

Health Matters

FALL 2018



Health Partners Plans

Another Excellent Year!



Health Partners Plans (HPP) is very proud that we have been named the #1-rated Medicaid plan in Pennsylvania.

This rating comes from the National Committee for Quality Assurance (NCQA), one of the nation's top organizations dedicated to improving health care quality. NCQA also rated HPP as the #1 Pennsylvania Medicaid plan for preventive care for its 2018–2019 Medicaid Health Insurance Plan Ratings. The preventive care recognition is based on how well we serve you with screenings, immunizations and other preventive services.

But there's more! As of September 12, 2018, NCQA has awarded Health Partners (Medicaid) an accreditation status of Excellent. That's the highest status a plan can receive. Health Partners is the only Medicaid plan in Pennsylvania, and among only eight Medicaid plans in the entire country, to be rated Excellent.

NCQA only awards its Excellent status to health plans with exceptional service and the best programs. We're proud to be rated #1 and Excellent by NCQA because it means we're giving you the high-quality health care you deserve, and we hope you're proud too.



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There's More Online!



Visit **HPPlans.com** to learn more about your benefits, including fitness center memberships and the convenience of talking to a doctor by phone or video for free through Teladoc®. Our member handbook, previous issues of our member newsletters and much more are there for you. Use the member portal (HP Connect) to view your personal health care information, including claims. You can order a new ID card, change your primary care provider (PCP) and ask a question via secure email. At our other member portal (HPP Rewards), you can earn rewards points by completing healthy activities, and redeem your points for healthy items and other home goods. Here are just a few of the FAQs that are answered on our website.

- What is a PCP? How do I get one?
- How do I see a specialist or get a second opinion?
- How do I get other health care, such as hospital services and behavioral health services?
- How can I obtain information about participating doctors and other practitioners?
- Where can I learn about covered and non-covered services?
- When and how can I access emergency care or use 911 services?
- How am I covered if I'm outside Health Partners Plans (HPP) service area?
- How can Health Partners (Medicaid) help improve my health?
- What services require a copay?
- What if I need care after normal business hours?
- What are the health care guidelines that HPP want me to know about?
- Benefit restrictions that apply to services obtained outside the organization's system or service area.
- How can HPP arrange an interpreter to come to my doctor's appointments?
- What should I do if I receive a bill? How can I submit a claim for covered services?
- How can I make a complaint?
- How does HPP decide about covering new kinds of health services?
- What can I do if I have questions or disagree with a coverage decision?
- What other information is available about HPP?

If you don't have access to the internet, we can help. Our 24/7 Member Relations department is always ready to answer questions about benefits and services and how to use your health plan. We can also mail you the information you need. Call **1-800-553-0784 (TTY/PA RELAY 711)** at any time.

3 Important Women's Health Screenings



Women make the majority of the health care decisions and are more likely to be the primary caregiver for the family. But you can't help others if you don't take care of yourself. Your benefits cover three very important medical screenings to help you stay healthy.

1. Mammogram: Mammograms are the best way to find and treat breast cancer early. According to the American Cancer Society, women ages 45 to 54 should get mammograms every year, and women 55 and older should switch to mammograms every two years or continue with yearly screenings. Ask your doctor if you need to start testing earlier or more often based on your own health history.

2. Pap test: Women should receive regular pap tests to

detect abnormal changes in the cervical cells that may lead to cervical cancer beginning at age 21, according to current guidelines from the National Cancer Institute. Women ages 21 to 29 should have this test at least every three years. At age 30, the HPV test, which tests for the human papillomavirus (HPV), can be added to the screening schedule, which would allow testing every five years (if normal) compared to every 3 years for the pap test alone. There is a link between HPV and increased risk for cervical cancer. Ask your doctor if you need to have this test more often. At age 65, ask your doctor if this test is still needed.

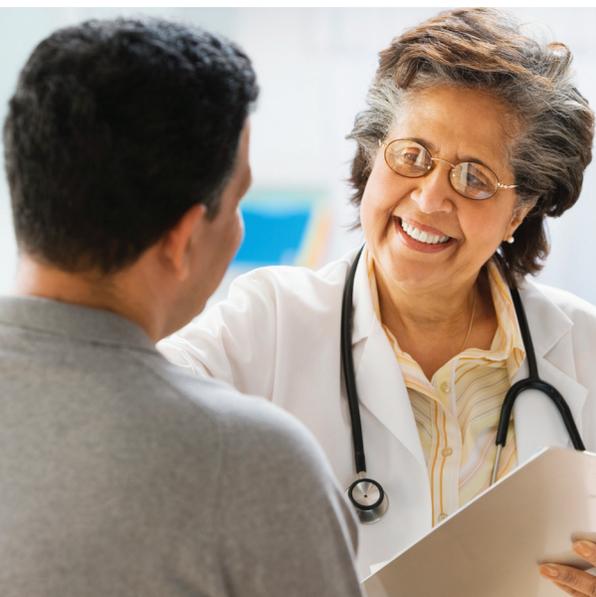
3. Chlamydia screening: Chlamydia is a sexually transmitted disease that usually has very mild symptoms or none at all. If left untreated, it can harm your reproductive organs and make it difficult to get pregnant. Sexually active women under 25 should be tested every year.

