

NETWORK MANAGEMENT

Kroc Center names suite in honor of Health Partners



(L-r) State Senator Vincent Hughes joins Health Partners' Katherine Reimer, nutritionist case manager; Judy Harrington, senior vice president of business development; Bill George, president and CEO; Todd Harrison, community education program specialist; Stephanie Nichols, health educator; Catherine McCarron, director of accreditation and clinical programs; Lakisha Sturgis, high medical needs outreach program manager; Rodney Yancey, senior communications specialist; Randy Mintz-Presant, vice president of corporate communications and public affairs; Arlacia Tisdale, communications coordinator; Jorge Parra, wellness program administrator; Joseph Johnson, network account manager; Felicia Phillips, supervisor, corporate communications; Claudia Tucker-Keto, community education manager; Tashyra Ayers, senior community relations specialist; and Anita Lewis, legislative program manager, at the dedication ceremony for the Salvation Army Kroc Center's new Member Services Suite

Earlier this year, the Salvation Army Kroc Center of Philadelphia named its Member Services Suite in honor of Health Partners for our support and continued partnership. The Kroc Center, funded by the late McDonald's founder Ray Kroc and his wife, Joan, is one of 19 locations where Health Partners offers fitness benefits to members. Boasting 130,000 square feet of community space, the center offers an array of weight training and cardio equipment, an Olympic-sized swimming pool, playing fields, and educational, recreational and vocational programs. To date, more than 10,000 area residents have joined the center since its opening in November 2010, including hundreds of Health Partners members covered under our fitness benefit. Health Partners is also offering free computer classes at the Center. ■

In This Issue

NETWORK MANAGEMENT

Kroc Center names suite in honor of Health Partners	1
Expanding our fitness center network	2
New Medical Director welcomed	2
Provider satisfaction survey results	3

HEALTHCARE MANAGEMENT

Quality management and patient safety	3
Staying in step with healthcare reform	4
PEP program redesign	4
Value-based payment program	4

Privacy practices on website	5
Depression screening incentives	5
Provider/patient communication	6
Decision criteria	6
FAQs about members' care	7
Question about a coverage decision?	7
Disease management/complex case management update	7
EPSDT change	7

PHARMACY

New interactive formulary	8
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Expanding our fitness center network

Health Partners' fitness center network has been expanded to better serve our members outside of Philadelphia. Our members can now access additional YMCAs in Ambler, Hatboro, Ardmore (Main Line), and Media (Rocky Run) to meet their fitness needs. ■

New Medical Director welcomed



Health Partners recently announced the appointment of Barrie Baker, MD, MBA, the newest member of our team of medical directors. Dr. Baker functions as an integral part of the Healthcare Management team with responsibility for quality management, care-utilization management and

pharmacy services programs. She represents Health Partners in the hospital/health system and provider communities as well as in regulatory and governmental activities. Dr. Baker applies her clinical expertise and experience as a provider to promote the appropriate delivery of medically necessary services to Health Partners' members.

Dr. Baker has been a board-certified clinical physician

for more than 20 years. She has served as medical director in such notable organizations as the Broad and Lehigh Family Medical Center, the Reading Hospital & Medical Center and Keystone Mercy Health Plan. She has also served as medical director for CoventryCares (Pa.) and The Diamond Plan (Md.), where she was responsible for the daily management of utilization and an expert on Medicaid utilization and cost projections.

Dr. Baker received her Masters in Business Administration/Health Administration from Eastern University, St. Davids, Pa., and her Medical Degree from the Medical College of Pennsylvania in Philadelphia. Dr. Baker is the recipient of numerous awards and honors, and is a member of the American Academy of Family Physicians and the Pennsylvania Academy of Family Physicians. ■

Health Partners keeps focus on doctor satisfaction

Outscores area plans in most categories

According to the 2011 Provider Satisfaction Survey administered by the Myers Group, an independent survey firm, Health Partners “significantly” outscored all other Southeastern Pennsylvania Medical Assistance plans in 80 percent of the categories measured. Receiving a statistically high 39.8 percent response rate from the 1,700 primary care physicians, specialists, hospitals and ancillary facilities solicited, the survey measured satisfaction with Health Partners on a broad range of administrative and healthcare issues.

Health Partners scored significantly higher than all other plans in categories measuring provider support and communication, continuity/coordination of care, network administration, utilization and quality management, finance issues, and pharmacy. The health plan also received an Overall Satisfaction and Loyalty score of 87.1 percent, which included scores of 90.2 percent and 88.7 percent in the respective categories of Recommend to Other Physicians and Recommend to Other Patients.

“Partnering with our doctors and working to understand and meet their needs goes part and parcel with addressing the needs of our members,” says William S. George, president and CEO at Health Partners. “Our employees work hard to establish and maintain lines of communication with our providers and eliminate any barriers that might impede the delivery of quality medical care to our members.”

