



New Provider Orientation

2016

Agenda

- Introduction to Health Partners Plans
- Lines of Business
- Lab and Other Benefit Carriers
- Online Tools (Website, HP Connect , HP Insider & HPP University, NaviNet, member care gap reports)
- Member Identification Cards
- Referral Process
- Key Departments and Services
(Claims, EFT, Utilization and Healthcare Mgmt.)
- Provider Practice Information
- Cultural Competency
- Special Needs
- Member Rights and Responsibilities
- Plan Contacts and Resources
- Questions

Introduction

Founded in 1984, Health Partners Plans is an award-winning, not-for-profit Pennsylvania licensed managed care organization (MCO) providing comprehensive healthcare coverage to individuals and families living in the Bucks, Chester, Delaware, Montgomery and Philadelphia counties.

Founded by four local teaching hospitals that were committed to offering residents of their surrounding communities coordinated quality health care services.

Today, we are owned by 5 local hospitals:

- Aria Health
- Einstein Medical Center
- Hahnemann University Hospital
- St. Christopher's Hospital for Children
- Temple University Hospital

Lines of Business

Health Partners (Medicaid)

Provides free health coverage for children, teens, and adults who qualify. Members are eligible for all benefits covered under the Pennsylvania Department of Human Services (DHS) Medical Assistance Program

KidzPartners (CHIP)

Provides health coverage for uninsured children and teens up to age 19 who qualify and are not eligible for Medical Assistance. Members are eligible for all benefits covered under the Pennsylvania Insurance Department (PID)

Health Partners Medicare (Medicare Advantage)

Provides health coverage for Original Medicare (Part A & Part B), Part C (Medicare Advantage) and Part D (prescription drug coverage). Members are eligible for all benefits covered under the Department of Centers for Medicare & Medicaid Services (CMS)

Lab and Other Benefit Carriers

Lab – All members for all lines of business are capitated to QUEST DIAGNOSTICS

Dental Carrier – All lines of business: Avesis – 1-800-952-6674

Vision Carrier – All lines of business: Superior Vision – 1-800-879-6901

Behavioral Health

- ***Health Partners (Medicaid)***

- Philadelphia County - Community Behavioral Health (CBH) 215-413-3100
or 1-888-545-2600

- Bucks County – Magellan Behavioral Health 1-877-769-9784

- Chester County – Community Care Behavioral Health (Provider) 1-888-251-2224

- Delaware County – Magellan 1-888-207-2911

- Montgomery County – Magellan 1-877-769-9782

- ***KidzPartners (CHIP)*** – Magellan Behavioral Health 1-800-424-3702

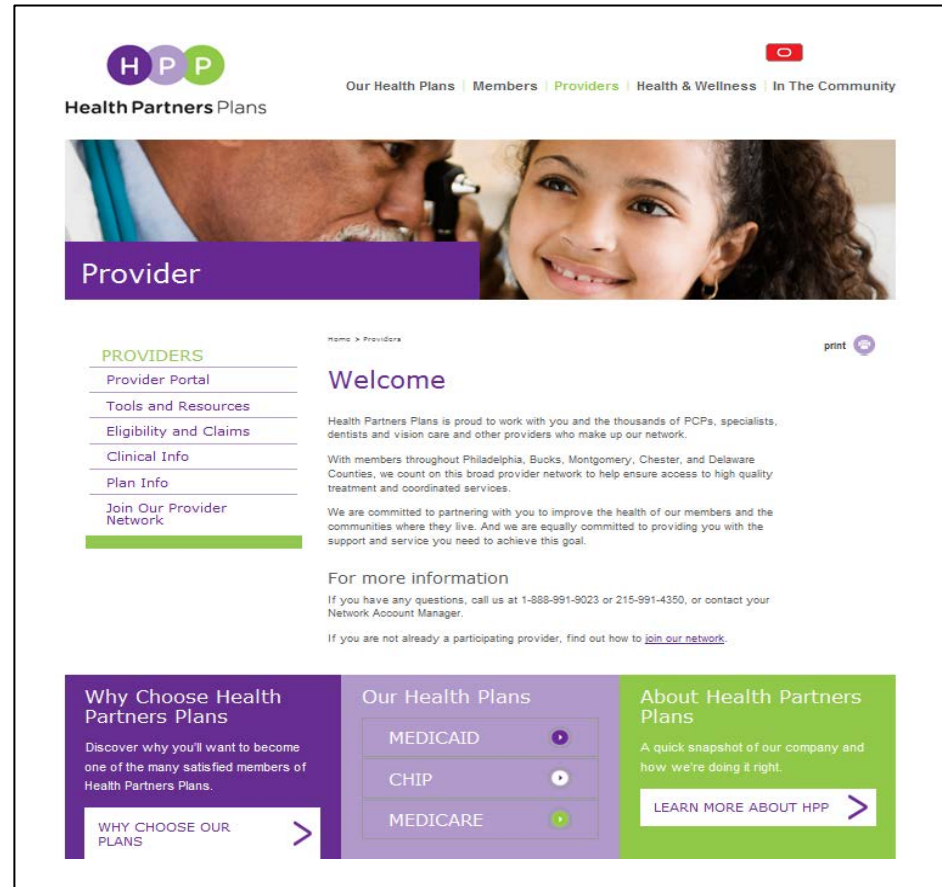
- ***Health Partners Medicare*** – Magellan Behavioral Health 1-800-424-3702