Women can go to a participating OB/GYN for a pap test and pelvic exam and to get a prescription for a mammogram. You do not need a referral for any OB/GYN visits. Talk to your doctor to see if you are due for any of these important tests.



Achieve Your Health Goals with HPP

Health Partners Plans has clinical programs in place, staffed by social workers, nurses and outreach staff who coordinate your care in partnership with your health care practitioner. The goal of our programs is to assist you to achieve your health care goals and to progress to self-management of your chronic condition. To take part in this benefit you or your caretaker can call **1-866-500-4571 (PA/RELAY TTY 711)** and press #1.



More information about the clinical programs that are available to you is on **HPPlans.com**. These programs include:

- Baby Partners for members who are pregnant or new moms
- Fit Kids for children and teens who need help with weight management
- Care management for members with chronic health problems such as asthma, diabetes and heart disease
- HPP Rewards for Health Partners (Medicaid) members. Earn reward points by completing healthy activities and access health and wellness self-management tools for healthy living.
- Wellness Partners for members who want a happier approach to a healthy lifestyle. Wellness Partners events are at no cost and are open to the public. Bring a guest, there's enough wellness to go around!

How to Transition to Adult Care

As you become a young adult, your responsibilities increase, you become more independent and you need to learn how to take care of yourself. The first step in taking a more active role in your health care decisions is transitioning from a pediatrician to an adult primary care provider (PCP), such as a family medicine physician or an internist. Your pediatrician can assist you in finding a PCP who meets your specific needs. Your family and friends might have a recommendation, too. If you need assistance transitioning to an adult care provider, please call our HPP's Healthy Kids team at **215-967-4690 (TTY/PA RELAY 711)** and press #1.



Understand **Your Rx Benefits**

Visit [HPPlans.com/formulary](https://www.hppplans.com/formulary) to learn about your pharmacy benefit. There you can find our drug list (formulary), restrictions, prior authorizations, quantity and age limits, and more. You will also find an explanation of the limits or quotas and how your doctor can provide information to support an exception request. In addition, you will learn about generic substitution and step-therapy protocols. **HPPlans.com** will also answer questions, such as “What is a generic substitution?,” “What is a prior authorization or exception request?,” “How do I use the pharmacy benefit?” and more.



Specialty medications are prescription drugs that require special handling, administration or monitoring. If you have been prescribed a specialty medication, please talk to your doctor about submitting a prior authorization request on your behalf. Health Partners Plans uses a network of specialty pharmacies to coordinate the delivery of specialty medications. If you have questions, call our Member Relations at **1-800-553-0784 (TTY/PA RELAY 711)**.

What's **Utilization Management?**

Utilization Management (UM) is how health plans make sure members get the right care at the right time. “More” doesn’t always mean “better” when it comes to health care. UM helps prevent overtreatment. On the other hand, patients sometimes have trouble getting the care they need. That’s why UM works to make sure members have access to treatment and preventive services. Health Partners Plans (HPP) never offers incentives to reduce or deny access to needed care. HPP utilization management decisions are based only on the appropriateness of care and existence of coverage. We do not reward doctors or other individuals for encouraging you to not seek treatment and service. The HPP medical program description, policies and provider contracts do not contain language indicating improper utilization incentive programs.

You can contact our UM staff to discuss the UM process and authorization of care by calling Member Relations at **1-800-553-0784 (TTY/PA RELAY 711)**. HPP can also provide language interpretation services, free of charge, through bilingual staff or an interpreter.

Abuse and Opioid Addiction



Pennsylvania is number four in the U.S. for drug overdose deaths.¹ Victims of abuse are at high risk for drug use and death. An abuser might keep a victim from getting help. If help is found it might be refused if a victim:



- seeks shelter or other help while on drugs
- is hard to work with due to drug use²
- does not show up at appointments
- does not take prescribed medicine
- returns to using drugs.

