

Provider Check Up

Partner^{up}
with Health Partners Plans!

HPP Participating Providers Newsletter | FALL 2020

How to Help Patients Know When to Stop Medications

Health Partners Plans encourages providers to talk with their patients about all of the medications they take and when it's appropriate to stop taking them.



1. Set expectations about how long patients should take the medication.

Talk with your patients about how long they may need to take a medication. Help them understand if they need to take the medication for a set time (like an antibiotic) or long-term.

Best Practice: *Remind your patients to bring a list of all medications to each doctor's visit. Discuss how long they should take each medication and determine if some medications can be stopped.*

2. Stop for the right reason.

Has the medication worked as intended? Have symptoms resolved? Are there any negative side effects? Has your patient experienced any problems taking the medication?

Best Practice: *Remind your patients to bring a list of all medications to each doctor's visit. Discuss how long they should take each medication and determine if some medications can be stopped.*

3. Ask your patients if they have experienced any side effects.

Explain what happens if they suddenly stop taking medications. For example, some antidepressants may cause anxiety, dizziness and fatigue.

Best Practice: *Ask your patients how they feel while taking these medicines. An alternative medicine may be available if they are experiencing negative side effects. Make sure your patients understand any risks associated with stopping medications and that they should never make this decision without consulting you.*

4. Educate patients about the risks of stopping too quickly.

It's very common for people to stop taking an antibiotic before "completing the course" or to stop taking a medication altogether.

Best Practice: *Talk with patients about the impact of stopping a medication early, including negative side effects and health outcomes, and about the dosage of their medications and how often should they be taking them.*

Sources:

- Statin side effects: Weigh the benefits and risks. Mayo Clinic. October 2018. Accessed August 14, 2020 at <https://www.drugs.com/mca/statin-side-effects-weigh-the-benefits-and-risks>
- Tartakovsky M. Discontinuing Psychiatric Medications: What You Need to Know. Oct. 2018. PsychCentral. Accessed August 14, 2020 at <https://psychcentral.com/lib/discontinuing-psychiatric-medications-what-you-need-to-know/>
- Howland RH. Potential adverse effects of discontinuing psychotropic drugs. Part 3: Antipsychotic, dopaminergic, and mood-stabilizing drugs. J Psychosoc Nurs Ment Health Serv. 2010;48:11-4. Accessed August 14, 2020 at <https://pubmed.ncbi.nlm.nih.gov/20669865/>

Training Reminders

Health Partners Medicare Special (D-SNP) Model of Care Provider Training

If you are a provider with one or more Health Partners Medicare Special (D-SNP) members assigned to your practice, at least one person from your staff who is involved in the care of a DNSP member must complete the annual D-SNP Model of Care training module. This training is required by the Centers for Medicare & Medicaid Services (CMS).

The training is available through the online HPP University at hpplans.com/2020moc. The course will take approximately 10 minutes to complete. Please have a member of your staff complete the training by October 31.



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Register now for an upcoming quarterly provider orientation and training for new and existing providers.

Quarterly Orientation and Training

Each year, HPP providers must participate in provider orientation. This training is offered once each quarter. In addition to the live quarterly webinar, there are two alternative methods for completing the required training:

- Request a face-to-face training by emailing providereducation@hpplans.com.
- Download an electronic copy of the 2020 training to review with your staff. Simply review the information, complete the attestation and click “submit” to complete the requirement by December 31, 2020.

Recent Webinars

Explore these additional interactive presentations designed specifically for our providers. Encourage your colleagues and staff to take advantage of these online learning opportunities. Download any of the webinars listed below.

Note: Additional information may have been provided by the presenters or other participants during the live webinar and is not reflected here.

June 23, 2020:

Quality Improvement Webinar Series: Adolescent and Pediatric Measures Presentation | Recording (Password: AdSpvUT3)

June 2, 2020:

Quality Improvement Webinar Series: QI Opportunities & Resources Presentation | Recording (Password: xMJvYxv4)

May 5, 2020:

Improving Member Satisfaction Presentation (PPT) | Recording (Password: gTp3je2Y)

April 28, 2020:

HP Connect Provider Portal: Home Health & Non-Emergent Transportation Authorizations Presentation | Recording (Password: jBfHDbE3)





Reminding Your Patients About Dental Benefits

Health Partners Plans would like to remind all PCP's to refer their adult patients for dental preventive services and encourage regular oral health examinations. HPP offers adult Medicaid dental benefits for eligible members ages 21 and older.