Provider Landing Page

www.healthpartnersplans.com/providers

Website offers access to:

- HP Connect
- HPP University
- NaviNet
- Online directory
- Provider manual
- Online formulary
- Clinical information
- Provider newsletter and much more....



The screenshot displays the provider landing page for Health Partners Plans. At the top, the HPP logo is on the left, and navigation links for 'Our Health Plans', 'Members', 'Providers', 'Health & Wellness', and 'In The Community' are on the right. A navigation bar below the logo contains 'Home > Providers'. A large banner image shows a doctor examining a young girl's ear, with a purple 'Provider' label overlaid on the left. Below the banner is a 'PROVIDERS' sidebar menu with links: 'Provider Portal', 'Tools and Resources', 'Eligibility and Claims', 'Clinical Info', 'Plan Info', and 'Join Our Provider Network'. The main content area features a 'Welcome' section with introductory text and contact information. At the bottom, there are three promotional boxes: 'Why Choose Health Partners Plans', 'Our Health Plans' (listing Medicaid, CHIP, and Medicare), and 'About Health Partners Plans' with a 'LEARN MORE ABOUT HPP' button.

NaviNet

What is NaviNet?

NaviNet is a real-time healthcare communication network that securely links providers nationwide through a single website to promote engagement, efficiency and patient satisfaction.

Provider Portal address: *<https://connect.navinet.net>*

NaviNet

- NaviNet currently provides you with the ability to check member eligibility, member benefits, and the status of claims.
- We have also implemented a new NaviNet tool: the **Chronic Care Management Program (CCMP)**.
 - This tool allows HPP to communicate with your office about chronically ill members who have at least one chronic condition (according to diagnosis codes received on previous claims) and provides you with lists of chronically ill HPP members within your panel.

HP Connect

www.healthpartnersplans.com

Our provider portal, HP Connect, offers convenient and secure access to important information 24 hours a day.

This online resource enables you to:

- Check member eligibility
- Access claims information
- Request claims reconsiderations
- Panel rosters
- Care gap reports

Register by requesting setup through a current HP Connect administrator for your organization.

HP Insider

With HP Insider, our free email service, it's easy to get the right information to the right person in your practice. There's no limit to how many in your practice can sign up for a personal HP Insider account.

- HP Insider, our preferred method of communication helps you keep all Health Partners Plans information in one place, in your own email file.
- Choose only the topics that apply to your role
- Get important news sooner than by regular mail
- Revise your personal profile anytime
- Cancel service if you're not satisfied

To register, visit:

www.healthpartnersplans.com/providers/resources/hp-insider-sign-up

HPP University

- Health Partners Plans University is a series of online educational offerings targeted to the needs of various HPP audiences.
- You can explore interactive presentations designed specifically for HPP providers. Your colleagues and practice staff can also take advantage of these online learning opportunities.

