

14 Health Partners Plans Provider Manual Appendix

Topics:

- HPP Participating Hospitals
- DHS Domestic Violence Initiatives
- DHS Fraud and Abuse Hotline
- Member Rights & Responsibilities
- Preventive Care Guidelines/EPSTD

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Participating Hospitals

Please note that the hospitals listed in Table 1 are considered participating hospitals at the time of publication of this manual. Please reference our online provider directory at www.healthpartnersplans.com for the most current list of participating hospitals.

Table 1: Participating Hospitals

BUCKS COUNTY					CHESTER COUNTY				
HOSPITAL	MEDICAID	CHIP	MEDICARE	PCO	HOSPITAL	MEDICAID	CHIP	MEDICARE	PCO
Abington Health Center - Warminster	X	X		X	Brandywine Hospital	X	X	X	X
Aria Health – Bucks County Campus	X	X	X	X	Chester County Hospital	X		X	X
Lower Bucks Hospital	X	X	X	X	Jennersville Regional Hospital	X	X	X	X
St. Luke's Quakertown Hospital	X	X	X	X	Phoenixville Hospital	X	X	X	X
St. Mary Medical Center	X	X	X	X					

DELAWARE COUNTY					MONTGOMERY COUNTY				
HOSPITAL	MEDICAID	CHIP	MEDICARE	PCO	HOSPITAL	MEDICAID	CHIP	MEDICARE	PCO
Crozer Chester Medical Center	X	X	X	X	Abington Memorial Hospital	X	X	X	X
Delaware County Memorial Hospital	X	X	X	X	Einstein at Elkins Park	X	X	X	X
Mercy Fitzgerald Hospital	X	X	X	X	Einstein at Montgomery	X	X	X	X
Springfield Hospital	X	X	X	X	Holy Redeemer Hospital	X	X	X	X
Taylor Hospital	X	X	X	X	Abington Health Lansdale Hospital	X	X		X
					Mercy Suburban Hospital	X	X	X	X
					Moss Rehab at Elkins Park	X	X	X	X
					Pottstown Memorial Medical Center	X	X	X	X

PHILADELPHIA COUNTY									
HOSPITAL	MEDICAID	CHIP	MEDICARE	PCO	HOSPITAL	MEDICAID	CHIP	MEDICARE	PCO
Albert Einstein Medical Center	X	X	X	X	Moss Rehabilitation Hospital	X	X	X	X
Aria Health – Frankford Campus	X	X	X	X	Nazareth Hospital	X	X	X	X
Aria Health – Torresdale Campus	X	X	X	X	NPHS St. Joseph's Hospital	X	X	X	X
Chestnut Hill Hospital	X	X	X	X	Pennsylvania Hospital	X		X	X
Hahnemann University Hospital	X	X	X	X	Roxborough Memorial Hospital	X	X	X	X
Hospital of the University of Penn	X		X	X	St. Christopher's Hospital for Children	X	X	X	X
Jeanes Hospital	X	X	X	X	Temple University Hospital- Episcopal	X	X	X	X
Kensington Hospital	X	X	X	X	Temple University Hospital	X	X	X	X
Mercy Philadelphia Hospital	X	X	X	X	Presbyterian Medical Center	X		X	X
Fox Chase Cancer Center	X	X	X	X	Wills Eye Hospital	X	X		X

DELAWARE					NEW JERSEY				
HOSPITAL	MEDICAID	CHIP	MEDICARE	PCO	HOSPITAL	MEDICAID	CHIP	MEDICARE	PCO
A I Dupont Hospital for Children	X	X		X	Weisman Children's Rehab Hospital	X	X		X

DHS Domestic Violence Initiatives

Health Partners Plans supports the Pennsylvania Department of Human Services (DHS) initiatives for victims of domestic violence. The following message from Estelle B. Richman, former Secretary of the Pennsylvania Department of Human Services, outlines these initiatives.

A Message from the Secretary

Every three days, a citizen of Pennsylvania loses his or her life to domestic violence. This fiscal year, DHS will spend more than \$19 million in state and federal funds on direct services for victims of domestic violence, as well as prevention activities. Healthcare providers are in a unique position to help victims by routinely screening for domestic violence and offering appropriate referrals and interventions.

