think an activity is a cause for concern. If possible, please include your name and telephone number. That way, we can contact you if we have any questions during our investigation. If you wish to use e-mail, please use secure messaging to protect your confidentiality. You may send and receive secure messages by logging in to the HNE Secure Mail Message Center. Go to <https://hne-mail.com>, create a login, and compose a message. You will be able to log in later to receive our response. ✨

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How can we help you?

For information on your plan:

- Call Member Services at: 413.787.4004 or 800.310.2835
- Visit us in person at: One Monarch Place, Springfield, MA.

For questions or comments on *MemberMatters*:

- Contact Joe Kane at: jkane@hne.com or 413.787.4000, ext. 3229

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