

Provider Check Up

Partner^{up}
with Health Partners Plans!

HPP Provider Newsletter | SPRING 2021

Health Partners Plans' Care Coordination Programs

Do you have patients who are HPP members who struggle to meet their health care goals or follow your treatment plan? HPP has staff and programs to help our members achieve their health goals while promoting self-management skills. HPP's staff can address members' SDoH needs, as well. Our care coordinators and Member Relations representatives use Aunt Bertha, an online directory of local resources and support organizations, to help members find the resources they need.

Our data supports that members in active care coordination have a higher use of appropriate services, reduced ER visits and hospitalizations, and are more likely to follow through with their practitioners' recommendations.

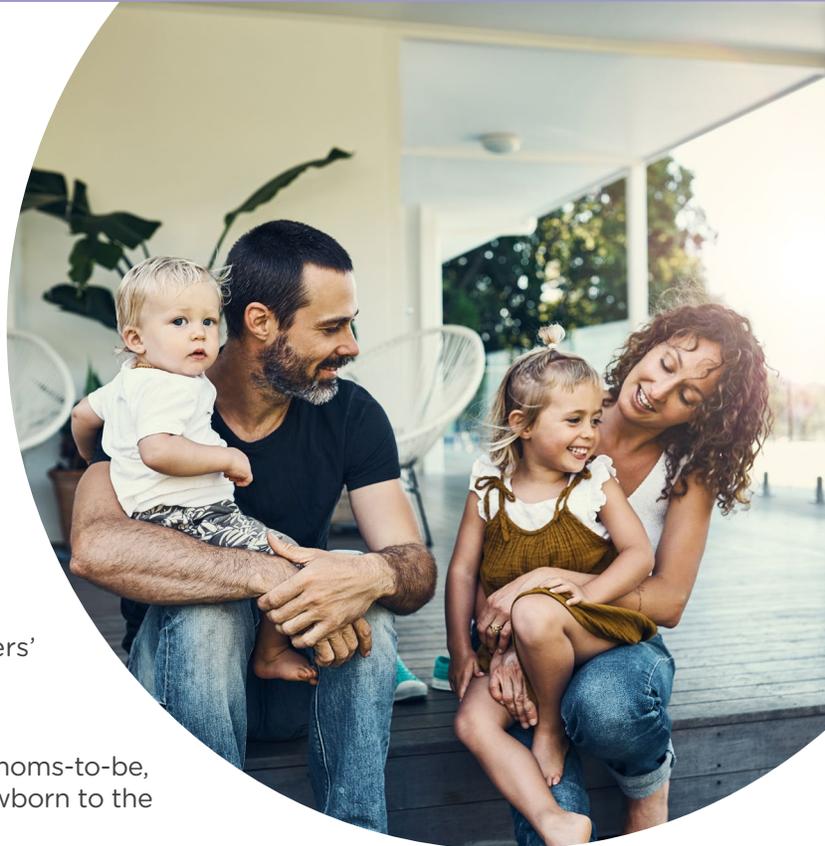
Our Medicaid and CHIP programs include:

- **Baby Partners:** Our maternity program that assists moms-to-be, from prenatal to post-delivery, and connects the newborn to the important first well-child visit.
- **Care Coordination:** Services designed for adults and children with multiple comorbidities, including physical and behavioral care needs.
- **Specials Needs Unit:** Links members, physicians, agencies, community services and staff at Health Partners Plans.
- **Healthy Kids:** For children and young adults up to age 21, Healthy Kids provides assistance with lead screening follow ups and links to preventive care services, such as dental care and immunizations.

Enrollment

HPP proactively reaches out to members who may benefit from care management services. HPP studies utilization patterns to determine the members that might benefit from care coordination services. All programs are voluntary, and members opt out at any time.

You can refer any of your patients for care coordination support by calling our Clinical Connections team at **215-845-4797**. We will reach out to these members for the appropriate programs.



Reaching Members Via Telehealth during COVID-19

HPP is encouraging providers to expand their telehealth offerings to reach more members while many choose to stay home. Thanks to improved technology and relaxed rules, telehealth has allowed providers to safely increase medical access and availability during the COVID-19 pandemic. HPP's Telehealth policy and resources about providing care are available on HPP's website at hplans.com/telehealth. If you have questions about telehealth, contact the Provider Services Helpline at **1-888-991-9023**.

Highlighting Member Stories and Excellent Care

HPP wants to recognize the excellent care you provide our members! If you have a positive patient interaction story, or you would like to recognize a practice group for providing excellent care, please email your story to ProviderPartnerUp@hplans.com.