To increase awareness and assist healthcare providers in identifying victims of domestic violence, the DHS collaborated with the Pennsylvania Medical Society and other organizations to create and distribute a domestic violence screening tool to over 18,400 PCPs, physician assistants and nurse practitioners in the state. The tool, RADAR, was accompanied by information about available resources for victims of domestic violence.

The Massachusetts Medical Society has developed a system of action steps that should be taken whenever domestic violence is suspected. These steps are:

- R= Routinely Screen Female Patients
- A= Ask Direct Questions (so the patient can answer "yes" or "no")
- D= Document Your Findings
- A= Assess Patient Safety
- R= Review Options & Referrals

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For more information on RADAR and other screening tools, go to:

- Department of Human Services:
www.dhs.state.pa.us/foradults/domesticviolencecrisisandprevention/index.htm
- Pennsylvania Medical Society (www.pamedsoc.org) or (1-800-228-7823)
- National Domestic Violence Hotline (www.thehotline.org) or (1-800-799-7233)

DHS Toll-Free Fraud and Abuse Hotline

The Pennsylvania Department of Human Services (DHS) has established a toll-free hotline to report suspected fraud and abuse committed by any entity providing services to Medical Assistance recipients. The DHS hotline number is 866-379-8477 and operates between the hours of 8:30 AM and 3:30 PM, Monday through Friday. Voicemail is available at all other times. Callers to the DHS hotline may remain anonymous.

The DHS hotline is separate and distinct from the hotline that Health Partners Plans operates through our Special Investigation Unit (SIU). The Health Partners Plans Fraud and Abuse Hotline is 866-HPSIU-4U (866-477-4848). As with the DHS hotline, the SIU toll-free fraud and abuse hotline is totally anonymous and has no call-back mechanism. You may call at any time and leave a detailed

voicemail regarding a suspicion of fraud, abuse or waste within the healthcare delivery system. All calls are responded to by our SIU staff.

Some common examples of fraud and abuse for the DHS and/or SIU hotline include:

- Billing or charging Medical Assistance recipients for covered services
- Billing more than once for the same service
- Dispensing generic drugs and billing for brand name drugs
- Falsifying records
- Performing inappropriate or unnecessary services

If you wish to report Medicare or Medicaid fraud or suspicious activity, please call the Health Partner Plans SIU Hotline at **1-866-HP-SIU4U (1-866-477-4848)**, the CMS Medicare Hotline Number at **1-800-MEDICARE (1-800-633-4227)**, or the Department of Human Services Medicaid Hotline at **1-866-379-8477**.

Suspected fraud and abuse may also be reported to DHS through its website at www.dhs.state.pa.us/dbsorganization/officeofadministration/bpi/index.htm or emailed to omaptips@state.pa.us. Information reported via the website or email can also be provided anonymously. The website contains additional information on reporting fraud and abuse to DHS.

Health Partners and KidzPartners Member Rights and Responsibilities

Health Partners and KidzPartners members have the right to know about their Rights and Responsibilities. Exercising these rights will not negatively affect the way they are treated by Health Partners Plans, its participating providers or other State agencies. They have the right to make healthcare decisions without feeling as though Health Partners Plans is restraining, isolating, bullying, punishing or retaliating against them.

Below is a statement of the rights provided to our members. These rights must be carried out by Health Partners Plans, our network providers and their staff.

Health Partners & KidzPartners Member Rights

1. You have the right to receive information about Health Partners, the Coverage, Benefits, Services, and Copayments provided to you by Health Partners, and our practitioners and providers. You also have the right to receive information about your rights and responsibilities in a manner that is easy to understand. This information can be accessed online in the member handbook or by calling Health partners Member Relations department at 1-800-553-0748 or 215-894-9600
2. You have the right to be treated with respect and with due consideration for your dignity and privacy
3. You have the right to receive information on available treatment options and alternatives, presented in a manner appropriate to your condition and in a manner that is easy for you to understand.

