Dear Colleague:

Thank you for being a valuable partner to us as we work together to serve Healthfirst® members. As you know, the prevalence of Rheumatoid Arthritis (RA) in the adult population is approximately one (1) percent. However, your patients with RA require a significant investment in decision-making, patient education, and follow-up. According to the current American College of Rheumatology guidelines and clinical practice standards, patients with RA require initiation of disease-modifying antirheumatic drug (DMARD) therapy within three (3) months of diagnosis. Therefore, it is critical that your documentation, management, and reporting is accurate.

A review of our quality data shows considerable variation in the diagnosis and management of these patients. Too many Healthfirst members are:

- **Correctly diagnosed** with RA but **not treated** according to the accepted practice guidelines
- **Incorrectly coded** with RA when they have joint pain or other findings that require work-up

**What does this mean for you?** We need your attention to proper coding and your review and implementation of all of the clinical standards for the management of RA.

**Practice tips for managing your patient population living with rheumatoid arthritis:**

1. Create a list of all patients with rheumatoid arthritis in your practice. Review the list to ensure that these patients are having regular appointments that you follow closely to be sure that they are on a DMARD and possible glucocorticoid within three months of initial diagnosis. Script out (and time) the patient - education message that you and your staff will provide to new and to established patients to be sure that you can deliver the information your patient population needs. Do you have the educational material that you need?

2. Be prepared with a list of rheumatologists, physiatrists, and therapists to assist with these complex patients. Ensure beforehand that your specialty colleagues have appointments in the timeframe that you need and that they will provide you with a timely report after the consultation.

**This Healthfirst Spectrum of Health bulletin contains:**

1. HEDIS requirements for reporting the management of your patients with RA.
2. Tips for appropriate ICD-9 coding of joint signs and symptoms vs. actual RA.
3. Links to the current American College of Rheumatology guidelines for RA, including use of DMARDs as the cornerstone of management.
4. Contact information for the Healthfirst Spectrum Case Management department to assist you in creating a team to support these complex patients.
5. Contact information to assist you in locating Healthfirst’s network rheumatologists to consult about, or to comanage, these complex patients.

I look forward to working with you to promote optimal health outcomes for your Healthfirst patients.

Warm regards,

Susan J. Beane, M.D.
VP, Medical Director
Healthfirst
(212) 823-2437
sbeane@healthfirst.org
Dear Practice/Quality Administrator:

Your practice is a valuable partner to us as we work to serve Healthfirst members.

In this bulletin, we bring you up to date on Healthfirst’s requirements for appropriate management and reporting of patients with RA. Appropriate and timely treatment of this disorder is critical to minimizing long-term patient suffering and functional complications.

We monitor two key areas of performance for your physicians and PCPs:

- **Accurate ICD-9 coding of patients who do and do not have RA**
- **Initiation of disease-modifying antirheumatic drug (DMARD) therapy within three (3) months of diagnosis of RA**

A review of our quality data shows considerable variation in the coding and treatment for these patients.

- Too many primary care and specialty physicians are not following the American College of Rheumatology standards
- Too many Healthfirst members appear to have RA because claims have been submitted with an inaccurate ICD-9 diagnosis code

**What does this mean for you?** We need your attention to proper coding in your practice.

**This Healthfirst Spectrum of Health bulletin contains:**

1. HEDIS requirements for reporting the management of your patients with RA.
2. Tips for appropriate ICD-9 coding of joint signs and symptoms vs. actual RA.
3. Contact information for Healthfirst teams to assist you and your physicians and PCPs with these requirements.

Contact your Network Management representatives for more information about these standards. I look forward to working with you to promote efficient and effective care for your Healthfirst patients.

