

Provider Check Up

Partner^{up}
with Health Partners Plans!

HPP Participating Providers Newsletter | WINTER 2021

Welcome to the HPP Network!

- Jefferson Health - Medicare
- Rothman Orthopedics - Medicare
- Tower Health - Medicaid, KidzPartners (CHIP), Medicare



What is the Health Outcomes Survey (HOS)?

The HOS is a Medicare Survey that asks beneficiaries to detail their interactions with their physicians. It also asks Medicare beneficiaries if their providers addressed their health concerns. The results of the HOS help evaluate how beneficiaries view their current health status.

When is the survey?

The HOS is administered annually by CMS to a random sample of Medicare beneficiaries drawn from each participating MA plan (i.e., a baseline survey is administered to a new group each year) during July to November. Two years later, these same respondents are surveyed again (i.e., follow up measurement) on maintaining or improving physical and mental health, if they are still members of the same MA plan.

What are the survey domains and sample questions?

Improving or Maintaining Physical Health

- Have you had any of the following 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 of the following 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 healthcare 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 of urine?
- Have you ever talked with a doctor, nurse, or other health care provider about any of these approaches? (bladder training, exercises, medication, surgery)

Reducing the Risk of Falling

- Did you fall in the past 12 months?
- In the past 12 months, did a doctor or other healthcare provider talk with you about falling or problems with balance or walking?

How can you help improve these health outcomes?

You can help improve your patient's health and HOS measures by using the patient's annual wellness visit to discuss these measures. Please consider incorporating HOS-like questions in your initial and ongoing health assessments to help promote and enhance patient-provider interactions that can result in improved communication and quality of life.

HPP encourages providers to use a checklist (an HPP resource available through your NAM) to improve communication with patients and enhance patient-provider interactions.

Your daily dedication is key to keeping patients healthier, happier and more engaged with improving their health outcomes.



Complete Your Medicare Compliance Attestation- Reminder

In May 2021, HPP mailed our annual Medicare Provider Compliance Attestation reminder notices to our Medicare providers. As in previous years, the attestations were due within 30 days of the notification receipt date. If your organization has not yet completed the Medicare Provider Compliance Attestation, we respectfully request that you complete the attestation online at hpplans.com/providerattestation.

Please note the following regarding HPP's Medicare Provider Compliance Attestation Requirements:

- Only one attestation needs to be submitted annually for provider offices or groups with multiple entities. New providers that are affiliated with a provider group currently contracted with HPP do not need to submit the attestation.
- Completed 2020 attestations do not fulfill the 2021 attestation requirement; new attestations must be submitted for 2021. Providers who fail to complete this annual requirement may be subjected to completing a process improvement plan.
- This attestation is unique to HPP Medicare and completing it does not satisfy your obligations with other health plans. Likewise, attestations that your organization submits to other health plans do not satisfy your obligations with HPP.
- Your completed provider compliance attestation form will be submitted to a secure, routinely monitored email address.

For more information and resources regarding HPP's Compliance Program Requirements for HPP Medicare providers, please see Chapter 13 of our Provider Manual, located online at hpplans.com/providermanual.

If you have any questions, contact your NAM (Network Account Manager) or the Provider Services Helpline at 1-888-991-9023 (Monday to Friday, 9 a.m. to 5:30 p.m.).

Thank you for being an HPP participating provider and for your anticipated partnership in providing great service to our members.



Visits To Primary Care Providers In The Postpartum Timeframe

Primary Care Providers (PCPs) who see women in the postpartum period of 7-84 days following delivery can bill Health Partners Plans for a postpartum visit if certain criteria are met. The practitioner must document the date of delivery and an assessment of any one of the following:

1. Evaluation of weight, BP, breasts and abdomen (a notation that member is breastfeeding is acceptable for evaluation of breasts)
2. Notation that member was seen for postpartum care
3. Perineal or cesarean incision check
4. Screening for depression, anxiety, tobacco use, substance use disorder, or pre-existing mental health diagnosis
5. Glucose screening for women with gestational diabetes
6. Documentation of any one of the following:
 - Infant care or breastfeeding
 - Resumption of intercourse, birth spacing or family planning
 - Assessment of sleep/fatigue
 - Resumption of physical activity and attainment of healthy weight.

