

Provider Check Up

Partner^{up}
with Health Partners Plans!

HPP Participating Providers Newsletter | SUMMER 2021

HEDIS Measure: Appropriate Treatment for an Upper Respiratory Infection (URI)

The HEDIS measure for Upper Respiratory Infection (URI) gathers data on the percentage of members 3 months old and older who had a diagnosis of an URI that did not result in an antibiotic being given.

Many URIs are caused by viruses that do not respond to treatment with antibiotics. Below are some actions to take before prescribing an antibiotic:

- Help your patient manage their symptoms
- Educate your patient about viruses and how antibiotics do not work to treat viruses
- Review proper handwashing and cough hygiene techniques
- Evaluate if an antibiotic is needed by performing any needed exam or testing

Please refer to [Health Partners Plans' provider website](#) to review clinical guidelines from the CDC and American Academy of Family Physicians (AAFP) for treatment of URI.



Upcoming Education and Training Announcements

Provider Medicare Health Outcomes Survey Webinars

Health Partners Plans is here to help you navigate the quality measures related to improve patient health outcomes with a new provider webinar in our Health Outcomes Survey (HOS) series scheduled for July 13.

What will you gain by attending?

Our provider webinar series, “Health Outcomes Survey,” will offer insight from an HPP subject matter expert on the following topics:

- Overview of HOS, what is measured by CMS and how it impacts HPP Medicare Stars performance
- Overview of the HOS survey domains and questions, including sample member questions checklist
- Best practice strategies on how to improve HOS member outcomes
- Overview of HPP tools and resources to support you

Webinar registration details

Register now at hpplans.com/provwebinars. Webinars are targeted to specific providers. See the table below for more information. Webinars are free, but registration is required.

Required Training Reminders

Model of Care D-SNP (Special Needs Plan) Provider Training

If you are a provider who has at least one Health Partners Medicare Special (D-SNP) member assigned to your practice, at least one person on your staff who is involved in the care of our dual-eligible special needs plan (D-SNP) members must complete our annual D-SNP Model of Care training module. This training is required by the Centers for Medicare & Medicaid Services (CMS).

The training course is available through our online HPP University at hpplans.com/2021moc.

It will take approximately 10 minutes to complete the course. Please complete by October 31.

Annual Orientation and Training

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

In addition to the live webinar, you can download [an electronic copy of the 2021 presentation](#) to review with your staff. Simply review the information, complete the attestation and click “submit” to complete the requirement by December 31.

Let’s Talk About: Other Vaccines



The Covid-19 pandemic has impacted all of us and has forced many of us to hit pause on our daily lives. As the world returns to normal and the Covid-19 vaccine becomes more readily available, remind your patients of other important vaccines – **their adolescent and childhood immunizations.**

As your office opens back up to more in-person visits and in-person schooling resumes, your office may see an increase in appointment requests. Here are some tips to maximize office visits:

- Utilize all office visits to review and administer needed vaccines missed during the pandemic. In addition, if possible, complete all services required of a well-visit during this time.
- Prioritize patients with upcoming due dates for immunizations to get them seen before the due date (e.g., children need 10 childhood vaccinations before turning two).
- Remind parents that vaccines are safe and the most effective way to fight off diseases, and can help protect their child, themselves, their family and everyone around them.
- Parents may still be hesitant to schedule in-office appointments, which may result in refusals or no-shows. Remind parents about the extra precautions your office is taking to keep their family safe.

As a reminder, measures like Childhood Immunization Status (Ages 0-2), Immunizations for Adolescents (Ages 0-13), Child and Adolescent Well-Care Visits (Ages 3-21), and Well-Child Visits (Ages 0-30 months), are included in HPP’s Quality Care Plus (QCP) program. Getting your patients seen and vaccinated will help with your performance on these measures and can help you earn up to **\$16.25 PMPM** for Medicaid and CHIP.

