

Provider Check Up



Health Partners Plans  | FALL 2022

Rolling Into Q4 with HPP

Thank you for taking the time to review the fall issue of Provider Check Up, our provider newsletter. Aligning our goals with yours is critical to our mutual success. As we roll into the 4th quarter of 2022, HPP is emphasizing several initiatives, including:

- Closing care gaps
- Wrapping up annual training requirements
- Assessing how we manage the health outcomes of our membership in the upcoming year

HPP is committed to being a resource to our provider network. Here's four things your office can do before the end of the year:

- Review your patients' gaps in care and medication adherence in our new HP Connect Portal
- Keep abreast of all [communications](#) sent to your organization
- Complete any annual [required trainings](#)
- Complete the [annual access and availability survey](#)

As always, we appreciate your support in our mission to improve the health outcomes of our members.



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Pharmacy Corner

Comprehensive Medication Review (CMR)

Qualifying Medicare members may receive a call from a Tabula Rasa HealthCare (MedWiseRx) clinical staff member on behalf of Health Partner Plans to discuss their medications and complete an annual Comprehensive Medication Review (CMR). During a CMR, the clinical staff member will review prescription, over-the-counter (OTC), herbal medications and dietary supplements to ensure the member is taking their medications safely and effectively. There is no additional cost to the member for completing a CMR.

If a member is unavailable at the time of outreach, we ask the member to please call **1-844-866-3735** and identify that the member is returning a call to complete an annual Comprehensive Medication Review.



STARs Medication Adherence (Oral Diabetes, RAS Antagonists, and Statins) Measure Program

Medicare members that qualify for the STARs Medication Adherence (Oral Diabetes, RAS Antagonists, and Statins) Measure Program may receive a call from a clinical staff member of Magellan Rx on behalf of Health Partners Plans to discuss their oral diabetes, RAS antagonist and/or statin medications. Members can take advantage of this free service over the phone.

Magellan Rx works closely with members, providers and pharmacies to increase the percentage of members with a prescription for an oral diabetes medication, RAS antagonist and/or statin medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.

To achieve this, the clinical staff member from Magellan Rx will assess member specific potential barriers such as medication cost, side effects and complexity of regimen in addition to treatment expectations and goals. The clinical staff member from Magellan Rx will provide motivational interviewing and education reinforcement regarding disease states, importance of adherence and strategies for success/improvement.

Magellan Rx accepts calls at their adherence phone number at **877-762-3585**.

Important Reminders



HIV PrEP

PrEP (pre-exposure prophylaxis) is medication taken by people at risk for HIV via sex or injection drug use that is highly effective when taken as prescribed.



90 Day Supply Mail Order Pharmacy

What may seem like a routine trip to a pharmacy may be challenging for some. However, Health Partners may be able to assist through our 90-day supply, mail order pharmacy and pharmacies that offer delivery options.



LARC Coverage

Contraceptives, including Long-Acting Reversible Contraception (LARCs), are covered on the Health Partners Plans Medicaid Preferred Drug List (PDL) under the Pharmacy Benefit and are available from the pharmacy with a provider's prescription.



HEDIS Measure Reminders

For more information about updated statin therapy HEDIS measures for patients with diabetes or cardiovascular disease, persistence of beta-blocker treatment after a heart attack HEDIS measures or the Asthma Medication Ratio (AMR) HEDIS measures, please view the summer newsletter. Specific details of each measure are provided in the [2022 QCP manual](#).

You can learn more about these topics by reading our [Summer 2022 issue of the Provider Check Up](#)

HPP Provider News

We Have Some Exciting News!

We would like to introduce the HPP Annual Orientation Training QR code for our providers! Providers will have the advantage of using a QR code for quick, convenient access when using their mobile devices. QR code drives premium traffic and authenticated providers to our website.

How does it work?

Providers will need to have a barcode scanner application installed on some smartphones.

Smartphones like Apple don't need an application. You simply scan the QR code with your smartphone's camera and it will direct you to the annual orientation training site.

