

NETWORK MANAGEMENT

Health Partners Medicare is up and running

Thank you to the providers who have joined the Health Partners Medicare network, and to those who have introduced patients to our health plan. On the first of January, we launched our Medicare line of business in Philadelphia County. As of the first of the year, we have more than 1,500 members enrolled of our four new Medicare Advantage health plans, which provide comprehensive medical benefits with no or low monthly plan premiums.



We want to support you in every way we can in securing valuable healthcare coverage for your Medicare-eligible patients. If you would like to learn more about Health Partners Medicare Basic (HMO), Prime (HMO), PrimePlus (HMO) or our Special (HMO SNP) plan for dual-eligible (Medicare and Medicaid) patients, contact your Network Account Manager. We would be happy to have a member of our Medicare product team explain our program to your staff and answer any questions. We can also provide you with:

- Information on our service area and a high level summary of our benefits
- Brochures with a mail-in reply card and our phone number
- Sales packets that include an application and other information
- Extra Health Partners Medicare Sales Support cards with our phone number

Just a reminder that beneficiaries who are newly eligible for Medicare can enroll in a Medicare Advantage plan during the Initial Coverage Election Period, which

begins three months before the month they turn 65 and lasts until three months after the month they turn 65. Dual-eligible patients can enroll at any time throughout the year. Eligible beneficiaries can have a Health Partners Medicare representative visit them in their home or answer questions over the phone, whichever they prefer. We also have bilingual staff to assist them. If you have any questions, or if you run out of Health Partners Medicare materials, contact your Network Account Manager. ■

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Baby Partners incentive program keeps mothers engaged in consistent care

One of the most important elements of our Baby Partners program is maintaining consistent communication with our pregnant members, so they have the best chance of getting the care their growing child needs. To this end, Health Partners Plans has developed an incentive program that rewards members who schedule needed checkups, while staying in contact with our Baby Partners care coordinators. This initiative is also designed to improve HEDIS measures in the areas of prenatal and postpartum care and dental screenings for pregnant members.

How the program works

Using the vendor Medagate, we are providing Baby Partners members with a restricted gift card good for purchases at Family Dollar, Dollar General and Rite Aid, with more stores to be added. Members can earn up to \$100 loaded onto the card, which can be used to purchase items selected to meet the needs of mother and child during pregnancy and beyond. Items may include diapers, lotion, shampoo, milk, medicine, baby toys and more. Upon completion of each of the following doctor visits, gift cards are credited with \$25:

- First Prenatal visit within the first trimester or within 42 days of enrollment with Health Partners

- Completion of a dental screening visit (anytime throughout the pregnancy and up to 60 days post delivery)
- Postpartum visit within 21 to 56 days post delivery

Members who complete all three steps receive a \$25 bonus, totaling \$100 on their gift card. Members who are not part of the Baby Partners program during their pregnancy receive an outreach call after delivery and still have an opportunity to earn up to \$50 for a dental screening and postpartum visit. Each time the card is loaded, Health Partners Plans sends an automated phone message notifying the member.

Staying in touch

If a member completes any of the screening events within the specified timeframe but has lost contact with us, she will receive a letter encouraging her to contact her care coordinator. Once she calls and speaks with a Baby Partners staff member, her card will be credited. If you have any questions about this or any other Baby Partners program, please call 215-967-4690 or visit HealthPartnersPlans.com for additional information. ■

We're going paperless

In an effort to make it easier for you to access Health Partners Plans news and to be more environmentally conscious, we have decided to go paperless. This edition of Inside Health Partners Plans is provided in pdf format and we will be transitioning to an electronic newsletter by the end of 2014. [Please help us by filling out this short survey](#), so that we can tailor future publications to best meet your needs. ■

EPSDT updates

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) is a critical component of patient care for children under 21. The Pennsylvania Department of Public Welfare (DPW) requires that all Medical Assistance providers perform screenings in accordance with national standards recognized by the American Academy of Pediatrics. Here are some important reminders.

Billing Code

Submitting appropriate CPT codes on claims assures prompt and accurate claim and incentive payments.