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

Required Provider Training Reminders

Annual Orientation and Training

It's time for 2021 Provider Orientation and Training! You can participate in one of two ways:

- Register for [one of four live webinars](#)
- Download [an electronic copy of the 2021 training](#) to review with your staff. Simply review the information, complete the attestation and click "submit" to complete the requirement by December 31.

[Register now](#) for an upcoming quarterly provider orientation and training for new and existing providers.

Upcoming Webinar Schedule

Click "Register" to sign up for a webinar. You will receive a confirmation email and can add the webinar to your calendar.

Topic	Audience	Date & Time	Presenter	Registration
1st Quarter Annual Provider Orientation and Training	All Participating Providers	March 24, 12:30 - 1:30 p.m.	Lisa Mallory, Senior Provider Education Specialist and HPP Staff	Register
2nd Quarter Annual Provider Orientation and Training	All Participating Providers	June 23, 12:30 - 1:00 p.m.	Lisa Mallory, Senior Provider Education Specialist and HPP Staff	Register
3rd Quarter Annual Provider Orientation and Training	All Participating Providers	Sept. 22, 12:30 - 1:00 p.m.	Lisa Mallory, Senior Provider Education Specialist and HPP Staff	Register
4th Quarter Annual Provider Orientation and Training	All Participating Providers	Dec. 15, 12:30 - 1:00 p.m.	Lisa Mallory, Senior Provider Education Specialist and HPP Staff	Register



Follow Up Care for Children Prescribed Antipsychotic Medications

Why this is important and what can providers do?

Children and adolescents prescribed antipsychotic medication are at risk for developing serious metabolic health complications associated with poor cardiometabolic outcomes in adulthood. Given these risks it is important to ensure appropriate management even if the drug has been prescribed elsewhere. Family physicians should closely monitor these patients by requesting that they receive a metabolic screening. Follow the table below for metabolic screening:

	Baseline	1 Month	2 Months	3 Months	6 Months	Reassess
Weight (BMI)	X	X	X	X	X	Q 3 months
Waist circumference	X	X	X	X	X	Q 3 months
Blood pressure	X			X	X	Q 3 months for one year, then annually
Fasting glucose	X			X	X	Q 3 months for one year, then annually
Fasting lipid profile	X			X		Annually

If you require assistance with coordinating care for these members or collaborating with a behavioral health provider please contact our Healthy Kids Department at 215-967-4690.

BMI, Nutrition and Physical Activity for Children and Adolescents

It is important to cultivate good health habits that will last a lifetime in our children and adolescents. When you see children and adolescents for routine check-ups and sick visits, please make sure to record height, weight and BMI percentile. During interactions with your youngest patients and their families remember to talk about the importance of a healthy diet and good nutrition habits, as well as the importance of daily physical activity. Good nutrition and physical activity can be a family affair! When all this information is documented and coded appropriately it improves HEDIS scores and closes your patient's care gap.



Obstetrical Needs Assessment Form Update

The Pennsylvania Department of Human Services (DHS) released the updated Statewide Obstetrical Needs Assessment Form (ONAF) to all HealthChoices Medicaid managed care organizations (MCOs) and the PA ACCESS Plus Programs/FFS for implementation on November 13, 2020.

All MCO's in Pennsylvania are required to accept ONAFs online at obcare.optum.com. The data received from the ONAF helps increase outreach to at-risk pregnant members and provides a way for providers to share clinical data with the plan. The online submission eliminates manual data entry and streamlines ONAF submissions by providing one online tool for all MCOs in the state. In addition, the online tool allows Health Partners Plans to enroll pregnant members in our Baby Partners program.

This form is also important for HPP's Maternity Quality Care Plus Incentive Program (MQCP). Timely submission of ONAF's allows maternity groups participating in the MQCP Program to earn reward payments based on the percentage of ONAF's completed online at obcare.optum.com.

For more information about HPP's Baby Partners program and MQCP, please visit our website at <https://www.healthpartnersplans.com/providers/plan-info/baby-partners>.

Reminder: You can still refer a member directly to the Baby Partners program by calling our prenatal line at **215-991-4182** or by calling the Health Partners Provider Services Helpline at **215-991-4350**.

Pediatric Health and the Dental Home

Dental caries, or tooth decay, is the most common childhood chronic disease. Because children are exposed to medical care at the earliest stages of life, primary medical providers have the important role of encouraging parents to seek regular preventative dental care for their children.

The American Academy of Pediatric Dentistry recommends that the first dental visit for children occur by the child's first birthday. Even though pediatricians can easily provide anticipatory guidance and a basic oral assessment during regular well child visits, this does not replace the need to establish a dental home, or an ongoing relationship between a patient and dentist. Early and regular child dental visits can encourage a positive attitude towards visiting a dental office, helps children become familiar with their new surroundings and establishes a relationship with their new dental provider.