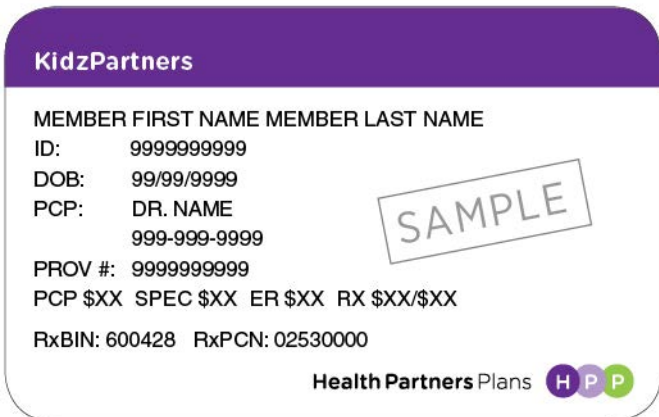
To visit, go to:

<http://www.healthpartnersplans.com/providers/resources/hpp-university>

Identification Cards



**Health Partners
(Medicaid)**
(9 digit ID Number)



**KidzPartners
(CHIP)**
(10 digit ID Number)

Identification Cards

Health Partners Medicare

Basic (HMO)

MEMBER FIRST NAME LAST NAME
ID: 5000000
DOB: 00/00/0000
PCP: DR. FIRST NAME LAST NAME
999-999-9999
PROV#: 00000XX000000
PCP \$ 0 SPEC \$ 50 ER \$ 65
RxBIN: 012353 RxPCN: 05650000

SAMPLE

H P P

Health Partners Plans

Health Partners Medicare

Special (HMO SNP)

MEMBER FIRST NAME LAST NAME
ID: 5000000
DOB: 00/00/0000
PCP: DR. FIRST NAME LAST NAME
999-999-9999
PROV#: 00000XX000000
COPAY/COINSURANCE/DEDUCTIBLE MAY APPLY
RxBIN: 012353 RxPCN: 05650000

MedicareRx
Prescription Drug Coverage X

SAMPLE

H P P

Health Partners Plans

Health Partners Medicare

Prime (HMO)

MEMBER FIRST NAME LAST NAME
ID: 5000000
DOB: 00/00/0000
PCP: DR. FIRST NAME LAST NAME
999-999-9999
PROV#: 00000XX000000
PCP \$ 0 SPEC \$ 50 ER \$ 75
RxBIN: 012353 RxPCN: 05650000

MedicareRx
Prescription Drug Coverage X

SAMPLE

H P P

Health Partners Plans

Health Partners Medicare

PrimePlus (HMO)

MEMBER FIRST NAME LAST NAME
ID: 5000000
DOB: 00/00/0000
PCP: DR. FIRST NAME LAST NAME
999-999-9999
PROV#: 00000XX000000
PCP \$ 0 SPEC \$ 35 ER \$ 65
RxBIN: 012353 RxPCN: 05650000

MedicareRx
Prescription Drug Coverage X

SAMPLE

H P P

Health Partners Plans

Health Partners (Medicare)
(7 digit ID Number)

Referrals

While referrals to specialists are not required, we consider the Primary Care Provider (PCP) to be the gatekeeper of care.

When coordinating care, the PCP should direct the member to a specialist who the PCP believes can best assist with the care needed. In return, it is extremely important for specialists to continue to keep a patient's assigned PCP informed of all care they render to the patient.

Claims Filing Instructions

Mailing: Health Partners (Medicaid/Medicare/KidzPartners)

Health Partners Plans

P.O. Box 1230

Philadelphia, PA 19105-1220

Electronic:

Payer ID Number: 80142 For all Lines of Business

Claims Clearing House: Emdeon Transaction Services

For EDI Support – EDI@hpplans.com

Timely filing deadlines:

Initial Submissions: 180-days from Date of Service or Discharge Date

Reconsiderations: 180-days from HPP's original Explanation of Payment (EOP)

TPL: 60-days from (EOP)

Claims Reconsideration

Providers can request a reconsideration determination for a claim that a provider believes was paid incorrectly or denied inappropriately.