Best wishes,

Susan Kwon  
VP, Network Management  
Healthfirst  
skwon@healthfirst.org
Healthfirst’s recommendations for improving management and reporting of Rheumatoid Arthritis (RA)

- Review the current American College of Rheumatology guidelines:
- Review your encounter forms to ensure that they are consistent with appropriate ICD-9 coding guidelines for arthritis and RA. Update, if necessary, and retrain all clinical staff, residents, and coders to accurately describe your patients’ conditions
- Refer to network rheumatologists as appropriate for consultation and/or comanagement in the diagnosis and treatment of your patients who are, or may be, living with RA
- Audit a sample of your 2014 patients for accuracy of coding. Let Healthfirst know if you and/or your practice have concerns about appropriate coding of patients’ conditions for visits billed in 2014

Summary of HEDIS Requirements: Disease-Modifying Antirheumatic Drug Therapy (ART)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description</td>
<td>The percentage of members who were diagnosed with RA and who were dispensed at least one ambulatory prescription for a disease-modifying antirheumatic drug (DMARD)</td>
</tr>
<tr>
<td>Ages</td>
<td>18 years and older as of December 31 of the measurement year</td>
</tr>
<tr>
<td>How members are identified</td>
<td>Two face-to-face encounters, with different dates of service, in an outpatient or non-acute inpatient setting, on or between January 1 and November 30 of the measurement year, with any diagnosis of RA</td>
</tr>
<tr>
<td>Any of the following diagnoses means that you have determined that your patient has RA: 741.0, 714.1, 714.2, 714.81</td>
<td></td>
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</tbody>
</table>

What are DMARD medications?

<table>
<thead>
<tr>
<th>Description</th>
<th>Prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-Aminosalicylates</td>
<td>• sulfasalazine</td>
</tr>
<tr>
<td>Alkylating agents</td>
<td>• cyclophosphamide</td>
</tr>
<tr>
<td>Aminoquinolines</td>
<td>• hydroxychloroquine</td>
</tr>
<tr>
<td>Antirheumatics</td>
<td>• auranofin • gold sodium thiomalate • penicillamine • leflunomide</td>
</tr>
<tr>
<td>Immunomodulators</td>
<td>• abatacept • adalimumab • etanercept • golimumab • rituximab • infliximab</td>
</tr>
<tr>
<td>Immunosuppressive agents</td>
<td>• azathioprine • cyclosporine</td>
</tr>
<tr>
<td>Tetracyclines</td>
<td>• minocycline</td>
</tr>
</tbody>
</table>

To learn more about your practice’s current HEDIS performance for this or other measures, or for assistance in compliance with the HEDIS guidelines, contact Laisha Washington, AVP, Clinical Quality, at (212) 801-6186, LaWashington@healthfirst.org.
Frequently Asked Questions about Rheumatoid Arthritis (RA)

1. These guidelines are very complex and sometimes my patients don’t want to discuss DMARD treatment. What does Healthfirst recommend?

- Healthfirst has a robust network of rheumatology specialists that can provide the assistance you and your patients require to create an optimum treatment plan, ensure disease control, prevent progression, and achieve the best outcomes.
- For more information about in-network rheumatologists, contact your Healthfirst Network Management representative or call Healthfirst Provider Services at 1-888-801-1660, Monday to Friday, 9am to 5pm.

2. My patient has been referred for work-up of joint pain and other signs and symptoms. Should I document and code for “rule out” RA?

- Not in the case you describe. In the outpatient setting, document your impression based on your level of certainty. Therefore, it is appropriate to document and code for the signs, symptoms, and diagnosis which the patient has at the time of the visit.
- For example, when your patient has signs and symptoms in the joints, consider a descriptive ICD-9 code such as: 719.0 effusion/swelling of joint, unspecified; or 719.4 joint pain, unspecified; or 719.5 stiffness of joint; or 719.7 difficulty in walking.

3. I have audited my practice’s medical records, and, indeed, we did not use the most correct ICD-9 code on some claims. What’s my next step?

- Contact Laisha Washington, AVP, Clinical Quality, at (212) 801-6186 or LWashington@healthfirst.org to discuss performance improvement measures you should take. Alternately, contact Healthfirst Provider Services at 1-888-801-1660, regarding specific claims.

4. What should I do if my patients with RA could use some Care Coordination or Care Management support? I would like Healthfirst to assist in creating an interdisciplinary team of health professionals to care for their complex needs and help them better navigate the healthcare system.

- Contact the Healthfirst Spectrum Case Management Program by calling our toll free number: 1-866-237-0997, Monday to Friday, 8am to 6pm.

5. Web links to download patient handouts for management of RA