4. You have the right to participate in decisions regarding your health care, including the right to refuse treatment
5. You have the right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
6. You have the right to have access and receive copied of your medical records. You have the right to request that your medical records be amended or corrected that we maintain about you in your designated record set.
7. You have the right to all the medical services covered under your Health Partners plan and that the services are available and accessible to you. You have the right to a second opinion from a qualified health care professional within the Health Partners plan network. If the Health Partners Plan network is unable to provide necessary services, covered under the contract, to you, Health Partners Plans will adequately and timely cover these services out of network for as long as the plans is unable to provide the needed services. Medical services covered under your Health Partners plan should be available 24 hours a day, 7 days a week when medically necessary. You have the right to have covered services delivered in a culturally competent manner including interpreter services, alternative formats (such as audio tape, Braille or large print) which are available upon request at no cost to you. You have a right to treatment plans for members with special health care needs. You have the right to direct access to in network specialists with special health care needs determined through an assessment by appropriate health care providers. You have the right to not arbitrarily be denied or reduced the amount, duration, or scope of a required service solely because of diagnosis, type of illness or condition.
8. You have the right to freely exercise your rights without adverse effects from Heath Partners Plans and our practitioners and providers.
9. You have the right to receive services without discrimination inclusive of but, not limited to: race, color, age, religion, national origin, sex, sexual preference, socioeconomic status, disability or Vietnam veteran status.
10. **CHIP MEMBERS ONLY:** if your membership has been terminated, you have the right to receive a “Certificate of Health Plan Coverage” for use in obtaining coverage with another provider.

Health Partners & KidzPartners Member Responsibilities

You also have many duties as a member of Health Partners, including:

1. You have the duty to tell Health Partners and its participating doctors about information that may affect your membership or your right to program benefits. For example, if you move to another address, you must call Health Partners and your PCP and tell us your new address.
2. You have the duty to inform your doctor about your health history.

3. You have the duty to help with your health care by following the membership rules. For example, you must call your PCP when you need urgent care, and after getting emergency care.
4. You have the duty to learn about your health problems and work with your doctor to develop a plan of care. Once you have agreed upon treatment, you have the duty to follow the instructions for care that you have agreed upon.
5. You have the duty to sign a consent form so your doctor can receive a copy of your medical records. This information may be shared with other health care providers.
6. You have the duty to make and keep appointments, to be on time, and to call to cancel an appointment or to report that you will be late.
7. You have the duty to treat your PCP, other healthcare providers and Health Partners staff with respect and dignity.
8. You have the duty to use our participating providers for all your healthcare needs. This includes PCPs, specialists, hospitals, pharmacies and any other providers you use as a Health Partners member.

Health Partners Medicare Member Rights & Responsibilities

As a Health Partners Medicare member you have certain rights, including:

1. We must provide information in a way that works for you (such as in languages other than English, in Braille, in large print, or other alternate formats).
2. We must treat you with fairness and respect at all times.
3. We must ensure that you get timely access to your covered services and drugs.
4. We must protect the privacy of your personal health information.
5. We must give you information about the plan, its network of providers, and your covered services. This includes:
 - Information about your coverage and the rules you must follow when using your coverage.
 - Information about why something is not covered and what you can do about it.
6. We must support your right to make decisions about your care. This includes:
 - Having the right to know your treatment options and participate in decisions about your health care.
 - Having the right to give instructions about what is to be done if you are not able to make medical decisions for yourself.
7. You have the right to make complaints and to ask us to reconsider decisions we have made.
8. If you believe you are being treated unfairly or your rights are not being respected:

- If it is about discrimination, call the Office for Civil Rights at 1-800-368-1019 or TTY 1-800-537-7697, or call your local Office for Civil Rights.
- If you believe you have been treated unfairly or your rights have not been respected, and it's *not* about discrimination, you can get help dealing with the problem you are having:
 - You can call Member Relations at 1-866-901-8000 (TTY 711).
 - You can call the State Health Insurance Assistance Program, Apprise, at 1-800-783-7067.
 - Or, you can call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

You also have some responsibilities as a member of the plan. You are responsible to:

1. Get familiar with your covered services and the rules you must follow to get these covered services.
2. Tell us if you have any other health insurance coverage or prescription drug coverage in addition to our plan.
3. Tell your doctor and other healthcare providers that you are enrolled in our plan.
4. Help your doctors and other providers help you by giving them information, asking questions, and following through on your care.
5. Be considerate of your providers and respect the rights of other patients.
6. Pay what you owe for your Medicare coverage and the services you receive.
7. Tell us if you move.
8. Call Member Relations anytime at 1-866-901-8000 (TTY 711) for help if you have questions or concerns.

