

INSIDE

Health Partners

Inside Health Partners is a quarterly publication for Health Partners participating providers.

Please visit us at www.healthpart.com

News and information for participating providers

Spring 2003

ADMINISTRATIVE AND PROVIDER AFFAIRS

PROVIDERS CAN'T REFUSE TO SEE MEMBERS DURING THE ELIGIBILITY PERIOD

The period between the approval of an individual's Medical Assistance benefits and the effective date of coverage with the Physical Health Care Managed Care Organization (PH-MCO) is called the "Medical Assistance Fee-for-Service (MA FFS) eligibility window." As a participating Medical Assistance provider, you are prohibited from denying services to a Medical Assistance recipient during this period. An individual's eligibility must be verified via the Eligibility Verification System (EVS) prior to rendering services. Services rendered during the MA FFS eligibility window are to be billed directly to the Department of Public Welfare.

HEALTH PARTNERS WELCOMES ROXBOROUGH MEMORIAL HOSPITAL TO OUR NETWORK



The 125-bed Roxborough Memorial Hospital, a member of Tenet Health System, has joined the Health Partners Provider Network. Health Partners participating providers who have privileges at Roxborough can now send members there for any covered services provided by the hospital. Roxborough Memorial Hospital is located at 5800 Ridge Avenue, Philadelphia, PA 19128. The main telephone number is: 215-483-9900.

All requirements for referral or prior authorization apply to this hospital in the same manner as other hospitals.

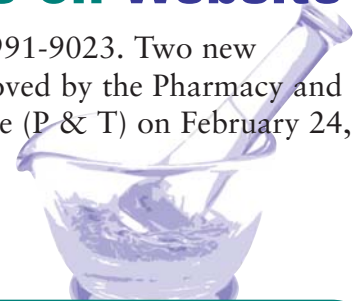
For questions, please call the Provider Helpline at: 215-991-4350 or 888-991-9023.

2003 Medicaid Formulary Is Available on Website

The Health Partners 2003 Medicaid Formulary can be accessed at www.healthpart.com. Simply click on "Info for Providers" and then "2003 Formulary" to view and/or print the information in its entirety. If you would like a printed copy of the formulary, please call the Provider Helpline at

215-991-4350 or 888-991-9023. Two new medications were approved by the Pharmacy and Therapeutics Committee (P & T) on February 24, 2003. They are:

- *Abilify*
- *Lexapro*



In this ISSUE

ADMINISTRATIVE AND PROVIDER AFFAIRS

Providers Can't Refuse to See Members During Eligibility Period	pg 1
Health Partners Welcomes Roxborough Memorial Hospital to Network	pg 1
2003 Medicaid Formulary Available on Website	pg 1
2002 Member and Provider Surveys Reveal Important Information	pg 2
Member Satisfaction	pg 2
Provider Satisfaction	pg 2
Encounter Reporting	pg 3
Health Partners Electronic Claims Processing	pg 3
When Prescribing Medications for Senior Partners Gold & Silver Members	pg 3

CARE MANAGEMENT

DRG/Case Review Process Streamlined	pg 4
PCPs Need Prior Authorization Before Referring to Non-Network Providers	pg 4
Evaluating Members for Depression	pg 4
Lead Testing Update	pg 5
Special Needs Unit Adds Staff to Further Respond to Member/Provider Needs	pg 5
Quick Guide Regarding Prior Authorization and UM Notification	pg 5
Dental Corner	pg 6
2003 Clinical Guidelines on Website	pg 6
Insert: Important Pharmacy Notices	
Medications That No Longer Need Prior Authorization	
Ergotamine tartrate WARNING	

2002 MEMBER AND PROVIDER SURVEYS REVEAL IMPORTANT INFORMATION

Overall Member Satisfaction with Health Care Improves

One of the most important forms of data that Health Partners collects comes from member survey responses. This feedback allows for an internal review of our programs. The results of our 2002 Member Satisfaction Survey tell us we're doing a lot of things right, and help us identify opportunities to further improve our services.

Member satisfaction with the health care provided by Health Partners physicians and other health care providers improved over the past year. Health Partners has reviewed these findings in light of other measurements of member satisfaction such as member complaints, inquiries and transfer requests to better understand the results.

Improvements were seen in the following areas:

- Ability to get an appointment for routine care
- Ability to get the help and advice needed when calling during office hours
- Ability to get urgently needed care quickly

Opportunities for improvement include:

- Choice of a doctor or nurse for PCP
- Ability to communicate with the doctor due to language differences
- Satisfaction with customer service
- Office staff courtesy and respect

Provider Satisfaction Surveys Also Reflect Overall Improvement

Collective provider satisfaction with Health Partners and Senior Partners has also increased significantly.