Three options to request a reconsideration of a claim:

1. Submit requests through the provider portal, HP Connect.
2. Rapid Reconsideration – Call to speak with a claims reconsideration specialist who can reprocess a claim (or confirm a denial) – Monday to Friday, 8:00 am to 5:00 pm, by calling **888-991-9023** – Option #7.
3. Submit written requests for claim reconsiderations to:

Health Partners Plans

Attention: Claim Reconsiderations Department

901 Market Street, Suite 500

Philadelphia, PA 19107

Electronic Funds Transfer

Health Partners Plans has partnered with InstaMed to offer our providers its free payer payments solution to deliver integrated Electronic Remittance Advice (ERA) and Electronic Funds Transfer (EFT).

There are two ways to Register for ERA/EFT:

1. Visit InstaMed's website and register online at www.instamed.com.
2. Contact InstaMed directly by phone or email to obtain the proper forms needed for registration.

1.866.467.8263

support@instamed.com

Utilization Management

Prior Authorizations

Contact: (866) 500-4571

Services requiring prior authorization include but are not limited to:

- All elective inpatient admissions
- Inpatient acute rehabilitation stays
- Inpatient skilled nursing facility stays
- Transplants
- Cosmetic surgery
- Outpatient rehab services (PT/OT/ST) (eviCore Healthcare)
- Home Care

Utilization Management

Services requiring prior authorization include but are not limited to:

- CT, MRI and PET scans (MedSolutions)
- Covered durable medical equipment exceeding \$500 per line item
- Durable medical equipment rentals
- Non-emergent transportation
- Home infusion therapy and injectables
- For CHIP members, prior authorization is also needed for Short Procedure Unit services
- All non-participating provider services

Optum HealthCare Solutions

- **Health Partners Plans** requires chemotherapy cancer treatment preauthorization.
- Through Optum's arrangement with **eviti, Inc.**, you have access to an advanced oncology decision-support platform called **eviti/Connect**.
- **eviti/Connect** provides the basis for Health Partners Plans' new streamlined process for the prior authorization of chemotherapy cancer treatments for our members in Medicare and Medicaid.

Healthcare Management

- Ensures our members receive high quality care
- Provides programs through the following units:

Special Needs Unit

- Provides case management that focuses on both long-term and short-term goals that help members who require extra assistance getting care for their illnesses, disabilities, or other special needs

Baby Partners

- Helps assure that our pregnant members stay healthy and have healthy babies.
- Helps our members learn more about how their baby develops and the care needed by mother and baby along the way

Healthcare Management

EPSDT Department

- Provides case management services to our members up to age 21 ensuring that they obtain all proper aged based office visits and vaccines according to the EPSDT Periodicity Schedule

Care Navigation Unit

- Designed to monitor, case manage and educate members who are enrolled in our Medicare Special Plan

Healthier You Disease Management

- Designed for members who have conditions that may require care coordination
- Conditions include asthma, diabetes, COPD, heart disease, weight management and those with comorbidities or complex conditions

Contact: **(866) 500-4571**

Access, Appointment Standards and Telephone Availability

Provider Access and Appointment Standards Criteria	PCP	Specialist
Routine Office Visits	Within 7 days	Within 10 Days
Routine Physical	Within 3 weeks	N/A
Preventive Care	Within 3 weeks	N/A
Urgent Care	Within 24 hours	Within 24 hours of referral
Emergency Care	Immediately and/or refer to ER	Immediately upon referral
First Newborn Visit	Within 2 weeks	N/A
Patient with HIV Infection	Within 7 days of enrollment for any member known to be HIV positive unless the member is already in active care with a PCP or specialist regarding HIV status	

Access, Appointment Standards and Telephone Availability – Continued

Provider Access and Appointment Standards Criteria	PCP	Specialist
EPSDT	Within 45 days of enrollment unless the member is already under the care of a PCP and the member is current with screenings and immunizations	N/A
SSI Recipient	Within 45 days of enrollment unless the enrollee is already in active care with a PCP/specialist	N/A
Office Wait Time	30 minutes, or up to one hour if urgent situation arises	30 minutes, or up to one hour if urgent situation arises
Weekly Office Hours	At least 20 hours per site	At least 20 hours per site
Maximum Appointment per Hour	6	N/A

All PCPs must be available to members for consultation regarding an emergency medical condition 24 hours a day, seven days a week.