If you have any questions regarding postpartum visits or appropriate coding, please reach out to your network account manager (NAM). HPP is happy to provide you with more information.

Perinatal Depression Screening

According to the CDC, while 1 in 8 women experience perinatal depression, only about 20% of women are screened for depression during prenatal visits. The CDC also reports that only half of the women with depression receive treatment. Early identification, education and access to mental health resources are the best ways to help your perinatal patients. Providers should have direct communication with patients about their mental health during all prenatal and post-partum visits. Two proven screening tools are the Patient Health Questionnaire (PHQ-2) and the Edinburgh Postnatal Depression Scale. If a patient has a positive screening, providers should reach out to HPP's Baby Partners Team at 215-845-4797 for help referring them to counseling to find treatment options.

Change In Kidney Health Evaluation For Patients With Types 1 & 2 Diabetes

With input from the National Kidney Foundation, NCQA has determined that the best way to evaluate kidney health in the diabetic population ages 18-65 is by testing both the estimated glomerular filtration rate (eGFR) and the urine albumin-creatinine ratio (uACR)*. This change in kidney health evaluation becomes effective in HEDIS Measurement Year 2022, but can be implemented now. During HEDIS, Health Partners Plans will ask you to provide medical records for select diabetic members assigned to your practice to ensure that appropriate attention to nephropathy is part of your overall comprehensive diabetes care plan. This must also include annual A1c testing, blood pressure monitoring and retinal (diabetic eye) exam. If a specialist or other provider manages any aspect of care for our diabetic members, please ensure that your medical record contains evidence of continuity of care and communication between practitioners with documentation of consults, lab results, etc.

If you have questions about this change, or if you need assistance with non-compliant diabetic HPP members, please reach out to your network account manager (NAM).

**HEDIS Measurement Year 2022 Technical Specifications for Health Plans*

Health Partners Medicare: Better Than Ever in 2022!

Health Partners 

Medicare

The plan you need. The care you deserve.

Health Partners Medicare offers three Medicare Advantage plans with **no referrals, no medical or prescription drug deductible, affordable doctor visits and Part D prescription drug coverage.**

	Complete (HMO-POS)	Prime (HMO-POS)	Special (HMO SNP)
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Plan Description



Health Partners Medicare Complete

Offering great medical and prescription drug coverage plus generous allowances for popular ancillary benefits, our Complete plan has a \$0 monthly plan premium.

Health Partners Medicare Prime

An enhanced plan that offers more benefits than Original Medicare, along with prescription drug coverage. Prime is a high-value plan with low out-of-pocket costs and generous allowances for popular ancillary benefits.

Health Partners Medicare Special

Special offers great medical and prescription drug coverage along with generous allowances for a wide range of supplemental benefits. Special is designed specifically for beneficiaries with both Medicare and full Medicaid benefits.

Plan Details

Monthly Premium	\$0	\$40.70 (\$0 with full Extra Help)	\$0
PCP Visits	\$0	\$0	\$0
Specialist Visits	\$30 (20% coinsurance out-of-network)	\$25 (20% coinsurance out-of-network)	\$0
Telehealth	\$0 (PCP visits), \$30 (specialist visits)	\$0 (PCP visits), \$25 (specialist visits)	\$0
Referrals	Not required	Not required	Not required
Urgent Care	\$55	\$55	\$0
Emergency Room	\$90 (waived if admitted within 24 hours)	\$90 (waived if admitted within 24 hours)	0% coinsurance
Inpatient Hospital	\$200/day, days 1-7 \$0/day, days 8-90	\$200/day, days 1-7 \$0/day, days 8-90	\$0/day, days 1-90
Lab Services	\$0	\$0	\$0
Maximum Annual Out-of-Pocket (In-Network Medical Services)	\$7,550	\$7,550	\$3,450
Prescription Drugs (30-day retail refill cost-sharing shown)	\$0 Deductible \$0 Preferred Generic \$10 Generic \$47 Preferred Brand \$100 Non-Preferred Drug 33% Specialty	\$0 Deductible \$0 Preferred Generic \$10 Generic \$47 Preferred Brand \$100 Non-Preferred Drug 33% Specialty	\$0 copay on all prescription drugs

Transportation Benefit

Do your members cancel appointments due to lack of transportation?

