
You probably know by now that we have a new look and a new name — Health Partners Plans. As we continue to grow our business and expand our product offerings, rest assured that our nearly 30-year legacy of quality care will continue. The same dedicated staff and high level of quality service that you’ve come to expect remains unchanged.

Thank you for partnering with us to meet the needs of our growing membership. We may be doing more. We may be doing it with a new look. But we’re still “Doing it Right!”

For more information about our products and services, please visit our new website at www.HealthPartnersPlans.com. Read about our new product — Health Partners Medicare — on page 2.

Taking advantage of Quality Care Plus

It has been just over a year since Health Partners Plans began our Quality Care Plus (QCP) PCP compensation program and many providers have been taking full advantage of the benefits. Detweiler Family Medicine recently took a proactive approach to meeting our QCP measures and those of other payers by mailing prescriptions to over 400 patients who were due for a mammogram. With over 200 patients coming in for a screening, the practice was able to identify four women in the very early stages of breast cancer, who were able to get the follow-up treatment they needed.

“We realize we may never achieve 100 percent compliance, but if we can increase the number of patients who get their annual screenings by even a few percentage points, that’s going to ultimately translate into a healthier community,” says Mike Brown, office manager at Detweiler Family Medicine.

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“And because of better reimbursement through health care reform and incentive programs developed by insurance companies like Health Partners Plans, we are starting to be rewarded for just doing the right thing.”

Detweiler Family Medicine is using its electronic health records system to identify patients in need of a wide array of screenings including colonoscopies, mammograms, pneumonia and shingles vaccinations for seniors, Dexascan osteoporosis exams for women over 50, cervical cancer screenings and lab scripts for diabetic patients.

“We understand the fear patients have when it comes to getting certain health exams, so we want to keep doing a better job of reaching out to them,” says Mr. Brown. “Dr. Detweiler has found that the best approach is to just be straightforward about the significant risks of avoiding regular exams and to emphasize how much easier it is to test now and avoid future complications.”

Health Partners Plans’ Quality Care Plus PCP compensation program is a consolidated incentive initiative designed to recognize and reward your practice’s performance throughout the year. For your reference, the full details of our QCP program can be found in the QCP reference manual in the Providers section of our website at www.HealthPartnersPlans.com. This manual provides the details on each component measured and how the rankings will be calculated and ultimately paid out to our providers. If you have any questions about QCP, please contact your Network Account Manager.

Back in the Medicare market

Beginning in January, we will serve an expanded community through our newest plan – Health Partners Medicare. With four Medicare Advantage plan offerings, Health Partners Medicare is designed to meet the unique health care needs of Philadelphia’s Medicare population. If you would like to partner with us to offer Medicare to your patients and have not yet signed an agreement, please contact your Network Account Manager. If you have patients in need of Medicare coverage, we welcome the opportunity to provide them with high quality medical coverage through Health Partners Medicare. Your patients may contact us at 1-866-901-8000 (TTY 1-877-454-8477) or visit www.HPPMedicare.com.
Remember to refer to Baby Partners

Receive perinatal incentive for members in your care

Our Baby Partners perinatal program offers case management services to all pregnant members. This includes:

- Monitoring of high-risk pregnancies
- Depression screening
- Smoking cessation counseling
- Breastfeeding counseling
- Assistance with community resources

As a way of thanking providers for helping to ensure that our members receive regular prenatal care throughout their pregnancies, Health Partners Plans offers an additional $300 for each pregnant member in your care. In order to receive this incentive, providers must complete all portions of the Obstetrical Needs Assessment Form (ONAF), including smoking and depression screenings, dates of service for initial prenatal visit, list of all visits attended and the postpartum visit (this visit must be within 21-56 days).

Providers must bill using the following codes accompanied by the “HD” modifier:

- HCPCS code 0500F for initial and list of subsequent visits
- HCPCS code 0503F for postpartum visit

*Please fax the forms to the Baby Partners program at 215-967-4492. If you have any questions, please call 215-967-4690.*

Weight Watchers benefit for children and adults

Do you have patients who could use help shedding those extra pounds? Health Partners Plans’ Weight Watchers® program might be just the thing to get them moving in the right direction. All Health Partners Plans members ages 10 and older may participate. For more information, members can call Member Relations at 800-553-0784 (TTY 877-454-8477) or learn more about specific Weight Watchers requirements and meeting locations by visiting www.HealthPartnersPlans.com. Enter the Members section and click on “Extra Benefits.”