Timely Prenatal Care

The National Committee for Quality Assurance (NCQA) reports timely and adequate prenatal care can be beneficial for the long-term health and well-being of new mothers and their infants. Studies indicate that as many as 60% of all pregnancy-related deaths could be prevented if women had better access to high quality health care.*

NCQA measures timely prenatal care by:

- The percentage of deliveries or live births with a prenatal care visit in the first trimester, or no later than within 42 days of enrollment into the health plan
- Timing of the measurement year: Deliveries on or between October 8 of the year prior to the measurement year and October 7 of the measurement year

This vital measure is included in HPP's Maternity Quality Care Plus Program (MQCP). To qualify for a monthly incentive, specific program eligibility requirements must be met. For more information about our reward program, please contact your HPP Network Account Manager. As a provider you can help to improve your HEDIS rates by the below best practices:

- Ensure access and appointment availability for patients who think they may be pregnant, with a goal of providing an appointment within one week of the member's call
- Offer flexible appointment times or telehealth visits as appropriate

Beyond timely care, documentation is also important. HPP encourages our obstetricians to utilize the Obstetrical Needs Assessment Form (ONAF), as this serves as the initial notification of the member's pregnancy to HPP. Also, please note that claims for prenatal visits must have a primary diagnosis of pregnancy. For a list of appropriate codes to use when billing prenatal claims, please refer to your coding handbook.

Our HPP Baby Partners Care Coordination team aids and supports our pregnant moms throughout their pregnancy and post-partum journey. Please 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 or toll-free at 888-991-9023.

Maternity Home Visits

HPP offers a maternity home visiting program to new parents. A registered nurse will visit the family a few weeks after the birth, provide information about child development, parenting resources and connections to community services. All participants receive two visits and more can be provided, if needed.

All HPP members are eligible for the program. Parents of children up to 18 months of age enrolled in HPP are also eligible. Members who initially decline the program are re-contacted to offer the program again.

If additional services are needed, the program refers the family back to HPP's clinical programs, or connects them to a more intensive home visiting program for ongoing support.

Currently, all visits are virtual, but will be offered in-person when restrictions are lifted.

Providers may refer members to this program. Please send the member's name, contact information and your reason for referral to BPatHome@phmc.org.



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*(Source: <https://www.ncqa.org/hedis/measures/prenatal-and-postpartum-care-ppc/>)

The Importance of Lead Screenings in Children

All children enrolled in Health Partners (Medicaid) and KidzPartners (CHIP) are required to receive blood lead screening tests at 12 months and 24 months of age. In addition, any child between 24 and 72 months with no record of a previous blood lead screening test must receive one.

Completion of a risk assessment questionnaire does not meet this requirement. The requirement is met only when the two blood lead screening tests identified (or a catch-up blood lead screening test) are conducted. During a blood lead test, a small amount of blood is taken from the finger or arm and tested for lead. Two types of blood tests may be used:

- A finger-prick, or capillary test
- A venous blood draw
- PCP follow up

If a child has an elevated blood lead level (EBLL) of 5 or above, the PCP should recommend the following services:

- Refer the child for an Environmental Lead Investigation (ELI)
 - To locate what county agency to make the referral please visit <https://www.healthpartnersplans.com/providers/clinical-resources/epsdtlead-screening>
- Prescribe diet high in iron and calcium
- If a child has very high levels of lead in their blood, health care providers may recommend other types of testing (such as an x-ray) or chelation therapy to remove some lead from the blood
- Perform a developmental screening. Even if the child has had a developmental screening prior to the lead screening, one should be conducted to see if lead has impacted their development.
 - If child screens for a potential developmental delay, please make a referral to CONNECT by calling 1-800-692-7288. Or you can email help@connectpa.net to submit a form online for early intervention services
 - Schedule follow-up blood testing and PCP visits
 - Please see below scheduling according to the Center for Disease Control (CDC)

Recommended Schedule for Obtaining a Confirmatory Venous Sample

Blood Lead Level (ug/dL)	Time to Confirmation Testing
≥5-9	1-3 months
10-44	1 week-1 month*
45-59	48 hours
60-69	24 hours
≥70	Urgently as emergency test

*The higher the blood lead level (BLL) on the screening test, the more urgent the need for confirmatory testing.