Take a peek by scanning the QR code.



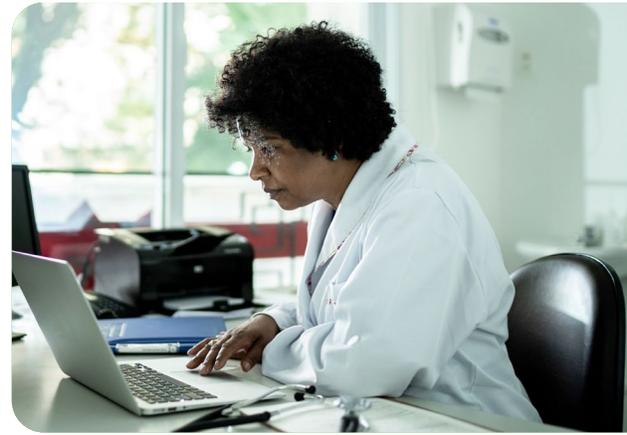
Training Reminders

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

This training is required by the Centers for Medicare & Medicaid Services (CMS) for providers who service D-SNP members. The training course is available through our [online HPP University](#). It will take approximately 10 minutes to complete the course.

Annual Orientation and Training

Register now for an upcoming quarterly provider orientation and training for new and existing providers or [download our presentation](#) to review with your staff. Simply review the information, complete the attestation and click “submit” to complete the requirement by December 31, 2022.



MEDICAID ALERT: Ending of the COVID-19 Public Health Emergency

States across the country have begun preparing for the unwinding of the COVID-19 Public Health Emergency (PHE). This means that states will soon be required to restart Medicaid and CHIP eligibility reviews. According to some estimates, when states resume these reviews up to 15 million people could lose their current Medicaid or CHIP coverage through a process called unwinding.

To minimize the number of people that lose Medicaid or CHIP coverage, CMS is working with states and other stakeholders to inform people about renewing their coverage and exploring other available health insurance options if they no longer qualify for Medicaid or CHIP.

The impending unwinding will have a direct impact on your patients. It is critical that your Medicaid and CHIP patients keep their current contact information up to date with the state, as this will ensure they receive their renewal form. If your patient does not return their renewal form in a timely manner, they are at risk of losing their Medicaid or CHIP coverage.

Pennsylvanians receiving Medicaid and CHIP coverage will need to renew their eligibility once the end date of the PHE is announced. We are anticipating the PHE to end sometime in early 2023.

As a provider for Medicaid and CHIP members, we are asking that you and your staff encourage your patients to:

- 1. Make sure their contact information is always up to date.** If their address has changed, encourage them to notify their local [County Assistance Office](#) or visit the [COMPASS \(myCOMPASS.com\)](#) website or call the Statewide Customer Service Center at **1-877-395-8930** or **215-560-7226** in Philadelphia.
- 2. Check mail for renewal application.** Everyone's renewal date is different. DHS will mail renewal information approximately 90 days before their renewal is due. This letter will let them know that they need to complete their application to see if they still qualify for Medicaid.
- 3. Complete and return renewal application on time.** Return eligibility application by the deadline to avoid the loss of Medicaid coverage.

We need your help to make sure your patients remain insured!



Importance of Post-Hospital Follow Up

HPP would like to remind you of the importance of scheduling an office visit for a patient within seven days of a discharge from a hospital. This visit allows you to engage with your patient after a discharge, conduct medication reconciliation and may prevent a follow-up hospitalization. If your practice takes part in the HPP 2020 Quality Care Plus (QCP) program, this visit is a measurement for the program. Please educate your office staff on the importance of aiding members with making an appointment within 7 days of being discharged from a hospital.