According to a national poll from CS Mott Children's Hospital in 2018, 55% of parents surveyed did not receive information about the recommended age to begin dental care. Without professional guidance, parents' lack of awareness results in the delay of the first visit, often past the recommended age. The delay in preventative dental care increases the risk of dental disease and the likelihood of needing more costly treatment in the future.

Primary care providers should make sure to dedicate time to educate and promote the benefits of seeing a dentist before the age of one. The dental referral is an essential factor to ensuring optimal oral health from the very beginning.



Quality Management Provider Referral Line

To ensure the highest quality of care and in accordance with the Pennsylvania Department of Human Services and CMS requirements, our QM department must identify, track and follow up on the following:

- Preventable Serious Adverse Events
- Healthcare Acquired Conditions
- Other Provider Preventable Conditions

We offer a toll-free anonymous provider reporting line to identify and track such events that are deemed preventable, serious and adverse. To report an event, call **1-855-218-2314** 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 QM for verification. Our policy is to reasonably track and isolate identified events and account for payments that may have been made in association with them. HPP reserves the right to retract payments made for what are deemed preventable events.



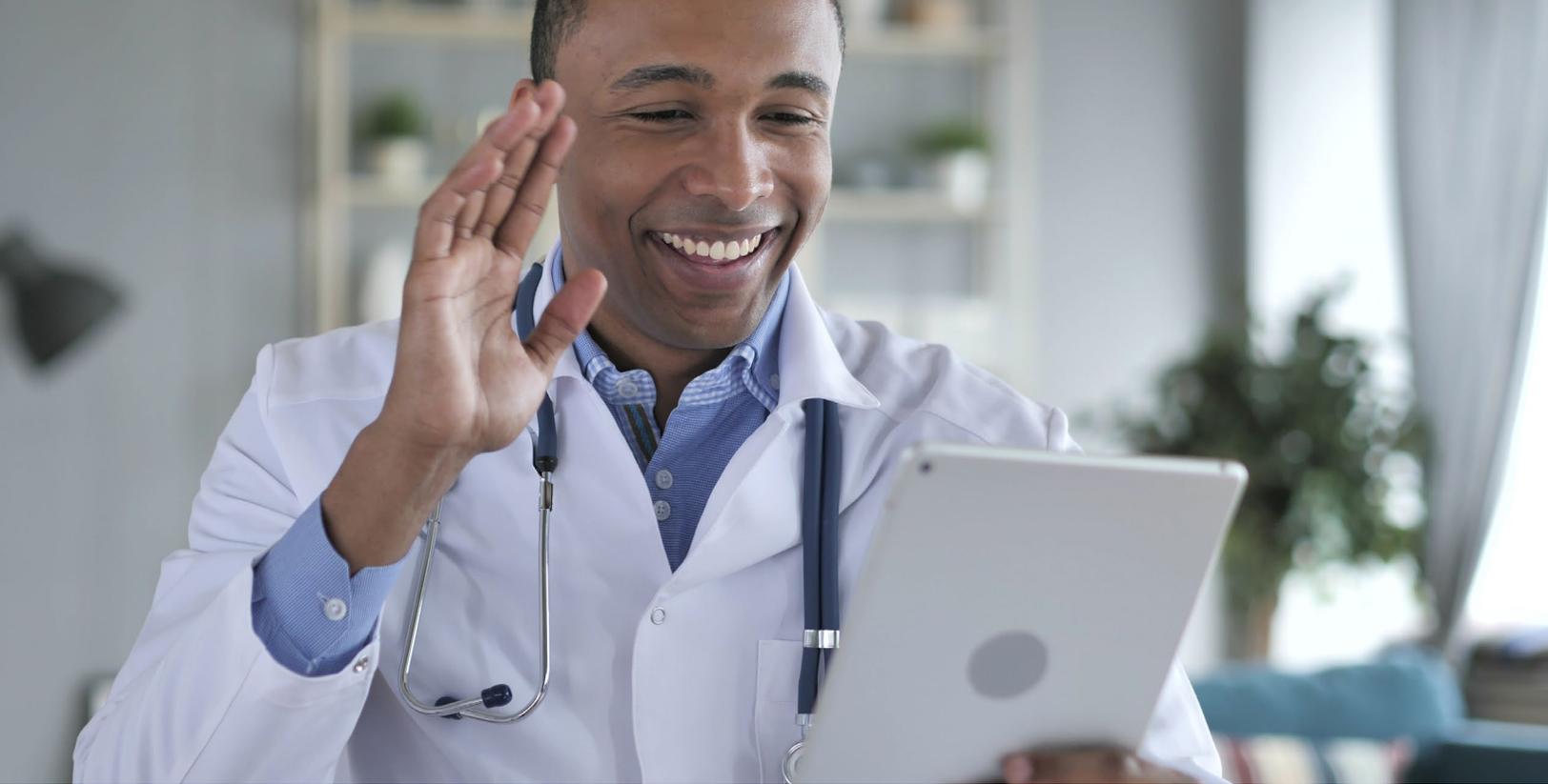
Quality Management Online Resources

HPP has a Quality Management (QM) program to ensure that our members receive safe, effective clinical care that is timely, and patient centered. Throughout the year, we monitor the delivery of health care for our members. We also conduct an annual evaluation to determine if we meet our goals. This information is used to determine steps for improvement and to establish new goals for the coming year. To serve you better, we have created a centralized location on our website where you can view quality management resources, including the 2020-member satisfaction survey. You can see more information here:

<https://www.healthpartnersplans.com/providers/plan-info/quality-management-resources>

If you would like a hard copy of any QM resources or if you have questions, contact the Provider Services Helpline at **888-991-9023**.





Reminder:

In order to facilitate payments, please ensure that you verify a member's ID (HPP ID card plus one other form of ID) prior to providing services.

Medicaid and CHIP Members Now Eligible for Mail Order Pharmacy

Health Partners Medicaid and KidzPartners (CHIP) members are now be able to obtain their prescriptions through mail order. Getting your prescriptions by mail is a convenient way for members to never miss a refill. Not all covered drugs are available through mail order.

Health Partners Medicaid typically limits medications to a 30 days' supply. However, we do offer the option for inexpensive, chronic medications to be dispensed for a 90 days' supply for all pharmacies in our network. Please note this list is subject to change without notice. Medications eligible for a 90-day supply can be found on our website.