Schedule for Follow-Up Blood Lead Testing

Venous Blood lead Levels (ug/dL)	Early follow up testing (2-4 tests after identification)	Later follow up testing after BLL declining
≥5-9	3 months*	6-9 months
10-19	1-3 months*	3-6 months
20-24	1-3 months*	1-3 months
25-44	2 weeks-1 month	1-months
≥45	As soon as possible	As soon as possible

*Seasonal variation of BLLs exists and may be more apparent in colder climate areas. Greater exposure in the summer months may necessitate more frequent follow ups.

*Some case managers or healthcare providers may choose to repeat blood lead tests on all new patients within a month to ensure that their BLL level is not rising more quickly than anticipated.

Access, Appointment and Availability Standards

Timely access to quality health care is extremely important for our members. As you know, 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 hpplans.com/providermanual.

Table 10A: Provider Access and Appointment Standards

Criteria	PCP	OBGYN	Specialist
Routine Office Visits	Within 10 business days	<ul style="list-style-type: none"> • OB: Initial prenatal visit within 24 hours of identification of high risk by Health Partners Plans or maternity care provider or immediately if emergency exists. • First prenatal visit (pregnant 1-3 months): Within 10 days • First prenatal visit (pregnant 4-6 months): Within 5 days • First prenatal visit (pregnant 7-9 months): Within 4 days • GYN: Within 10 days • OB/GYN: Within 5 days of effective date of enrollment 	<ul style="list-style-type: none"> • Otolaryngology, dermatology, pediatric endocrinology, pediatric general surgery, pediatric infectious disease, pediatric neurology, pediatric pulmonology, pediatric rheumatology, dentist, orthopedic surgery, pediatric allergy and immunology, pediatric gastroenterology, pediatric hematology, pediatric nephrology, pediatric oncology, pediatric rehab medicine, and pediatric urology: Within 15 business days • All other specialists: Within 10 business days
Routine Physical	Within 3 weeks	N/A	N/A
Preventive Care	Within 3 weeks	N/A	N/A
Urgent Care	Within 24 hours	Within 24 hours	Within 24 hours
Emergency Care	Immediately and/or refer to ER	Immediately and/or refer to ER	Immediately and/or refer to ER
First Newborn Visit	Within 2 weeks	N/A	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	N/A	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
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	N/A

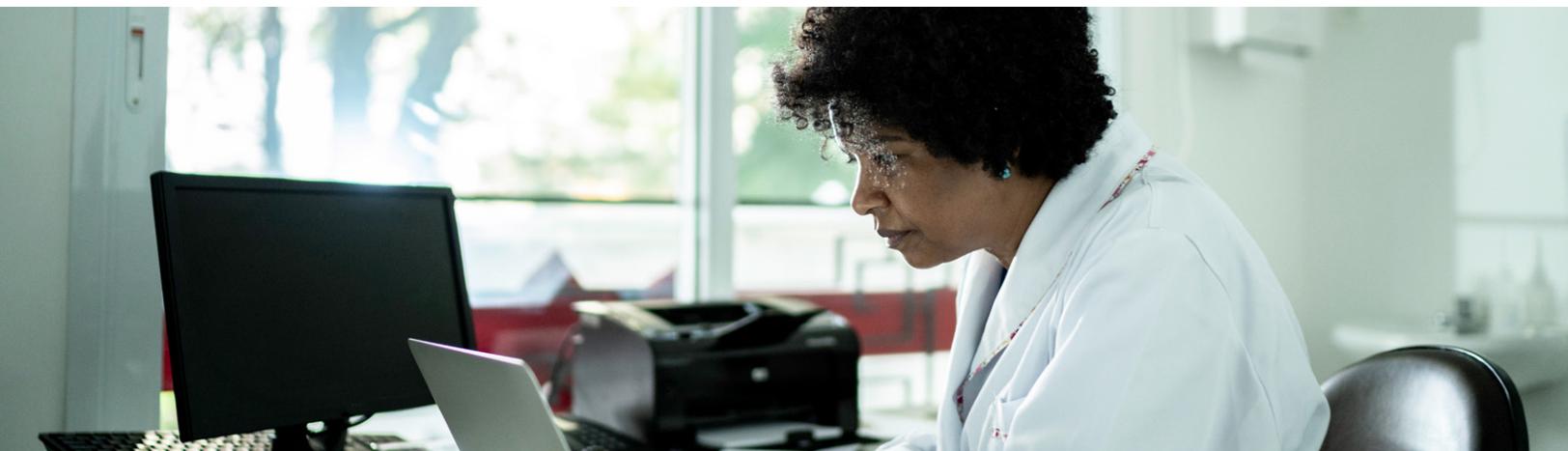
Table 10A: Provider Access and Appointment Standards