Blood Lead Level Update

The Department of Human Services (DHS) issued a bulletin on June 8, 2022 to inform providers enrolled in the Medical Assistance (MA) Program that they have updated the Blood Lead Reference Value to 3.5 micrograms per deciliter ($\mu\text{g}/\text{dL}$). In addition, universal blood lead toxicity testing should be completed by 12 months and at 24 months of age and is a required component of the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. Providers are also required to test children between the ages of 36 and 72 months of age if they have not been previously tested for lead poisoning. Providers may test for blood lead using a capillary sample but must confirm an Elevated Blood Lead Level (EBLL) with a venous blood sample. Additionally, the MA Program provides coverage for blood lead testing of all MA enrolled children under 21 years of age at any time, if indicated by risk assessment, or for those children with a history or symptoms of lead exposure. For additional information about the update please visit one of the links below.

- [HPP Clinical Resources for Lead Screenings](#)
- [DHS Office of Medical Assistance Programs](#)
- [CDC Update of the Blood Lead Reference Value](#)

Health Topics

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

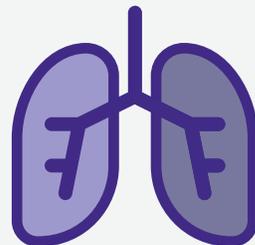
The HEDIS measure for URIs gathers data on the percentage of members three months old and older who had a diagnosis of an upper respiratory infection that did not result in an antibiotic being given.

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 that most URIs are caused by viruses and do not require antibiotic treatment.
- Review proper handwashing and coughing hygiene techniques.

- Evaluate if an antibiotic is needed by performing any needed exam and testing.

Please refer to HPP's [provider website](#) to review clinical guidelines from the CDC and American Academy of Family Physicians (AAFP) for treatment of URIs.



Help Your Patients Manage Hypertension

Hypertension is a serious and costly health concern. Nearly half of the adults in America have high blood pressure. High blood pressure often is undiagnosed because people do not visit their health care provider for annual screenings.

There are many modifiable risk factors that can contribute to high blood pressure such as:

- Alcohol use
- Drug use
- Obesity
- Sedentary lifestyle
- Stress
- Tobacco use
- Unhealthy diet

There are some risk factors that cannot be modified such as:

- Age
- Family history
- Gender
- Race

There are also health issues that if not managed can lead to hypertension such as:

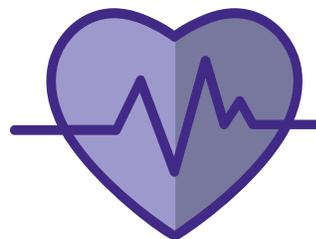
- Diabetes
- High cholesterol
- Sleep apnea

Having hypertension, especially if it is uncontrolled, puts patients at a high risk for health disease and stroke.

Providers should work with their patients to educate them regarding their risk factors, medications and healthy habits. If you are caring for HPP members who are hypertensive, you can order a blood pressure cuff for them so they can monitor their BP at home. 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 [here](#).

If you have a telehealth visit with hypertensive patients, you can document the BP reading the member reports from home monitoring in their progress note. Please refer to the HPP 2022 QCP Manual for coding information.

Please visit the [CDC's Million Hearts website](#) for more information on Self-Measured Blood Pressure (SMBP) Monitoring.



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.

Join forces with us and our dedicated case managers, pharmacists, and medical directors to educate our members and collaborate 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 assessment
- A1C and lipid profile
- Testing and tracking glucose levels

- Medication compliance
- 90-days medication refills
- Nutritional teaching/consultation
- Annual eye examinations with an ophthalmologist
- Annual foot examinations with a podiatrist
- Immunizations (COVID, influenza, pneumonia, 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 providing our diabetic members with the best quality of care for their best health outcomes.



Fall Risk Assessment and Counseling

According to the CDC, 1 in 4 older adults in America will have a fall, making fall prevention a public health concern. As a provider, please remember to screen your patients for fall risks and counsel them on ways to prevent falls. Certain drugs can be a contributing factor to falls, so it is important to make medication review part of fall prevention screenings. You can also offer simple tips to help patients prevent falls 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

Sources:

[CDC - Older Adult Fall Prevention](#)

[WHO - Falls](#)

Transportation Benefit

Do your members cancel appointments due to lack of transportation?