To promote the importance of oral health, HPP covers oral examinations and adult prophylaxis once every six months. PCPs and dental professionals understand the importance of regular oral evaluations, as they can reveal signs or symptoms of other diseases and can help prevent future restoration and costly treatment.

Some additional covered dental services include:

- Basic restorations
- Dentures and denture relines, with prior authorization
- Extractions

It is also important to encourage your patients to practice good oral hygiene. If possible, remind them to:

- Brush teeth twice each day with fluoride toothpaste
- Floss after brushing and always use a fluoride rinse
- Visit their dentist twice a year, even if they do not have natural teeth or have dentures. Their dentist should perform cleanings and if necessary, X-rays
- Do not use any tobacco products. Develop a plan to help them quit smoking
- Avoid sugary drinks like soda

If your patient has diabetes, make sure they are managing the disease. This will decrease the risk for other complications, including gum disease. Treating gum disease may help lower their blood sugar level.



The complete list of covered services can be found on the adult Medicaid dental benefit plan grid online on the provider portal.



Providing Preventative Care for Children at a Sick Visit

One of Health Partners Plans' primary goals is to ensure our youngest members receive the preventive care they need. That's why HPP would like to stress that **you can often complete a Well Child Visit when a child has come in for a Sick Visit**. This opportunity exists when a provider has determined that the condition, illness or injury that led to the Sick Visit does not impede the ability to complete a Well Child Visit, and the child is eligible for the Well Child Visit per their Care Gap Report.

HPP wants to ensure that our providers are reimbursed properly for the care provided, but based on our claims data, many provider offices miss this opportunity. Well Child Visits often do not occur or the submitted claims do not accurately capture the rendered services. When services are documented and billed properly, offices can significantly increase revenue.

Submitting Proper Claims

Your office can submit claims for both a Sick Visit and a preventive Well Child Visit for services provided on the same day, provided that the **modifier 25** is added to the claim.

When a child comes in for a Sick Visit, consider performing the services of the preventive Well Child Visit, if appropriate, in addition to rendering care for the presenting problem. The components of a Well Child Visit, as indicated by the Early Periodic Screening, Diagnosis and Treatment (EPSDT) and Bright Futures criteria, are:

- Health and developmental history
- Physical exam
- Laboratory tests (as appropriate for the age of the child)
- Immunizations (use all visits, preventive and sick, if medically appropriate)
- Health education and age-appropriate anticipatory guidance (including schedule of care and dental home referral)

Please note the following coding reminders:

- Modifier 25 must be billed in the first modifier position with the applicable E&M code for the allowed Sick Visit. When modifier 25 is not billed in the first position, the Sick Visit will be denied.
- Providers can bill the age-appropriate preventive CPT codes (99381-99385, 99391, 99392-99395), and 99461) and a separate identifiable E&M code with the modifier 25.
- Well Child Visits should be reported with the following diagnosis codes: Z00.00, Z00.01, Z00.5, Z00.8, Z00.110, Z00.111, Z00.121, Z00.129, Z02.0-Z02.6, Z02.71, Z02.82, Z76.1, and Z76.2.
- Appropriate diagnosis codes must be billed for the respective Well Child Visit and Sick Visit.

Examples of Proper Coding				
Example	E&M Description	Well Child Visit Diagnosis Code (in the Primary Position)	Well Child Visit E/M Code	Allowable Sick Visits with modifier 25 (when billing with a Well Child Visit)
#1	New Patient E&M visit	Z00.121	99382	99202-25
#2	Established Patient E&M visit	Z00.121	99392	99212-25
#3	Established Patient E&M visit	Z00.129	99394	99213-25

Your Involvement in Your Patient's Behavioral and Mental Health

HPP believes in the importance of comprehensive care for all our members, so we want to ensure our providers are aware of the behavioral/mental health services that are offered to our members. Behavioral/mental health services are available through either Community Care Behavioral Health or Magellan, depending on the member's HPP plan and/or county of residence. Behavioral/mental health services may include inpatient services, partial hospitalization services for mental illness, emotional disorders and alcohol and drug abuse services, which are managed by the Behavioral Health Managed Care Organization (BH-MCO).

Please keep the following numbers so you may assist your patients in seeking treatment for their behavioral/mental health needs:

- Medicare:
Magellan - 1-800-424-3706
- CHIP:
Magellan - 1-800-424-3702
- Medicaid:
 - Bucks County
Magellan - 1-877-769-9784
 - Chester County
Community Care Behavioral Health - 1-866-622-4228
 - Delaware County
Magellan - 1-888-207-2911
 - Montgomery County
Magellan - 1-877-769-9782
 - Philadelphia County
Community Care Behavioral Health - 1-888-545-2600



Please refer to chapter 7 of the HPP Provider Manual or the HPP provider website for more information:
<https://www.healthpartnersplans.com/providers/resources>.