Criteria	PCP	OBGYN	Specialist
SSI Recipient	Within 45 days of enrollment unless the enrollee is already in active care with a PCP or specialist	Within 45 days of enrollment unless the enrollee is already in active care with a PCP or specialist	Within 45 days of enrollment unless the enrollee is already in active care with a PCP or specialist
Office Wait Time	30 minutes (or up to 1 hour if urgent situation arises)	30 minutes (or up to 1 hour if urgent situation arises)	30 minutes (or up to 1 hour if urgent situation arises)
Weekly Office Hours	At least 20 hours per site	At least 20 hours per site	At least 20 hours per site
Maximum Appointments per Hour	6	N/A	N/A

Telephone Availability Standards

Telephone availability standards are closely monitored through the Health Partners Plans member satisfaction surveys, site reviews, and member complaints. These standards include:

- All PCPs must be available to members for consultation regarding an emergency medical condition 24 hours a day, seven days a week.
- After regular office hours, the PCP should return member calls within one hour of when the member called. Coverage may be shared with another PCP participating with Health Partners Plans.
- If a PCP uses an answering service, the assigned service person must be capable of taking a message and contacting the physician directly and immediately.
- An appointment system for scheduling all routine visits is also a requirement. At a minimum, this includes an appointment book and written notice given to patients stating date and time of next appointment. Evidence of compliance with these minimum access standards is sought at the time of initial credentialing, at recredentialing, and at interim periods if non-compliant activity is noted.
- For any missed appointment, the PCP or specialist should make three attempts to contact the member about the missed appointment. At least one of such attempts must be a follow-up phone call. Documentation of the notices and telephone calls should be placed in the medical record.
- The PCP or specialist should ensure that the average office waiting time does not exceed 30 minutes. When the physician encounters an unanticipated urgent visit, or is treating a patient with a difficult medical need, the wait time should not exceed one hour.





Benefits Breakdown - HPP's 2021 Medicare Benefits

All Health Partners Medicare members have generous supplemental benefits.



Dental Coverage

\$0 copay for two exams and cleanings, plus X-rays each year. Health Partners Medicare pays for annual supplemental comprehensive dental services:

- **Special: \$3,500**
- **Prime: \$1,500**
- **Complete: \$1,200**



Hearing Coverage

\$0 copay for hearing aids and \$0 copay for annual hearing test, plus an allowance for hearing aids:

- **Special: \$1,500 every year**
- **Prime: \$1,500 every two years**
- **Complete: \$1,000 every two years**



Eye Coverage

\$0 for routine annual vision exam, plus an allowance for glasses, frames or contact lenses.



Over-the-Counter Health Items Allowance

All members have a generous quarterly allowance for over-the-counter (OTC) health items.

- **Special: \$300 per quarter**
- **Prime: \$150 per quarter**
- **Complete: \$150 per quarter**

Members can shop for approved health items, such as cold and allergy relief, diabetes care, pain relief, and first aid, at a variety of retailers and independent pharmacies. Members can shop online and over the phone. Any unused dollars will roll over into the next quarter; all OTC dollars must be used by Dec. 31, 2021.



Transportation

All members can use the transportation benefit for routine trips to medical, dental or vision appointments within our service area, as well as trips to in-network pharmacies.