Dental Referrals

When required by the periodicity schedule, a complete EPSDT screen must include a dental referral. Please take these steps:

- Advise the parent and document the referral in the child's medical record.
- Notify Health Partners Plans.
- Complete an 837P electronically or submit a paper claim.



Developmental Delays/ Autism Spectrum Disorders (ASDs)

Recommended visits at 9, 18 and 30 months should include structured screenings for developmental delays and visits at 18 and 24 months should include structured screening for ASDs.

Lead

Lead continues to be a concern as Philadelphia is considered a "High Blood Lead Level" area. All Health Partners Plans members are considered at risk for high blood lead levels. Members must receive two blood lead level tests by the age of 5 years, with tests recommended at 9-11 months and 24 months.

Pay-for-Performance (P4P)

Our 2014 program includes annual dental visits for children ages 2 - 21 and adolescent well care incentives. See details in the "Clinical Info" section of HealthPartnersPlans.com

Periodicity Schedule

A well visit at 30 months is required and billable. To view the EPSDT Periodicity Schedule, visit the "Clinical Info" section of HealthPartnersPlans.com

HPP University

This refresher educational tool is available on our website for existing and new physicians. Here you will find a wide array of information, including developmental delay/ASD screening guidelines and blood lead screening guidelines.

To reach the Health Partners Plans EPSDT Unit, call 215-967-4690 or 866-500-4571. ■

Important claims payment information

All claims must be billed using your individual and billing NPI numbers or claims will be denied.

Claims Mailing Instructions

For Health Partners (Medicaid) and Health Partners Medicare, mail to:
Health Partners
P.O. Box 1220
Philadelphia, PA 19105-1220

For KidzPartners (CHIP), mail to:
KidzPartners
P.O. Box 1230
Philadelphia, PA 19105-1220

For all electronic claims, use Emdeon payer ID #80142.

Claims reconsiderations for all LOBs, mail to:
Claims Reconsiderations
Health Partners Plans
901 Market Street, Suite 500
Philadelphia, PA 19107

If you have any questions, contact the claims reconsideration call center at 888-991-9023. ■

MyHealthDirect makes appointment scheduling easy

It's unfortunate yet common for patients to miss their medical appointments. With MyHealthDirect (MHD), you can improve your scheduling process, encourage patients to keep their appointments and decrease your no-show rates. The web-based application allows you to organize your appointments into an easy-to-use, searchable and schedulable database.

Many Health Partners Plans providers are currently using MHD because it connects our care coordinators with participating primary care offices to schedule timely appointments for patients. Our care coordinators then work closely with patients, to ensure they attend their scheduled appointments and address any barriers to care.

MHD allows you to identify the number and types of appointments you want to make available to your patients. Each time a new appointment is scheduled, your practice receives a confirmation via fax or email. After patients are seen, your office submits an online attendance report to the referral source. It's that easy.

As all Health Partners Plans providers are now fee-for-service, using a web-based scheduling system can help to increase your show rate, productivity and revenue.

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Clinical care guidelines online

The Health Partners Plans Quality Management department is responsible for developing and monitoring systems that support our commitment to providing quality care and services to our members. This includes evaluating our performance based on clinical standards. In November, our Quality Management Committee completed the annual review of clinical care guidelines relevant to our membership. Chosen based on evidence-based medicine and appropriate nationally-recognized sources, these guidelines include preventive, acute or chronic medical services, as well as some behavioral health services. They offer a means to help our practitioners and members make decisions about appropriate health care for specific clinical conditions, as well as provide the basis for our disease management programs.

New guidelines cover:

- Nutritional Counseling in Diabetes
- Diagnosis and Management of Attention Deficit Hyperactivity in Primary Care for School Age Children and Adolescents

Additional highlights include:

- Diabetes - Insulin recommendations, education recommendations such as

hypoglycemia and frequency of blood sugar self-monitoring and statin therapy

- Asthma - Drug therapy and dosages
- Child and Adolescent Well Care - Immunization tables and obesity screening
- Adult Well Care - Tobacco use screening, waist circumference measurement and counseling, domestic violence abuse screenings and counseling

Clinical guidelines are posted on our website (HealthPartnersPlans.com). Just click on any medical condition and you will be linked to the associated clinical guideline. This will allow you to view the up-to-date and new guidelines from the convenience of your computer and print any sections you may need.