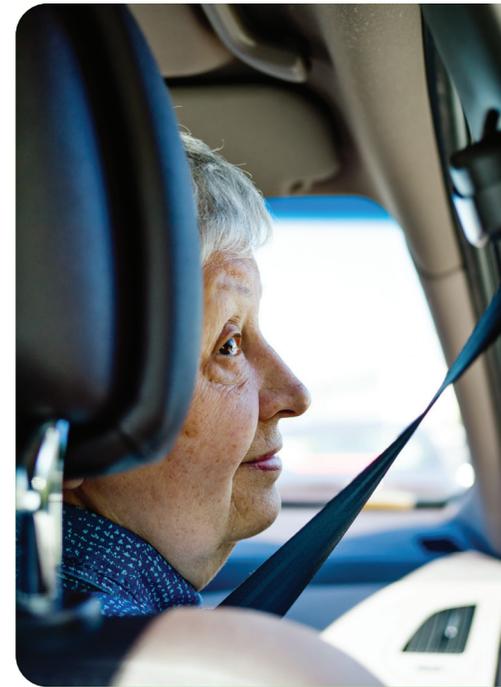
All HPP Medicare members have a transportation supplemental benefit:

- **Dual Special Needs** - unlimited one-way trips
- **Prime** - 50 one-way trips
- **Complete** - 22 one-way trips

HPP's transportation vendor, Access to Care, and can be reached at **1-866-213-1681**.

HPP Medicare's transportation supplemental benefit covers the following:

- Routine trips to PCP and specialists
- Transportation to in-network pharmacies and medically necessary appointments
- Transportation for the member's caregiver or family member
- Wheelchair accessible vans
- Ride-share vehicles
- Single-rider vehicles (must have cell phone)



Have you discussed the importance of Advance Care Planning with your patients?

Advance Care Planning (ACP) is one of the most important conversations you can begin during a wellness visit to help support patient autonomy, decision-making and better care at the end of life.

Voluntary ACP is a face-to-face service between the physician (or other qualified health care professional) and a patient discussing advance directives with or without completing relevant legal forms.

Examples of advance directives include:

- Living wills
- Instruction directives
- Healthcare proxy
- Healthcare power of attorney

Because HPP Medicare covers ACP, you may be reimbursed for ACP services. Please discuss CPT codes with your HPP Provider Representative.

Fall Risk Assessment and Counseling

You can also offer simple fall prevention tips such as:

- Removing hazards like loose area rugs from living spaces
- Wearing slip-resistant shoes
- Maintaining an active lifestyle to keep muscles and joints flexible and limber

Required Training Reminders

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

If you are a provider who has one or more Health Partners Medicare Special D-SNP members assigned to your practice, at least one person on your staff who is involved in the care of the 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 [2021 Model of Care Training](#). The course will take approximately 10 minutes to complete. Please complete this training by December 31, 2021.

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. However, the death rate has dropped over the past several decades, largely because of higher rates of screening. Therefore, CRC screening is critical to achieve positive patient outcomes and promote quality care.

We know many people are hesitant to get a colonoscopy because they don't have the time or are intimidated by the procedure. If you have patients who are not interested in a colonoscopy or flex sigmoidoscopy, you can educate them about colorectal screening and offer alternative tests that are non-invasive, such as a FOBT or FIT-DNA test. These home tests can be obtained by writing a script. The member can pick 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:

- Fecal occult blood test (FOBT)
- FIT-DNA test
- Flexible sigmoidoscopy
- CT Colonography
- Colonoscopy

SNAP for Older Adults

Do you have an older patient who may be food insecure? Studies have shown that older adults who are food insecure have:

- Diets that are less nutritious
- Worse health outcomes
- A higher risk of depression

In contrast, seniors enrolled in the Supplemental Nutrition Assistance Program (SNAP) are healthier, hospitalized less and less likely to go to a nursing home.