HEALTH PARTNERS PLANS PROVIDER HELPLINE • 215-991-4350 or 888-991-9023
Connecting health outcomes and human suffering

In May, the Institute For Safe Families (ISF), along with the Robert Wood Johnson Foundation, held its first ever National Summit in Philadelphia, bringing together nearly 200 national and local leaders to discuss the research, policy and practice implications of the Adverse Childhood Experiences (ACES) study. Co-sponsored by Health Partners Plans, the event gave physicians, nurses, researchers, policy makers and child advocates the opportunity to share expertise and discuss a significant paradigm shift in the treatment of physical and mental illness. Instead of asking patients, “What’s wrong with you?” more and more health care professionals are seeing the need to discover, “What happened to you?”

The ACEs study and a growing body of research indicates that trauma or “toxic stress” in childhood can lead to poor health outcomes later in life. Childhood adversity, such as living with a mentally ill parent, witnessing violence or suffering physical or sexual abuse, changes the way kids learn, play and grow. Emerging developmental science shows that trauma re-wires the brain, alters the expression of our genes, floods our systems with stress hormones, hikes our risk of engaging in unhealthy behaviors and increases our vulnerability to heart disease, depression, diabetes and a host of other physical and mental health problems.

Many conference participants work directly with children and adults affected by toxic stress and were all too familiar with this grim news. And yet, the overriding message of the Summit was one of hope: If the human brain can be hurt, it can also heal. Summit speakers drove home the need for a public health campaign about ACEs to help expose a wider audience to the link between childhood trauma and illness in adulthood. Bringing this connection to light has the potential to reshape physical and mental health care practices, schools, social services, juvenile justice systems, communities, families and individual lives.

For more information about the Institute for Safe Families and the many initiatives they support, visit www.instituteforsafefamilies.org.

Health Partners Plans and Health Partners Foundation (HPF) have been loyal supporters of ISF for many years, honoring the organization with the HPF Making A Difference Award in 2006 for its many anti-violence initiatives. Barbara Plager, Health Partners Plans’ first president and CEO, was an ardent ISF supporter throughout her life, bequeathing gifts in her memory upon her death in 2005.
Patients need advance directives

Advance directives are written documents designed to allow patients the opportunity to guide future health care decisions in the event they become incapacitated and unable to participate directly in medical decision making. The Patient Self-Determination Act requires that patients are informed about their right to participate in health care decisions, including their right to have an advance directive. Health Partners Plans requires participating providers to document discussion of a living will or advance directive. Providers must note the presence of an advance directive in the member’s medical record, and follow all applicable state and federal laws regarding its execution. Two common forms used for advance directives are the Living Will and the Durable Power of Attorney for Health Care Decisions. For more information about advance directives, please see your provider manual. You may view the provider manual in the Providers section of our website under “Quick Links.”

Quality management resources online

Health Partners Plans has a quality management program in place to assure that our members receive safe, effective clinical care that is timely and patient centered. Throughout the year, we monitor the delivery of health care for our members. We also conduct an annual evaluation to determine if goals were met and where we might take steps to improve, as well as establish new goals for the coming year.

To better serve you, we have created a centralized location on our website, where you can view quality management resources, including the 2013 member satisfaction survey, our 2013 quality management goals and the 2013 HEDIS rates summary. Just visit our website at www.HealthPartnersPlans.com, click on the Providers tab and click on the Quality Management Resources link in the middle of the page. If you would like a hard copy of any quality management resources, or if you have any questions, please contact the quality management department at 215-991-4346.

Please visit the Providers area of our website (www.healthpart.com/qualityManagementResources.asp), to learn how to refer members with complex needs for case management services. Our website also includes information about all of our Health Partners Plans programs including disease management and Baby Partners, our comprehensive perinatal program. If you have any questions or need more information, call health care management at 215-967-4690.
HPP medical record standards

Consistent and complete documentation in the medical record is an essential component of quality patient care. Health Partners Plans standards have been developed utilizing those formulated by NCQA, DPW, PID, CMS, as well as the Pennsylvania Medical Society Guidelines for documentation.