Areas providers like best about Health Partners include:

- Customer service
- Referral process
- Patient satisfaction
- Credentialing process
- Claim payment timeliness
- Community focus
- PCP incentives

Areas of strength include:

- Resolution of claims payment problems or disputes
- Quality of practitioner educational meetings/in-services
- Health plan takes physician input and recommendations seriously
- The health plan’s encouragement/support of provider participation in QM activities
- Phone access to case/care managers
- Degree to which the plan covers and encourages preventive care and health wellness

Opportunities for improvement, or to monitor for further enhancement, include:

- Timeliness to answer questions and/or resolve problems
- The health plan’s pay-for-performance programs

We are always interested in your feedback. If you would like to discuss the provider services we provide or want more information about the 2011 Provider Satisfaction Survey, please call 888-991-9023 or contact your Network Account Manager. ■

HEALTHCARE MANAGEMENT

Quality Management and Patient Safety

To ensure the highest quality of care and in accordance with DPW and CMS requirements, Health Partners must identify, track and follow up on the following:

- Preventable Serious Adverse Events (PSAE)
- Healthcare Acquired Conditions (HCAC)
- Other Preventable Provider Conditions (OPPC)

Effective April 4, 2012, Health Partners is offering a toll-free anonymous provider reporting line to identify and track such events that are deemed preventable,

serious and adverse. To report an event, please call 855-218-2314 with the following information:

- Members name, ID# and/or date of birth
- Date of event
- Description of event
- Location where event occurred

All calls will remain confidential and will be followed up by Quality Management for verification.

Health Partners’ policy is to reasonably track and isolate identified events, and account for payments that may have been made in association with them. Health Partners reserves the right to retract payments made for what are deemed preventable events.

More information on these events can be found at our website www.healthpart.com. ■

Staying in step with healthcare reform



Health Partners' Anita Lewis, legislative program manager (left), and Kearline Jones, vice president, government relations & compliance (right), joined Donna Brazile, political strategist and keynote speaker at the Medicaid Health Plans of America (MHPA) annual meeting in Washington, D.C. Ms. Brazile, whose appearance was sponsored by Health Partners, shared with the more than 500 attendees her perspective on the political climate in D.C. and the direction she envisions for healthcare reform. ■

PEP program redesign

Health Partners has redesigned our PEP program to streamline incentives and improve the care provided to our high medical needs (HMN) members. Some highlights of the new program are: CPT code 99499 will no longer be required when billing; individual forms will no longer be distributed to PCP practices; eligibility to participate in the new program will be based on the practice's prior participation in PEP (providers who are no longer eligible under the new program will be notified in writing); and eligible providers who rendered services from January 1, 2012 until the start of the new program will be "credited" for the visit based on claims submitted containing E&M codes as well as diagnosis codes. A complete listing of the applicable CDPS diagnosis codes can be found at www.healthpart.com. A list of HMN members will be issued to all eligible providers. Claims submitted with the appropriate CPT and diagnosis code combination for any HMN member will count toward your incentive payment. Incentive payments will be issued quarterly with a reimbursement rate of \$20.00 per eligible member per quarter. Please keep in mind that no further payments for 99499 will be processed for dates of service January 1, 2012 or later. ■

Value-Based Payment Program is a win-win for patients and physicians

Health Partners' Value-Based Payment Program (VBPP) is having a healthy impact on patients and paying off for providers as well. The VBPP rewards providers for helping patients who suffer from diabetes or cardiovascular disease to improve their test results for LDL, A1c, and Nephropathy screenings. As of April 15, 212 checks have been distributed to our providers with a total reward of \$1,875,170 this year. If you need more information about the program, visit the Pay for Performance Program page on our website under "Clinical Info." ■

(L-r) Health Partners' Kathryn McMillian, network account manager, presents Dr. Robert Bonner Jr., Medical Director, SCHC Pediatric Associates, with a Value-Based Payment Program check for helping patients with diabetes and cardiovascular disease to achieve optimal health outcomes.



Health Partners' Notice of Privacy posted on Website

In accordance with HIPAA and NCQA standards, Health Partners has posted our privacy policy at www.healthpart.com. You will find the "Privacy Practices" link at the bottom of each page on our site. This information was also sent in its entirety to our members. For more information, please call us at 215-991-4350 or 888-991-9023. ■



Depression screening incentives

Early identification of mental health issues, such as depression, can help negate long-term physical effects and promote better coordination of care in patients with chronic illnesses. In an effort to improve early coordination of care in our members with special needs, Health Partners is offering providers an additional incentive to identify and refer adult members who have a new positive screening for depression using the PHQ-9 tool. The PHQ-9 depression scale is an easy and accurate screening tool for identification of depression and its severity. Please fax completed screenings scoring 5 or greater (along with the

member's name and Health Partners ID number and an updated phone number) to our Special Needs Unit at 215-967-9244 for outreach and follow up by a case manager. Claims for the visit must include the depression diagnosis. Incentive checks representing positive screenings and claims will be processed quarterly and providers will receive an additional \$10.00 for each referral made. A copy of the PHQ-9 tool can be found on the Preventive Guidelines page of our website at www.healthpart.com. Please contact the Special Needs Unit at 215-967-4690 or your network account manager for additional information regarding this program. ■