Members with Special Needs

Treating individuals with disabilities

Our Special Needs Unit (SNU) serves as a link between members, physicians, agencies, community services and Health Partners Plans.

Case management activities focus on both long-term and short-term goals that help members who require extra assistance getting care for their illnesses, disabilities, or other special needs to achieve and maintain the maximum benefit from their medical treatment plan.

Members with Special Needs

Referrals to the SNU are accepted from all sources including primary care physicians, community and hospital social workers, discharge planners and members themselves. SNU staff is available to help address specific needs of our member population.

Special needs sensitivity

For those with hearing disabilities or language barriers, interpreters should be considered as an option to minimize or eliminate any potential miscommunication between provider and patient.

Members with Special Needs

It is required that all members have access to quality health care and we rely on our providers to ensure that our members have barrier-free access to our quality network.

Our SNU can be reached at 215-967-4690 for any guidance or assistance in locating interpreter services.

Cultural and Linguistic Requirements and services

Low English proficiency, also known as limited English proficiency or **LEP**, affects more than 23 million Americans. Research has found that people with LEP encounter barriers to quality health care and are less likely to see their PCP, seek preventive care or use public health services.

They are more likely to seek care in the ER, and receive far fewer services once seen in the ER than English-speaking patients.

Cultural and Linguistic Requirements and services

Providing adequate interpreter and translation services to people seeking care is mandated by Federal law. These mandates are found in Title VI of the Civil Rights Act of 1964, Title I & II of the Americans with Disabilities Act, and PA Code Title 55. Every patient with LEP is entitled to professional interpretation and translation services.

For medical appointments, **family members should never be used to interpret, nor should untrained office staff who are bilingual.**

Cultural and Linguistic Requirements and Services

Professional interpretation and translation services are necessary to ensure that patients are provided with quality care that they can understand, question and engage with their doctor.

If you would like information on where your staff can receive training to become a certified medical interpreter or in scheduling interpreter services for your patients, contact our Special Needs Unit at **215-967-4690**.

Members 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 take an active part in decisions about their healthcare and/or care plan without feeling as though Health Partners Plans or its providers are restraining, secluding or retaliating against them.

Members Rights and Responsibilities

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 Plans, the Coverage, Benefits, Services, and Copayments provided to you by Health Partners Plans, 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.

Members Rights and Responsibilities

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.

Members Rights and Responsibilities

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.

Members Rights and Responsibilities

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 plan is unable to provide the needed services.

Members Rights and Responsibilities

Medical services covered under your 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.

Members Rights and Responsibilities

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.

Members Rights and Responsibilities

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 Rights

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.

Health Partners & KidzPartners

Member Rights

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.

Health Partners & KidzPartners Member Rights

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.

Practice Changes

The Network Management Department must be immediately notified in writing when any of the following occurs:

- Additions/deletions of providers
- Change in payee information
- Change in hours of operation
- Provider practice name change
- Change in practice ownership
- Telephone number change
- Site relocation
- Change in patient age restrictions
- Tax ID change (must be accompanied by W9)

Please send all updates to credentialing@hpplans.com
or fax to 215.967.4473

Plan Contacts and resources

General inquires and eligibility – 24hr Helpline

1.888.991.9023

Claims inquires and claims reconsiderations

1.888.991.9023 Prompt 7

Authorizations – utilization management

1.866.500.4571

Radiology authorizations – MedSolutions

1.888.693.3211

Instamed – electronic funds transfer and remittance advice

1.866.467.8263

Plan Contacts and resources

Provider Landing Page

<http://www.healthpartnersplans.com/providers>

Provider Manual

<http://www.healthpartnersplans.com/providers/resources/provider-manual>

HP Connect (Provider Portal)

<http://www.healthpartnersplans.com/providers/provider-portal>

Health Partners Plans University

<http://www.healthpartnersplans.com/providers/resources/hpp-university>

Provider Directory

<http://www.healthpartnersplans.com/providers/resources/provider-directory>

Online Formulary

<http://www.healthpartnersplans.com/providers/resources/formulary>

InstaMed

<http://www.instamed.com/hcpa/>

In Closing

Thank you for your participation in the Health Partners Plans Provider Network and for your commitment to our members health care needs!