The following areas showed higher levels of satisfaction:

- Regular office visits from Health Partners' Physician Network Consultants (PNCs—formerly known as Provider Relations Representatives)
- Providers would welcome new Health Partners members into their practices
- Health Partners processing of claims
- Provider communications
- The credentialing process
- Utilization measures

Opportunities for improvement include:

- Accuracy of capitation payments
- Members' comprehension of their benefits (in the opinion of their PCPs)
- The recredentialing process
- Special Needs Case Management issues

Member and Provider Satisfaction: Looking Forward

Satisfaction with selection of a PCP was identified as a key driver in member satisfaction. Satisfaction with appointment access also increased, mirrored by a significant decrease in the number of complaints Health Partners received concerning PCP site access and the refusal of PCPs to provide treatment.

At the same time, Health Partners noted a significant increase in the number of member requests to change PCPs related to office staff courtesy and respect.

We recognize the barriers faced by office staff in managing appointments, including late arrivals and walk-ins that are out of your control. Difficulty communicating with patients because of language differences (due to the cultural and ethnic diversity of Health Partners' membership) also plays a role. Office staffs face many obstacles like patient flow, the time and care it takes to help patients navigate the care experience, and patient compliance with treatment plans. If you have questions or need assistance coordinating care for a patient who speaks another language, please call the Health Partners Special Needs Unit at 215-991-4370.

These and other issues play an important role in provider satisfaction as well. Health Partners continues to monitor opportunities for improvement, beginning with one-to-one consultation with our PCP practices. All providers are encouraged to share their ideas and comments with their Physician Network Consultants (PNCs) or other provider representative. Simply call the Provider Helpline at 215-991-4350 or 888-991-9023.

ENCOUNTER REPORTING – COMPLETE AND APPROPRIATE CODING IS KEY

Health Partners asks all providers' cooperation in carrying out diagnosis codes to the fourth and fifth digits whenever possible. Since the state's implementation of risk adjusted rates in January, payments made to Medicaid managed care organizations are being "adjusted" according to the distribution of chronically ill patients. Our sickest members require more care, but if chronic conditions are not continuously reported, Health Partners will not receive the appropriate risk adjustment. If you have any questions, please talk with your Physician Network Consultant, or call the Provider Helpline at 215-991-4350 or 888-991-9023.

HEALTH PARTNERS ELECTRONIC CLAIMS PROCESSING

Health Partners offers the speed, convenience and lower administrative costs through Electronic Data Interchange, also known as EDI or electronic claims processing. We use the WebMD Transaction Services.

To take advantage of this service, contact your software vendor about submitting your claims electronically to Health Partners. For all claims (HCFA-1500 and UB-92) submitted electronically to Health Partners, WebMD can electronically return a detailed status for each claim. The status message will show which claims have been accepted, rejected and/or are pending, and provide the amount paid on the submitted claim once it has been finalized.

If you have questions about submitting claims electronically to Health Partners, please call the Provider Helpline at 215-991-4350 or 888-991-9023 and select "option 2". You can request a printed copy of "Frequently Asked Questions" or log on to the Health Partners website and go directly to the FAQ section, at www.healthpart.com/prov/prov_edifaq.html.

IMPORTANT NOTICE: WHEN PRESCRIBING MEDICATIONS FOR SENIOR PARTNERS GOLD AND SILVER MEMBERS

Please keep in mind that pharmacy coverage is not a basic Senior Partners benefit in the 2003 plan year. However, there are three key enhancements you'll want to remember when prescribing medications for members:



1. Gold plan members can receive generic drug coverage as an optional benefit (at additional cost of \$20 per month).
2. Silver plan members have no prescription drug coverage, but do receive coverage for over-the-counter drugs (OTC) and other health items (OTC) — up to \$35 per month*.

*Health Partners participating pharmacies require the Silver Plan member's physician to write a prescription for these OTC items. Otherwise, the pharmacy will contact the physician's office to obtain approval when the member wishes to use the benefit. Please make note of this so that our Silver Plan members can continue to take advantage of this benefit.

3. All Senior Partners Gold and Silver members have received a ScriptSave card to obtain discounts on both generic and brand medications at those pharmacies that participate in the ScriptSave program. Members can call Senior Partners Member Relations at 888-667-7367 or ScriptSave Customer Service at 800-700-3957 for the names of participating pharmacies near them.

For more information, call the Provider Helpline at 215-991-4350 or 888-991-9023.



SENIOR PARTNERS DRG/CASE REVIEW PROCESS STREAMLINED

To assist case managers, utilization managers, discharge planners and other designated professionals, Health Partners no longer requires day-to-day case review for Senior Partners members admitted as inpatients.