An abuser may introduce and keep a victim addicted to drugs to control them. They may also keep drugs from their victim once addicted³ to punish them. Victims may fear worse abuse if they do not use drugs or obey the abuser. Drug use may mean the victim cannot work in order to move out or buy things they need or want. An abuser may keep a victim on drugs to justify their abuse. As a result the victim may be labeled crazy. An abuser may also keep a victim on drugs and sell the victim for sex or other work. They may risk losing custody of a child to their abuser.⁴

Being a victim of abuse is traumatic even if the abuse was in the past. Victims may use drugs to cope with emotional or physical pain related to abuse. The abuser may not allow the victim to attend a Narcotics Anonymous meeting. If able to go to a meeting they may fear seeing their abuser or people who will tell their abuser they were there⁵ and risk more abuse, relapse or death.

Victims of abuse who use drugs can receive domestic violence services at a local PCADV program. To find the program nearest you visit <http://pcadv.org> and use the Find Help map on the home page.

To reach the National Domestic Violence Hotline, call **1-800-799-SAFE (7233)**. For **TTY 1-800-787-3224**.

A teen may call the National Dating Abuse Helpline to talk to a teen or adult: **1-866-331-9474 [TTY 1-866-331-8453]** or visit the websites: <http://www.loveisrespect.org/> and <http://www.thatsnotcool.com/>.

References

1. Rich Lord, *CDC: Pennsylvania among four states hardest hit by overdoses*, Pittsburgh Post-Gazette, Dec. 21, 2017, <http://www.post-gazette.com/news/health/2017/12/21/CDC-releases-opioid-overdoses-deaths-data-figures-surge-fentanyl/stories/201712210100>
2. Carole Warshaw, MD, Rachel White-Domain, JD, *How Gender Stereotypes and Stigma Associated with Mental Health and Substance Use Impact Survivors of Domestic Violence & Sexual Assault*, National Center on Domestic Violence Trauma and Mental Health, December 2014.
3. *Id.*
4. PCADV. *Domestic violence and the opioid crisis*, The Jurist, July 2018. https://mailchi.mp/a3637083b48a/news-for-judges-about-domestic-violence-1319813?e=9c997b02bd#_ftn4
5. *Medication and Counseling Treatment*, Substance Abuse and Mental Health Services Administration, Rockville, MD, September 28, 2015, <https://www.samhsa.gov/medication-assisted-treatment/treatment#medications-used-in-mat>

Your Rights and Responsibilities



As a member, you have the right to know your rights and responsibilities. These rights include getting information in a way you can understand, being treated with respect and making decisions about your health care. Exercising these rights will not negatively affect the way you are treated by Health Partners Plans (HPP), its participating providers or any state agencies. When making your health care decisions, you have the right to feel that HPP is not restraining, isolating, bullying, punishing or retaliating against you. For more information, please refer to your member handbook available online at **HPPlans.com**. You can request a physical copy of the member handbook by calling Member Relations at **1-800-553-0784 (TTY/PA RELAY 711)**.

Help with SSI from Human Arc

Did you know that the Federal Social Security Office provides Supplemental Security Income (SSI) to people with disabilities? Health Partners Plans wants to make sure our members receive the government benefits to which they are entitled. The process for applying for SSI can be lengthy and confusing. That's why we partner with Human Arc to assist our members in the process. Human Arc will work with you to determine your eligibility, submit the application and follow up on any denials until all appeals are exhausted.

For adults over the age of 18, a disability is defined as a physical or mental impairment that

- results in the inability to do any substantial gainful activity,
- can be expected to result in death,
- has lasted or can be expected to last for a continuous period of not less than 12 months.

For children under the age of 18, a disability is defined as a physical or mental impairment that

- results in marked and severe functional limitations,
- can be expected to result in death,
- has lasted or can be expected to last for a continuous period of not less than 12 months.

Working with an advocate from Human Arc is one of your plan benefits and is provided at no cost to you. If you would like to be connected with a representative from Human Arc, please call our Clinical Connections team at **1-866-500-4571 (PA/RELAY TTY 711)**.



Why WIC Works For You: Military Families



WIC has great benefits for all military families *including families moving overseas*. WIC offers an Overseas Program to civilian employees, Department of Defense contractors, family members and members of the uniformed services. Eligibility for the overseas program is the same as the Stateside WIC program! WIC Overseas counselors will determine your eligibility at the first appointment and once your family is certified by a counselor, you can enroll in the program. Visit www.tricare.mil/wic to learn more.