SNAP helps eligible individuals and families in Pennsylvania increase purchasing power at the grocery store, giving them access to more nutritious foods. Benefits are provided monthly through an Electronic Benefit Transfer (EBT) card, which recipients use to purchase foods at their local grocery stores and farmers markets. These benefits are not cash and can only be used on food purchases.

SNAP eligibility is based on factors such as household income, housing costs and medical expenses. An older adult can bring in more than \$2,000 a month and still qualify. For a senior couple, that increases to more than \$2,700. Income requirements change each year.

If you have an older patient who may be eligible for SNAP, please encourage them to apply by going to the state website at [DHS.PA.Gov](https://www.dhs.pa.gov) or by calling 1-877-395-8930 for assistance.



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 as soon as possible. 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 COVID-19 vaccinations.



Diabetes Awareness Month

November is Diabetes Awareness Month. In the United States, diabetes is responsible for approximately \$760 billion in healthcare spending and affects an estimated 30 million people—or 1 in every 10. In 2020, 1 in 10 people not only lived with diabetes but also experienced a pandemic.

Join forces with us and our dedicated case managers, pharmacists and medical directors to educate our members and provide services for our diabetic members.

Our team needs your help and support for the health maintenance of our diabetic members. We can collaborate with you to assist and educate our members in understanding how to comply with their diabetes management with the following:

- Annual health assessments.
- A1C and lipid profile
- Testing and tracking glucose levels
- Medication compliance
- 90-day medication refills
- Nutritional teaching/consultation
- Annual eye examinations with an ophthalmologist
- Annual foot examinations with a podiatrist
- Immunizations, including COVID-19, flu, pneumonia and TDAP

Our care coordination department is here to work collaboratively with our providers to ensure our diabetic members have the support and assistance needed to maintain the best management of their diabetes. This November, join Health Partners Plans in shining a spotlight on this escalating public health crisis and working with our care coordination team to provide our diabetic members with the best quality of care for their best health outcomes.



Lead Testing Kit Recall

Magellan Diagnostics, Inc. has expanded their product recall involving the LeadCare® blood test kits to include all LeadCare II Blood Lead Test Kits, LeadCare Plus Blood Lead Test Kits and LeadCare Ultra Blood Lead Test Kits because they could potentially underestimate blood lead levels when processing patient blood samples. Magellan Diagnostics has temporarily stopped shipments of LeadCare® test kits and has not issued a definitive date to resume shipments.

What Providers Should Do:

- Providers and healthcare organizations should discontinue the use of all LeadCare® II testing supply kits and quarantine the remaining inventory.
- Providers and healthcare organizations should identify and contact patients tested with recalled test kit lots. All results tested on impacted lots should be confirmed with an alternative lead testing option analyzed using a high complexity testing method, such as Inductively Coupled Plasma Mass Spectrometry (ICP-MS) or Graphite Furnace Atomic Absorption Spectroscopy (GFAAS) at a high complexity, CLIA-certified reference laboratory.
- Please call DOH at 1-877-PA-HEALTH or your local health department if you have any questions.

Importance Of Recording And Correctly Coding Blood Pressures & A1c Results

While the COVID-19 pandemic made telemedicine the preference of many providers and patients for office visits, actively monitoring hypertensive and diabetic patients is more important than ever. Our members should take their blood pressure immediately prior to any telemedicine visit with your practice and the reading should be documented in their medical record. HPP provides free automatic blood pressure cuffs to our hypertensive members. If a patient doesn't already have a cuff, please submit a referral for them to receive one from HPP at this link: <https://www.healthpartnersplans.com/media/100530244/referral-form-bp-cuffs.pdf>

Urge your diabetic members to have their A1c testing done and remember to record the results in the chart even if the test was ordered by another provider treating the member.

Please use the appropriate codes when submitting a claim related to hypertension and diabetes, which can be found in the QCP manual. Your network account manager can provide a manual for you if you need one.