To view the clinical guidelines, visit the Provider area of our website (HealthPartnersPlans.com), click on "Clinical Information" and then "Clinical Guidelines."

To view the preventive guidelines, click on "Clinical Information" and then "Preventive Guidelines."

If you would like hard copies of our clinical care guidelines, call our Provider Services Helpline at 888-991-9023 or 215-991-4350 and a copy will be sent to you. ■



Medical advice for members 24 hours a day

When a member has a medical concern, but is not sure where to turn, our Nurse Advice Line is available 24 hours a day. Highly trained registered nurses assess member needs and either answer questions, give medical direction for self care over the phone or refer patients to their PCP or the nearest Emergency Room for serious issues. Please remind your patients that valuable health information is only a phone call away, 24 hours a day. To reach our Nurse Advice Line, members can call toll free at 1-866-825-6717 (Health Partners), 1-866-855-9747 (KidzPartners) or 1-800-551-0328 (Medicare). If you would like to receive printed information about this service, please contact your Network Account Manager. ■



Health Partners Plans' Corporate Compliance Program

Health Partners Plans (HPP) members are individuals who have Medicaid, CHIP or Medicare. The smallest change in a law can have an impact on serving our members appropriately. The Government Relations & Compliance Department is responsible for policy approvals, compliance, training priorities and oversees the contracts between Health Partners Plans and all regulatory agencies. Vice president of government relations & compliance Kearline D. Jones is designated as the HPP compliance officer and the HIPAA official. The compliance officer reports directly to the corporate compliance officer Vicki Sessoms, who is the senior vice president of resource management & compliance.

The compliance officer is responsible for ensuring that HPP complies with laws, regulations, contracts, and other standards. The members of the compliance committee provide leadership in their areas of expertise. For HPP to maintain a supportive environment to provide healthcare coverage, it is critical that we perform our work in compliance with applicable laws and regulations. HPP has a compliance program that follows recommendations from the Centers for Medicare & Medicaid Services.

Our compliance program promotes an organizational culture that encourages ethical conduct and a

commitment to federal, state and local statutes governing federal health care programs. The objectives of our compliance program are to:

- Provide guidance to optimize ethical and compliant behavior
- Help to continue with the HPP commitment to high standards of conduct, honesty and reliability
- Develop and implement policies and procedures
- Promote training and communication about compliance activities



- Monitor functions for compliance with best practice standards, policies and legal & regulatory obligations
- Make a sincere effort to prevent, detect, and correct fraud, abuse, or waste
- Address deficiencies and recommend improvements
- Perform periodic audits to establish compliance program priorities

At HPP, compliance with the law and our policies is everyone's responsibility. If you have questions regarding ethics,

compliance or best business practices, or if you observe conduct at HPP that is inconsistent with expectations of an ethical service and working environment, we encourage you to call the Compliance Reporting Line at 1-215-967-4575. The Compliance Reporting Line is operated 24 hours a day. Callers may choose to remain anonymous. Examples of reportable activities include: conflicts of interest, financial and business integrity issues, misuse of HPP assets, and provider misconduct. You can email our department at HPMedicaidandCHIPCompliance@hpplans.com, HPMedicareCompliance@hpplans.com, HPHIPAAPrivacyOfficial@hpplans.com.

HIPAA Privacy Rule & FERPA: Student Immunization Records

The Omnibus HIPAA Final Rule amends the Privacy Rule to now allow a covered entity to disclose a student's immunization records to a school. Covered entities will be required to document receipt of either a written or oral authorization for a student's records, but will not be required to receive a HIPAA-compliant authorization or obtain a signature. The goal of the amendment is to facilitate enrollment of students in schools, while protecting the rights of students and parents/guardians to object to disclosure of this information. This amendment promotes a public health purpose in preventing the spread of communicable diseases. ■



SwimSafe benefit keeps kids active year-round

Swimming is a great way for our members ages 19 and under to stay fit. Learning to swim can also help children build self-esteem and develop a desire for forming healthy habits. Through the Health Partners Plans partnership with area fitness centers, they can stay fit and active year-round. Because many of our young members haven't had much experience in the water and may even be afraid to give swimming a try, we developed SwimSafe — a program to encourage them to take swim lessons and have success.