Stateside? All you need to do is set up an appointment using www.pawic.com and WIC counselors will take care of the rest!

The WIC program offers nutritious food, tips on how to prepare a balanced meal, nutrition and health screenings and provides other resources to help you and your family lead healthier lives. No matter where your military family is, let us evaluate your eligibility and help keep your family healthy!

To see if you are eligible for the WIC Program or to make an appointment, visit www.pawic.com or call **1-800-WIC-WINS**.



Making Sure You **Get the Right Care**



Health Partners Plans (HPP) has a Quality Management (QM) program in place to ensure that our members receive safe, effective, timely and patient-centered clinical care. Throughout the year, we monitor the delivery of health care for our members and conduct annual evaluations to determine if we are meeting goals. This information is used to determine steps for improvement and to establish new goals for the coming year.

Visit **HPPlans.com** to access QM resources, including the results of our most recent member satisfaction survey, HEDIS rates summary, and QM program goals and accomplishments.

Getting **Out-of-Network** Care



If a necessary and covered service is not available in network, Health Partners Plans (HPP) will cover the service out of network. Ask your primary care provider to contact HPP and request a prior authorization for the out-of-network services. HPP will check to make sure there is not another participating provider in your area who can give you the same type of treatment. If HPP cannot give you a choice of at least two participating providers in your area, HPP will cover the treatment by the out-of-network provider and issue a prior authorization for the service.

Read Our Notice of **Privacy Practices**



Health Partners (Medicaid) is committed to maintaining and protecting the confidentiality of our members' protected health information. When you first became a member, we sent you a Notice of Privacy Practices. This meets the requirements of federal regulations governing the privacy of your protected health information, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The Notice explained how we use and disclose your health information in the process of providing you with medical care, and how you can access this information.

To obtain the current version of our Notice of Privacy Practices, please call Member Relations at **1-800-553-0784 (TTY/PA RELAY 711)**, email **PrivacyOfficial@HPPlans.com** or visit **HPPlans.com/privacy-practices**. You can call 24 hours a day, seven days a week.



Health Partners Plans

Discrimination is Against the Law

Health Partners (Medicaid) and KidzPartners comply with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation. Health Partners (Medicaid) and KidzPartners do not exclude people or treat them differently because of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation.

Health Partners (Medicaid) and KidzPartners provide free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Health Partners (Medicaid) and KidzPartners provide free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Member Services at 1-888-477-9800 (TTY/PA RELAY: 711).

If you believe that Health Partners (Medicaid) and KidzPartners have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation, you can file a complaint with:

Health Partners Plans
Attn: Complaints, Grievances & Appeals Unit
901 Market Street, Suite 500
Philadelphia, PA 19107
1-888-477-9800 (TTY/PA RELAY: 711)
Fax: 1-215-991-4105

The Bureau of Equal Opportunity,
Room 223, Health and Welfare Building,
P.O. Box 2675,
Harrisburg, PA 17105-2675,
Phone: (717) 787-1127, TTY/PA RELAY: 711,
Fax: (717) 772-4366, or
Email: RA-PWBEOAO@pa.gov

You can file a complaint in person or by mail, fax, or email. If you need help filing a complaint, Health Partners (Medicaid) and KidzPartners and the Bureau of Equal Opportunity are available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone:

U.S. Department of Health and Human Services
200 Independence Avenue SW.
Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/oct/office/file/index.html>

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call: 1-888-477-9800 (TTY/PA RELAY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-477-9800 (TTY/Servicio de retransmisión de PA: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-477-9800 (телетайп/PA RELAY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-888-477-9800 (TTY/PA RELAY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-477-9800 (TTY/PA RELAY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-477-9800-1 (رقم هاتف الصم والبكم: 1-888-477-9800).

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-888-477-9800 (टिटीवाइ/PA RELAY: 711) ।

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-477-9800 (TTY/PA RELAY: 711) 번으로 전화해 주십시오.

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-888-477-9800 (TTY/PA RELAY: 711)។

ATTENTION :Si vous parlez français, des services d'aide linguistique vous sont proposes gratuitement. Appelez le 1-888-477-9800 (ATS/PA RELAY : 711).

သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 1-888-477-9800 (TTY 711) သို့ ခေါ်ဆိုပါ။

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-888-477-9800 (TTY/PA RELAY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-888-477-9800 (TTY/PA RELAY: 711).

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 1-888-477-9800 (TTY/PA RELAY: 711)।

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-888-477-9800 (TTY/PA RELAY: 711).

सुचना: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-888-477-9800 (TTY/PA RELAY: 711).