Importance Of Childhood Immunization

According to the Center for Disease Control (CDC), on-time vaccination throughout childhood is essential because it helps provide immunity before children are exposed to potentially life-threatening diseases. The health, safety and well-being of children is of primary concern for healthcare providers. As trusted professionals, healthcare providers often serve as a resource for new parents and families. One of the ways that healthcare professionals can ensure children's health is to encourage that families follow the childhood immunization schedule. Receiving timely and age-appropriate vaccines protects infants, children and teens from harmful diseases. The CDC has a recommended childhood immunization schedule that identifies the vaccines that children need based upon their age. This schedule is developed by experts at the CDC, with recommendations from the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP). Please see here to view the most updated childhood immunization schedule: <https://www.cdc.gov/vaccines/schedules/index.html>

HPP would like to ensure all providers are communicating the importance of childhood immunization. As a reminder, HPP covers all vaccinations for all members, including the flu and COVID-19 vaccinations. One of HPP's primary goals is to ensure our youngest members receive the preventive care they need. If you have any questions or concerns, please contact the Healthy Kids Department at 215-967-4690.



HgA1C Performed in the Office

We would like to inform you of upcoming changes to our HPP Policy Bulletin Library. Effective 11/1/2021, HPP will be implementing a new claim payment policy: RB.022.A Rapid Hemoglobin A1c (HbA1c) Testing

HPP considers Rapid HbA1c testing eligible for reimbursement consideration up to four times per calendar year when the following criteria are met:

- The test is performed in a physician's office or clinic setting
- The device used has been approved by the Food and Drug Administration (FDA) to quantitatively measure the percent Hemoglobin A1c in blood
- The test is being utilized as a screening measure to diagnose or manage diabetes

As a reminder, HPP's medical policy bulletins define medical necessity criteria and coverage positions on topics such as medical services, procedures, DME, therapies, etc., while our claim payment policy bulletins provide reimbursement rules and billing guidelines necessary to ensure timely and appropriate payment.

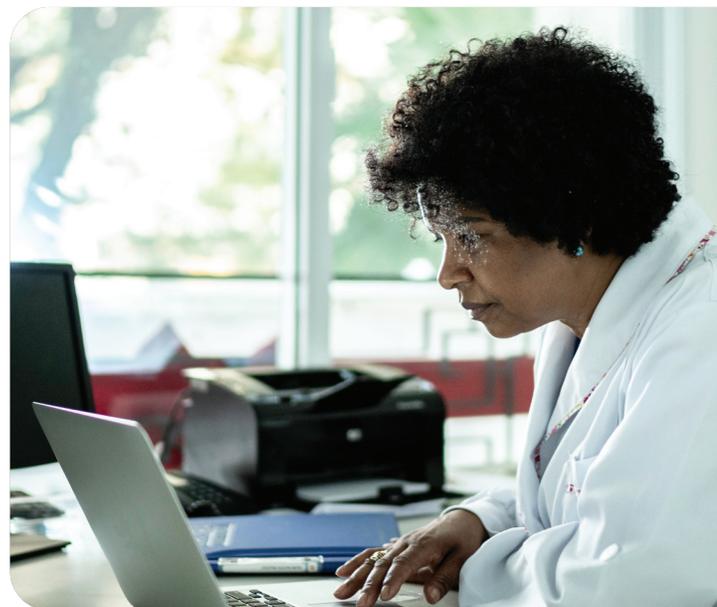
We maintain a policy bulletin library on our website at www.hpplans.com/PolicyBulletins.

Basics of Medical Record Documentation

If you have invested in an electronic medical record system, consider giving your documentation a check-up to ensure that you and your staff are capturing the following key components of meaningful use:

- Allergies to medication
- Current medication list
- Updated problem list
- Past medical history
- Appropriate diagnoses and treatment plans
- Up-to-date immunization record

While these may seem obvious, they are sometimes overlooked, which can compromise patient safety and quality of care. HPP's Provider Portal contains helpful information on appropriate medical record documentation for adult and pediatric populations.



<https://www.healthpartnersplans.com/media/100021755/AdultMedicalRecordKeepingAid.pdf>

<https://www.healthpartnersplans.com/media/100021776/PediatricMedicalRecordProblemList.pdf>