- **Special: Unlimited one-way rides**
- **Prime: 50 one-way rides**
- **Complete: 24 one-way rides**



Fitness Center Memberships

All members have access to SilverSneakers®, a fitness benefit designed for seniors. With more than 16,000 fitness centers and gyms nationwide plus in-person and online classes, or an at-home fitness kit, members can find the right fitness program for their needs.

Members in the Philadelphia region can opt for membership at the Salvation Army Kroc Center in place of SilverSneakers.

You can review HPP's 2021 benefits online by visiting HPPMedicare.com/for-members/plan-details.

HPP's Care Management Programs

Do you have patients 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 will address your patients' physical, behavioral and social needs. Our care coordinators use their knowledge of HPP benefits and resources along with [Aunt Bertha](#), an online directory of local resources and support organizations, to help members find the resources and support they need.

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

Our Health Partners (Medicaid) and KidzPartners (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 and Special Needs: Services designed for adults and children with multiple comorbidities linking our members to agencies, community services all in line with your treatment plan.

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 relies on utilization patterns along with certain social indicators to determine which members may benefit from care coordination services. All programs are voluntary, and members may opt out at any time by either telling their care manager or by calling HPP Member Relations.

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

Formulary Tobacco Cessation Medications

As you may know, tobacco use is the leading cause of preventable death and disease in the U.S., accounting for more than 480,000 deaths per year.* Cigarette smoking is linked to diseases of nearly all organs of the body, particularly cardiovascular, metabolic, and pulmonary diseases.

In light of the current COVID-19 pandemic, a meta-analysis study was performed to identify the risk of disease progression in patients diagnosed with COVID-19 dependent upon their smoking status. The study showed that 29.8% of COVID-19 patients with a history of smoking experienced disease progression compared to 17.6% of non-smokers. As a result, patients who are smokers are at an increased risk for COVID-19 progression by 1.91 times than non-smokers. That's why HPP would like to remind our participating providers of the importance of smoking cessation counseling and therapy.

Smoking cessation starts begins with an assessments of individuals willingness to quit. For standardized screening of individuals, consider using the five major steps to intervention (the 5'A's).

Ask - Identify and document tobacco use status for every patient at every visit.

Advise - In a clear, strong and personalized manner, urge every tobacco user to quit.

Assess - Is the tobacco user willing to make a quit attempt at this time?

Assist - For the patient willing to make a quit attempt, use counseling and pharmacotherapy to help him or her quit.

Arrange - Schedule follow up appointment, in person or by telephone, preferably within the first week after the quit date.

You may also consider performing motivational enhancement strategies to help tobacco users with:

- **Boosting confidence and positive self-talk**
- **Overcoming barriers to quitting**
- **Providing guidance on non-pharmacological methods that can be used in conjunction with smoking cessation therapy**

Below is a list of preferred medications on the HPP formulary that are effective for the treatment of smoking cessation once the patient is assessed for the level of nicotine dependence:

1. Medicare formulary:

- a. Bupropion – Tier 2
- b. Chantix- Tier 3
- c. Nicotrol Inhaler – Tier 3
- d. Nicotrol Solution – Tier 3
- e. Other Nicotine Replacement Therapies available via the over the counter (OTC) benefit

2. Preferred Drug List(PDL)/Medicaid formulary:

- a. Bupropion
- b. Chantix
- c. Nicotine Gum
- d. Nicotine Lozenge
- e. Nicotine Mini Lozenge
- f. Nicotine Patch

References:

**Centers for Disease Control and Prevention. Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, 2020.*

+ Patanavanich R; Glantz S. Smoking Is Associated with COVID-19 Progression: A Meta-analysis. Nicotine and Tobacco Research. 2020 September; 22(9): 1653-1656.

o Okuyemi K, Nollen N, Ahluwalia J. Interventions to facilitate smoking cessation. Am Fam Physician. 2006 Jul 15;74(2):262-71.

Prevention Corner

Keep your Patients Safe by Encouraging Colorectal Cancer Screening

Colorectal Cancer (CRC) is the third most commonly diagnosed cancer in men and women. Fortunately, the death rate has dropped over the past several decades in large part because of higher rates of screening. That's one reason why CRC screening is critical to achieve positive patient outcomes and promote quality care.