We support open clinical communication

Health Partners participating providers may freely communicate with each member regarding the treatment options available to him/her, including information regarding the nature of treatment, alternative treatments, risks of alternative

treatments, or the availability of alternative therapies, consultation or tests, regardless of benefit coverage limitations. Providers are expected to educate patients regarding their health needs; share findings of the member's medical history and physical examinations; discuss potential treatment options, side effects and management of symptoms without regard to plan coverage; and recognize that the member has the final say in the course of action to take among clinically acceptable choices. No provision of Health Partners' agreement should prohibit open clinical dialogue between providers and members. ■



Decision criteria

Health Partners uses available InterQual[®] Level of Care criteria for review and decision making about elective and emergent admissions, SNF/rehab admissions, outpatient rehab services (occupational therapy, physical therapy and speech therapy), and home care/hospice/durable medical equipment.

Providers can request a copy of specific inpatient criteria by calling Health Partners' inpatient services (utilization management) manager at 215-991-4188. To request a copy of specific Health Partners outpatient criteria or information about criteria, please contact our outpatient services manager at 215-967-4566. ■

FAQs about members' care

Do you want to know more about Health Partners and how we work to assure high quality health services for our members? Just go to the "Member Care FAQs" link on the Providers landing page. Our new web page will direct you to in-depth answers to these questions:

- What is Health Partners' Quality Management program? What are its 2012 goals?
- How does Health Partners help assure access to appropriate health services?
- How does Health Partners evaluate coverage of new medical technology?
- What can I do if Health Partners denies a requested item or service?
- What are Health Partners' access and appointment standards for participating providers?
- Where can I find information about member satisfaction with Health Partners?
- What rights and responsibilities do Health Partners members have? What are the KidzPartners member rights and responsibilities?
- How can I get information about providers that participate with Health Partners or KidzPartners?

We hope you will find that the Provider Manual, Clinical Guidelines and other content on our website offer a wealth of information. We're always ready to answer any additional questions you may have about coverage, claims, and how to work with our health plan. Call us anytime at 215-991-9023 or toll-free at 888-991-9023, or contact your Network Account Manager. ■

Disease management/ Complex case management update

Members who are case managed are more likely to be up to date with their disease-specific screenings and other recommended services.

For this reason, we have changed to an opt-out process for members needing disease management or complex case management. Instead of having to contact Health Partners to sign up, members who we know need these services will automatically be enrolled in our programs, but can notify us if they wish to opt out. Providers are still encouraged to call 215-967-4690 or 866-500-4571 to refer new patients to these services. ■

EPSDT change

There recently was a change to the screening schedule for Developmental Delays. Developmental Delay screenings are now required at **9 months, 18 months and 30 months**. Screenings were previously set for 9 months, 24 months and 30 months. Autism Spectrum Disorder (ASD) screenings should be performed at **18 and 24 months**. This change to the Early Periodic Screening Diagnosis and Treatment (EPSDT) periodicity schedule is effective now. Our pediatric preventive care flow chart has been updated and can be found on our website at www.healthpart.com ■

Question about a coverage decision? Give us a call.

Do you want to discuss a decision with a medical director? Our medical directors are available to discuss utilization review decisions with peers by calling 215-967-4570. ■



A quarterly news and information publication for participating providers **SPRING 2012**

Inside Health Partners is published quarterly by Health Partners. William George, President and CEO; Mary K Stom, M.D., Senior Vice President for Healthcare Management and Chief Medical Officer; Rebecca Kohl, Vice President, Network Management

Comments about this publication are welcome and should be directed to the Health Partners Corporate Communications Department: Randy Mintz-Presant, Vice President, Corporate Communications and Public Affairs; Patrick Connelly, Senior Communications Specialist, Editor

PHARMACY

New interactive formulary

Health Partners has a new interactive formulary on our website that gives providers the option to search for covered drugs alphabetically or by therapeutic class, brand or generic name. This new interactive tool provides more information in a timely manner and makes it easy to find alternatives for drugs not included in our formulary. Just go to the Providers landing page on our website and select "Formularies." Here you will see the two new interactive formats for our Medicaid and CHIP plans, reviewed and approved by the Health Partners Pharmacy and Therapeutics (P&T) Committee. You may also view, print or download the full formulary in PDF form or call our Provider Services Helpline at 215-991-4350 to

request a hard copy. Interactive versions of our formularies are additionally available via Epocrates® Online.

Please call the Pharmacy department at 215-991-4300 with questions or feedback. If you have suggestions for additions to the formulary, please submit these requests in writing to the Pharmacy department. Requests for additions to the formulary will be reviewed by the P&T Committee. Health Partners will continue to update the formulary quarterly and communicate the changes to you in a timely manner. ■