Why the Flu Vaccine is More Important than Ever

Health Partners Plans would like to ensure that all providers are communicating the importance of this year's influenza vaccination to patients and caregivers. It is likely that both the flu and COVID-19 viruses will be spreading this fall and winter, making it crucial for everyone six months or older to get a flu vaccine this year. Flu vaccination is an important step in helping to reduce the impact of respiratory illness and resulting burdens on the healthcare system during the pandemic.

This year, how and where people receive flu shots may need to change due to social distancing guidelines. Stay-at-home orders and social distancing have led to decreased routine medical services and vaccinations; however, administration of the flu vaccination is an essential medical service for providers. Administration of the flu vaccine should not be avoided or delayed due to the COVID-19 pandemic.

Vaccinations are particularly important for individuals who are at high risk for serious flu-related complications. HPP encourages providers to vaccinate patients or recommend that patients get a flu shot before the end of October. It is also recommended that all providers and healthcare workers receive a flu shot this season.

As a reminder, Health Partners Plans covers all vaccinations for all members, including the flu and coronavirus vaccination, when it becomes available.



How Focusing on the Health Outcomes Survey Can Improve Your Practice

Each spring the Health Outcomes Survey (HOS) assesses the ability of an organization to maintain or improve the current physical and mental health status of its members. The survey is typically administered by the Centers for Medicare & Medicaid Services (CMS) between April and July. **This year, the survey will be administered between August and November.** HOS results have a huge impact on key Medicare Stars Ratings.

What does HOS mean for you?

Providers drive performance on many important HOS quality measures and your knowledge and prioritization of these measures is critical. When these quality ratings improve, it is a true indicator that our members are enjoying healthier, happier and more productive lives!

HPP would like to recommend that you incorporate survey questions as part of your visit screenings. Some examples include:

Improving or Maintaining Physical Health

- Have you had any problems with your work or other regular daily activities because of your physical health?
- During the past four weeks, has pain stopped you from doing things you want to do?

Improving or Maintaining Mental Health

- Have you had any problems with your work or other regular daily activities because of emotional health?
- Have you had a lack of energy or felt sad or depressed most days?

Monitoring Physical Activity

- In the past 12 months, did a doctor or other health care provider advise you to start, increase or maintain your level of exercise or physical activity?

Improving Bladder Control

- Have you ever talked with a doctor, nurse or other health care provider about leaking urine?
- Have you ever talked with a doctor, nurse or other health care provider about any of these approaches: bladder training, exercises, medication or surgery?

Reducing the Risk of Falling

- Have you fallen in the past 12 months?
- In the past 12 months, did a doctor or other health care provider talk with you about falling or problems with balance or walking?



Your dedication to improving patients' health does not go unnoticed. We appreciate all the work you do to manage the health of our members. You directly impact patients' lives!

HPP Can Help

If you have questions about HOS, contact your Network Account Manager (NAM).



Provider Access and Availability Appointment Standard and Identifying Deficiencies

Timely access to quality health care is extremely important for HPP members. As you are likely aware, it is a regulatory requirement that all HPP-participating providers must meet clearly defined access, appointment and availability standards. These standards can be found in Chapter 10, Provider Practice Standards and Guidelines, of the HPP Provider Manual, available at hppplans.com/providermanual.

Each year, HPP surveys our providers to determine if they are meeting these standards. A new survey is planned for later this year. If your office is found to be deficient in meeting the required access, appointment and availability standards, your office will be sent a letter identifying the deficiency. A follow-up survey will then be conducted within a few months. If the deficient office has not shown adequate improvement, HPP will initiate a process improvement plan to correct the deficiency.

Telehealth Appointments

In order to make needed medical care accessible to our members, HPP is encouraging providers to make telehealth more widely available. HPP is lifting some of the requirements of our telehealth policy; all other criteria of the policy are in-force at this time. Until further notice, the criteria of our policy have been temporarily modified as follows:

- Telehealth services, when appropriate, do not have to be completed via a video connection
- Monthly reporting is not required, as long as the provider is submitting a valid claim, with appropriate and valid coding, to HPP
- A member's consent for telehealth services prior to the service being rendered is not required
- If you are unable to assist members via telehealth services, we encourage you to recommend members contact Teladoc®