Health Partners Medicare members have a transportation supplemental benefit:

- **Health Partners Medicare Special:**
unlimited one-way trips
- **Health Partners Medicare Prime:**
50 one-way trips
- **Health Partners Medicare Complete:**
22 one-way trips

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

Health Partners Medicare's transportation benefit covers the following:

- Routine trips to PCP and specialists
- In-network pharmacies and medically necessary appointments
- A family member or caregiver can ride with the member
- Wheelchair accessible vans available (need to call ahead)



Oral Health Conditions in People with Developmental Disabilities

Adults and children with developmental disabilities are more likely to have unmet dental needs as a result of the challenges in receiving dental treatment. Providers can incorporate an oral health assessment into regular well visits to look for oral health conditions associated with developmental disabilities. Common conditions include:

- **Dietary/oral hygiene**
 - Dental caries as a result of poor nutritional status.
 - Gingivitis and periodontal disease because of challenges in performing self-care and plaque control.
 - Excessive wear or chipped teeth can occur from clenching or grinding habits.
- **Medication induced**
 - Dry mouth from medication side effects combined with mouth breathing.
 - Dental caries from long-term sugar containing medication use.

- **Anatomical**

- Malocclusion is associated with delayed tooth eruption, tongue thrusting habits and muscular abnormalities.
- Oral malformations like cleft lip and palate, differences in size, shape and number of teeth from disturbances in development.
- Enamel hypoplasia resulting in weakened tooth structure making teeth more prone to decay.

Because routine dental treatment can be challenging and may require sedation or general anesthesia, referral to the dentist is vital to getting patients with special needs necessary preventive care. Please call the Special Needs Unit at **866-500-4571** if assistance is needed in finding a dental provider for your patient.

Prevention Corner: Bone Health

Bone is a living tissue, and like all living things, it needs to be cultivated to stay healthy. Maintaining bone health is important to guard against injury throughout a person's lifetime. Low bone density, osteopenia, may be a precursor to osteoporosis. To help your patients realize the value of maintaining bone health, you should educate them on the factors that affect bone health.

• Modifiable factors include:

- Diet: Include calcium and Vitamin D in your daily diet or in vitamin supplements.
 - o A diet rich in calcium helps to make bones strong; only 35% of American adults receive the recommended daily allowance of calcium in their diet. In areas of food insecurity that percentage may be higher.
 - o Many Americans are deficient in Vitamin D, which helps the body to absorb calcium.
- Exercise: Activity strengthens bones, so encourage your patients to partake in weight bearing exercises.
- Tobacco and Alcohol Use: Research shows that tobacco and alcohol use can contribute to weak bones, which can lead to osteoporosis.

• Nonmodifiable factors include:

- Age: Adults over the age of 50 years old are more prone to low bone density
- Sex: Women are more at risk for low bone density than men due to hormonal changes.
- Body Frame: People who are extremely thin, BMI < 19, or have a smaller body frame, are at an increased risk for low bone density.
- Race: Non-Hispanic White women are at an increased risk for low bone density.
- Family history
- Medical conditions

If your female patient is over the age of 65 or postmenopausal and younger than 65 years old, encourage them to have a bone density test. Explain that this painless test can diagnosis bone loss. If osteopenia or osteoporosis is detected, you can discuss the treatment options with your patient.

References:

[US Preventive Services Task Force](#)

[Mayo Clinic](#)

[CDC](#)

Important Reminders



SNAP for Older Adults

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



Improving Bladder Control

It is important as part of your routine check-up with your patients to discuss urinary incontinence with your patients 65 years and older.



Prevention Corner: Keep your patients safe by encouraging colorectal cancer screening

Colorectal Cancer (CRC) is the third most 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.

You can learn more about these topics by reading our Spring 2022 issue of the Provider Check Up, [here](#).