Key elements of a properly composed medical record:

• Each page in the record contains the patient’s name or I.D. number and date of birth.
• Each author is identified on every entry. All entries are dated and the record is legible not only to the author, but all who may need to access the document.
• There is a completed problem list, including medications currently used. Allergies and adverse reactions to medications are prominently noted.
• There is an appropriate past medical history, a pertinent history and physical exam.
• There is evidence of patient teaching.

To view a complete list of Health Partners Plans Medical Record Standards, please refer to the provider manual in the Providers section at www.HealthPartnersPlans.com. If you have any questions about medical record standards, please call quality management at 215-991-4346.

Decision criteria

Health Partners Plans 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 Plans’ inpatient services manager at 215-991-4089. To request a copy of specific Health Partners Plans outpatient criteria or information about criteria, please contact our outpatient services manager at 215-967-4566.
Fee schedule change for pharyngitis testing

Effective April 1, 2013, we added the following code to our bill above fee schedule as shown in the table below.

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
<th>Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>87880</td>
<td>Infectious agent detection by immunoassay with direct optical observation; streptococcus, group A</td>
<td>$12.22</td>
</tr>
</tbody>
</table>

If you have any questions about these changes, please call Health Partners Plans at 888-991-9023 or 215-991-4350 or contact your Network Account Manager directly. Thank you for your continued partnership in improving health outcomes for our members.

Don’t forget our ICD-10 Provider Readiness Survey

Effective October 1, 2014, the Centers for Medicare & Medicaid Services (CMS) will transition from the 9th Edition of the International Classification of Diseases, Clinical Modification/Procedure Coding System (ICD-9) to the 10th Edition (ICD-10), a more detailed code set. This transition is mandatory and is required for everyone covered by the Health Insurance Portability and Accountability Act (HIPAA).

Health Partners Plans is interested in knowing your progress and office readiness for this new federal requirement. Please visit the Providers area of our website at www.HealthPartnersPlans.com to complete a brief ICD-10 survey. The deadline to complete this survey has been extended to November 30, 2013. We will share the results of the survey with you in a future issue of the provider newsletter.

For additional information on the ICD-10 transition, please visit the following sites:

- Centers for Medicare & Medicaid Services
  www.cms.gov/Medicare/Coding/ICD10/
- American Medical Association
  www.ama-assn.org
- AAPC
  www.aapc.com/ICD-10/faq.aspx

We appreciate your participation in the ICD-10 Provider Readiness survey and look forward to working with you on this important industry initiative. If you have any questions, please call us at 888-991-9023, 215-991-4350 or contact your Network Account Manager directly.
Don’t let flu season get the upper hand

The Centers for Disease Control and Prevention (CDC) recommends that everyone who is at least six months of age should get an influenza vaccine this season as soon as it is available. The flu vaccine is especially important for people who are at high risk of developing serious complications like pneumonia, including:

- Patients suffering with asthma, diabetes, or chronic lung disease
- Women who are pregnant
- Patients 65 years and older

The flu vaccine is also important for caregivers or those who live with patients who have a high risk of developing serious complications.

Pneumococcal disease is a leading cause of vaccine-preventable illness and death in the United States. It can lead to serious infections including pneumonia, bacteremia, and meningitis. While anyone can get pneumococcal disease, the following are at the greatest risk:

- Men and women 65 years and older
- Babies and toddlers
- People with certain chronic health problems, including heart disease, respiratory disease or diabetes
- People with a weakened immune system
- Smokers

All Health Partners Plans members are covered for 2013-2014 influenza and pneumococcal vaccines. Vaccines are administered at PCP offices and participating pharmacies. Below is a list of flu vaccines covered at our participating pharmacies:

- FLUMIST
- FLUARIX QUAD
- SINGLE USE EZ FLU
- FLUZONE INTRADERMAL
- FLUZONE HIGH-DOSE
- FLUCELVAX

- FLUZONE QUAD
- FLUZONE QUAD PEDI
- FLUZONE
- FLUZONE PEDI
- FLUVIRIN
- AFLURIA