CMS-1450 Place of Service Indicators

The following table provides an overview of the Place of Service codes used on the CMS-1450 and their corresponding description.

Table 2: Place of Service Indicators

Place of service code	Description
11	Doctor's Office
12	Patient's Home
20	Urgent Care Center
21	Inpatient Hospital
22	Outpatient Hospital
23	Emergency Room
24	Ambulatory Surgical Center

25	Birthing Center
26	Military Treatment Facility
31	Skilled Nursing Facility
32	Nursing Facility
33	Custodial Care
34	Hospice
41	Ambulance – Land
42	Ambulance – Air or Water
51	Inpatient Psychiatric Facility
54	Intermediate Care Facility/ Mentally Retarded
61	Comprehensive Inpatient Rehabilitation Facility
62	Comprehensive Outpatient Rehabilitation Facility
65	End Stage Renal Disease Treatment Facility
71	State/Local Public Health Clinic
72	Rural Health Clinic
81	Independent Laboratory

Preventive Care Guidelines

All Health Partners Plans participating providers are expected to follow preventive health guidelines by taking an active role in the ongoing management of member care, including appropriate management of members with chronic conditions. Providers are also responsible for ensuring timely and age-appropriate preventive screenings as well as continuity and coordination of care across specialties and care settings. Visit us at www.HealthPartnersPlans.com for a full list of preventive guidelines and samples of Care/Preventive flow charts.

EPSDT Program Periodicity Schedule & Coding Matrix LEGEND

Pennsylvania's EPSDT program calls for the following to be included in the assessment: a comprehensive history and physical examination; counseling/anticipatory guidance/risk factor reduction interventions; age-appropriate nutritional counseling; the calculation of Body Mass Index (BMI); newborn metabolic/hemoglobin screening and follow-up; growth measurements and head circumference; an oral dental exam; blood lead (BL) risk assessment; blood pressure risk assessment; developmental and autism screenings; developmental surveillance; psychosocial/behavioral assessments; alcohol and drug use assessment; and the ordering of appropriate laboratory/diagnostic procedures as recommended by the current AAP guidelines. The EPSDT Periodicity Schedule can be found in the Providers area of the Health Partners Plans website at www.HealthPartnersPlans.com.

Newborn metabolic and hemoglobinopathy screenings should be done according to state law. According to AAP recommendations, newborn metabolic and hemoglobinopathy screenings should take place between newborn and 2 months of age.

Use CPT modifier -52 EPSDT Screening Services/Components Not Completed plus CPT code for standard testing method for objective vision/hearing testing, anemia, dyslipidemia, lead and tuberculin testing not completed. If a screening service/component is reported with modifier 52, the

provider must complete the screening service/component during the next screening opportunity according to the Periodicity Schedule.

Use CPT modifier-90 Reference Outside Lab plus CPT code when laboratory procedures are performed by a party other than the treating or reporting physician.

Dental Periodicity Schedule: Per the American Academy of Pediatric Dentistry, the first examination is recommended at the time of the eruption of the first tooth and no later than 12 months of age. Repeat every 6 months or as indicated by the child's risk status/susceptibility to disease. www.aapd.org/media/Policies_Guidelines/G_Periodicity.pdf. All children should be referred to a dental home for care; the YD referral code for Dental referrals is required for all complete EPSDT screens.

Initial measurement of hemoglobin or hematocrit is recommended between 9 and 12 months of age.

All sexually active patients should be screened for sexually transmitted infections (STI). All sexually active girls should have screening for cervical dysplasia as part of a pelvic examination beginning within 3 years of onset of sexual activity or age 21 (whichever comes first).

Procedure code 99431 and modifier EP are to be used for a newborn screen performed in the hospital, but not on the same day as hospital discharge.

* Procedure code 99435 and modifier EP are to be used for a newborn screen performed in the hospital on the same day as hospital discharge.

Provide at times noted, unless done previously.

* Developmental Surveillance is required for all periods, except when developmental screenings are required.

* All referrals to a dental home must be reported using the YD referral code.