After a child completes seven weeks of lessons and the required fees have been paid,

SwimSafe will provide a gift card (up to \$35) to help cover the cost of the lessons. Some available centers include YMCAs, the Salvation Army Kroc Center, Raymond and Miriam Klein JCC, the Germantown Life Enrichment Center and Juniata Fitness Center. The HPP fitness benefit also offers an annual membership at these and many other centers. If you have young patients who could benefit from our SwimSafe program, please refer them to our website, HealthPartnersPlans.com. They can click on "Health and Wellness" for a complete list of centers. For more information and participation requirements, members can call 215-967-4678. ■

Health Partners Medicare prior authorization

For Health Partners Medicare services requiring prior authorization, call healthcare management at 215-967-4690 or toll free 866-500-4571.

Services requiring prior authorization include:

- Elective hospitalizations
- Skilled nursing admissions
- Medicare covered DME over \$500
- DME rentals
- Home care services
- Non-emergent ambulance transport
- Outpatient rehab services - contact Landmark Healthcare
- Advanced radiology (MR,CT,PET) - contact MedSolutions, Inc.
- Cardiology testing (echocardiograms, nuclear medicine, stress nuclear imaging)
- Investigational/experimental procedures, devices, medications

If you have any questions, contact BJ Caldwell, manager of precertification, at 215-991-4343. ■

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 the 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, contact our outpatient services manager at 215-967-4566. ■

MyHealth Direct continued from page 4

Some Important Program Features

Better prepared patients

Providers can send patients messages to confirm appointments and send reminders such as to arrive early to complete paperwork, to bring a list of their prescribed medications and insurance card and notify them of the required copay.

Administrative simplification

Your office staff will save time by eliminating phone calls to schedule appointments. Notifications conveniently come to you via fax or email.

Improved patient follow through

Patients are more likely to

follow through when receiving appointment confirmations and reminders.

Remain in total control of your calendar

You remain in control of your calendar by determining the frequency, types, dates and times of appointments you want to make available.

For more information about MyHealth Direct, visit myhealthdirect.com. To become a participating MyHealth Direct provider, contact your Network Account Manager. ■



Anonymous provider reporting line

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

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

Health Partners Plans offers 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:

- Member 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. The Health Partners Plans policy is to reasonably track and isolate identified events, and account for payments that may have been made in association with them. We reserve the right to retract payments made for what are deemed preventable events. More information on these events can be found in the Providers area of HealthPartnersPlans.com ■

Inside Health Partners Plans is published triannually by Health Partners Plans. **William S. George**, President and CEO; **Steven E. Szebenyi, 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 Plans Corporate Communications Department: **Randy Mintz-Presant**, Vice President, Corporate Communications and Public Affairs; **Felicia Phillips**, Manager of Corporate Communications; **Rodney Yancey**, Senior Communications Specialist, Editor*

HEALTHCARE MANAGEMENT

2014 HEDIS chart reviews

In early 2014, licensed nurses from our Quality Management department will visit provider offices to conduct HEDIS (Healthcare Effectiveness Data and Information Set) chart reviews. Annual HEDIS reporting is required of all HealthChoices plans by DPW, and is necessary to maintain Health Partners Plans' NCQA accreditation.

Focusing on health plan performance, HEDIS does not specifically evaluate the performance of individual providers within our network. To ensure this review process causes the least amount of disruption to your daily operations:

- Convenient appointment times will be scheduled with your office
- A list of needed records will be faxed well in advance of the scheduled site visit
- All documentation will be scanned into a secure Health Partners Plans laptop; no copying or transporting of records will be required

If your practice uses an electronic medical record system, please contact Pearl Taylor, HEDIS coordinator, at 215-991-4283.

Provider offices may call Terry McKeever, director, Quality Management, at 215-991-4264 or the Provider Services Helpline at 888-991-9023 with any questions about this initiative. Thank you for your cooperation. ■