As a reminder, Health Partners Medicare relies on a single mail order pharmacy to better serve our members:

CAREMARK
1-800-522-8159
[Caremark.com/mailservice](https://www.caremark.com/mailservice)

Happy National Doctor's Day (a little early!)

We know it's a little early, but since National Doctor's Day is March 30 we wanted to take a moment to thank the thousands of primary care and specialist providers who partner with HPP to give quality care to our members every day. Thank you for all of your work keeping our members safe and healthy, which we know has been especially difficult during the pandemic. We could not do our work without your partnership and are so grateful for working with us to address our member's needs.





Balance Billing Dual Eligible (Medicare DSNP) Members

Partially Dual Eligible members are responsible for their appropriate cost share amounts, as defined by their benefit package and should be billed accordingly. Fully dual eligible members are not directly responsible for their appropriate cost share amounts. These charges are payable by Medicaid and the Community Health Choices Managed Care Organization (CHC MCO).

Medicaid (CHC MCO) will remain the payer of last resort. Providers may not balance-bill participants when Medicaid, Medicare or another form of third-party liability does not cover the entire billed amount for a service delivered.

Qualified Medicare Beneficiary

The Qualified Medicare Beneficiary (QMB) program is a Medicaid benefit that pays Medicare premiums and cost sharing for certain low-income Medicare beneficiaries.

The law prohibits Medicare providers from collection Medicare Part A and B coinsurance copayments and deductibles from those enrolled in the QMB program. For more information about the QMB program, [visit CMS](#).

For more information, please contact the Provider Support Services Helpline 9 a.m. to 5:30 p.m. at 1-888-991-9023 and select prompt 1 for medical providers, prompt 2 for pharmacies, prompt 3 to join the HPP provider network and prompt 4 for members. You can also reach Quality Management directly at **215-991-4346**.

Electronic Health Record System

When writing a prescription using your electronic health record (EHR) system for an individual patient, you can instantly:

- Know if the drug is covered and the patient's out-of-pocket cost
- See up to five clinically appropriate lower-cost brand or generic alternatives
- Know if a therapy requires prior authorization or has other restrictions

Please contact your EHR vendor or system administrator to ensure real-time prescription benefits information will be included in your next upgrade.



Top Ten Medicare Formulary Changes from 2020 to 2021

Non Preferred	Preferred Alternative
Novolog/Novolin Insulin Formulations	Humalog/Humulin Insulin Formulations
Wixela Inhub	Advair Diskus & Fluticasone/ Salmeterol Inhaler
Dulera	Symbicort
Stiolto Respimat	Anoro Ellipta
Tudorza Pressair	Spiriva
Pradaxa	Eliquis & Xarelto
Travatan Z	Travoprost (Generic)
Orencia	Humira & Enbrel
Glatiramer Acetate	Copaxone (Brand)
Pulmicort Flexhaler	Qvar Redihaler & Flovent