HPP understands that many patients are hesitant to get a colonoscopy because they don't have the time, don't like the prep or are scared. If you have patients who are not interested in a colonoscopy or flex sigmoidoscopy, please educate them about colorectal screening and offer alternative tests that are non-invasive, such as a Fecal occult blood test (FOBT) or FIT-DNA test. These home tests can be obtained by writing a script and member picking up the home test kit at a Quest Lab.

Support Colorectal Cancer Screening for your patients who are 50-75 years of age by ordering one of the following preventive tests:

- FOBT
- FIT-DNA test
- Flexible sigmoidoscopy
- CT Colonography
- Colonoscopy



Diabetes and Periodontal Disease: Referring Patients to the Dentist

Periodontal disease and diabetes are connected in many ways; both diseases often go undetected because there are no obvious symptoms to alert the patient of the disease at its early stages. Medical and dental professionals can help screen for both diseases and offer appropriate referrals when any signs and symptoms arise.

While dentists are increasingly aware of the relationship between periodontitis and diabetes, more offices are screening for diabetes during the oral exam and checking HbA1c in the dental office even if a patient does not self-report as diabetic. Many dentists will refer the patient to their primary care provider for further assessment.

Conversely, primary care providers can screen for periodontal disease during a well visit. Patients may complain of bleeding gums, bad breath, shifting of teeth over time or teeth appearing longer. When completing the oral screening, providers may notice swollen, red gingiva, gingival recession, calculus deposits or loose teeth. It is critical that diabetic patients understand how having diabetes puts them at risk for periodontal disease, and how untreated dental disease can worsen their glycemic control. A dental referral, and an understanding of this connection, will help the patient follow through with their dental visit.

Provider Self-Disclosure and Self-Audit Protocols

HPP Providers should be aware of two similar sounding, but different protocols, relating to fraud, waste and abuse: the U.S. Department of Health and Human Services Office of Inspector General's (OIG) Provider Self-Disclosure Protocol and the PA Department of Human Services' Provider Self Audit Protocol.

OIG's Provider Self-Disclosure Protocol

Individuals or entities who wish to voluntarily disclose self-discovered potential fraud to OIG may do so under the Self-Disclosure Protocol (SDP). Self-disclosure gives providers the opportunity to avoid the costs and disruptions associated with a Government-directed investigation and civil or administrative litigation.

Providers may self-disclose potential fraud to OIG using this website: <https://forms.oig.hhs.gov/forms/Self-Disc-Form-Protocol.aspx>.

PA Medical Assistance Provider Self Audit Protocol

By coming forward and identifying instances of possible noncompliance, the provider, rather than DHS, is conducting the review of his/her records. Further, and perhaps most importantly, when the provider properly identifies an inappropriate payment and reports it to DHS, and the acts underlying such conduct are not fraudulent, DHS will not seek double damages, but will accept repayment without penalty.

Providers can learn more here: <https://www.dhs.pa.gov/about/Fraud-And-Abuse/Pages/MA-Provider-Self-Audit-Protocol.aspx>.

There are three methods which can be used for a provider self-audit. Please access the websites above for descriptions of each method, for examples of inappropriate payments which are suitable for self-audits, a number for provider inquiries, for detailed instructions on how to complete and report on the self-audit method used and the outcome.

Consumer Assessment of Healthcare Providers and Systems Survey

Your patients are now receiving the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. CAHPS is considered the national standard for measuring and reporting on consumers' experiences with health plans, providers and the services provided. It measures the patients' perception of the quality received, such as the ease of access to providers and health care services and the patient/provider relationship, including the communication skills of physicians and practitioners.

Here are some of the topics your patients are being asked about:

- **Getting needed care:** questions about how often it was easy for them to get appointments with specialists and get the care, tests or treatment that they need
- **Getting care quickly:** questions about how often they got care as soon as needed when sick or injured and got non-urgent appointments quickly

Visit our website hplans.com/providers for information, resources and strategies to help positively impact your patients' opinions for the various survey topics.



Health Partners Plans