Instead, participating and non-participating hospitals only need to:

- Provide the initial review (1-2 days) on a Senior Partners admission
- Allow 48 hours for a decision to be rendered by Senior Partners
- Contact the Senior Partners Case Manager with the patient's discharge date and disposition

No additional reviews are needed unless requested by the Senior Partners case manager. If you do not receive a decision within 48 hours, please call the Case Manager, and your call will be returned. Thank you for your cooperation in helping us reduce your decision turnaround time.

PCPs Need Prior Authorization before Referring Members to Non-Network Providers

Health Partners focuses on ensuring continuity of care for members, and values the PCPs' coordination of care within our Provider network. We realize that PCPs might occasionally refer members to a non-participating provider for some need not available through a participating provider. However, we require that you seek prior authorization before making referrals to non-participating physicians.

If the PCP does not obtain prior authorization, reimbursement will be denied. Bills should never be sent to the member for payment, so it's essential to confirm approval by calling the Health Partners Utilization Management department at 215-849-3513.

Evaluating Members for Depression

One out of every seven Americans will suffer from depression at some point in their lives. Health Partners encourages practitioners to monitor members for signs of depression during every patient encounter.

Symptoms of major depressive disorders* that are common among adults are:

- ✓ Persistent sad or irritable mood
- ✓ Loss of interest in activities once enjoyed
- ✓ Significant change in appetite or body weight
- ✓ Difficulty sleeping or oversleeping
- ✓ Psychomotor agitation or retardation
- ✓ Loss of energy
- ✓ Feelings of worthlessness or inappropriate guilt
- ✓ Difficulty concentrating
- ✓ Recurrent thoughts of death or suicide

*Five or more of these symptoms must persist for two or more weeks before a diagnosis of major depression is indicated.

Some signs of depression in children and adolescents include:

- ✓ Frequent vague, non-specific physical complaints such as headaches, muscle aches, stomach aches or tiredness
- ✓ Frequent absences from school or poor performance in school
- ✓ Talk of efforts to run away from home
- ✓ Outbursts of shouting, complaining, unexplained irritability, or crying
- ✓ Alcohol or substance abuse
- ✓ Social isolation, difficulty with relationships, poor communication, being bored
- ✓ Fear of death
- ✓ Increased irritability, anger, or hostility, reckless behavior

Source: NIMH publication no. 00-4744, September 2000

As needed, please encourage your patients to access behavioral health resources. Patients can self-refer to any of Health Partners' participating mental health providers (found on the providers' quick reference guide or in the Provider Manual). Or, practitioners can call the Health Partners Special Needs Unit on their behalf: 215-991-4370 (24 hours a day, seven days a week).

For more information, log on to: National Institute of Mental Health www.nimh.nih.gov
Phone: 301-443-4513.

LEAD TESTING UPDATE

Childhood lead poisoning poses serious medical problems, especially to infants and children under the age of six. While highly preventable, lead poisoning is a major health problem, according to the Centers for Disease Control (CDC).

In accordance with Health Partners' 2003 Pediatric Preventive Guidelines, all children should be tested for lead (finger stick or serum). Ideally, this test should be performed on babies between 9 and 11 months. If not done then, test as soon as possible by either 1 year, 15 months or 18 months. Practitioners should also perform lead screening on children between ages two and six if they have not previously had testing.

Our Special Needs Unit (SNU) is available to assist you with scheduling any follow-up testing, treatment or environmental assessments that may be necessary to ensure member compliance. The SNU can be reached at 215-991-4370.

For more information on childhood lead poisoning:

- *Phila. Health Department Childhood Lead Poisoning Prevention Program: 215-685-2797* (24-hour information in English, Spanish, Vietnamese and Cambodian).

www.phila.gov/health/units/lead/index.html

- *Pennsylvania Department of Health Lead Information Line: 1-800-440-LEAD (5323).*

SPECIAL NEEDS UNIT ADDS STAFF TO FURTHER MEET MEMBER AND PROVIDER NEEDS

Health Partners' Special Needs Unit (SNU) has expanded its staff in response to provider and member needs. The main functions of the SNU are:

1. Helping members gain access to necessary services, through their providers or as self-referrals
2. Assisting members with care coordination when they are receiving services from multiple providers
3. Proactively identifying members with special needs

The SNU is part of the Care Management department, working collaboratively with Utilization and Disease Management for continuity and coordination of care. SNU serves as a critical link between members and providers, durable medical equipment companies, home care agencies, community-based social service agencies and advocacy groups, as well as city/county departments of health and human services.

To contact the SNU, call the SNU Hotline at: 215-991-4370, 24 hours a day, seven days a week.

A Quick Guide Regarding Prior Authorization and UM Notification

All hospital admissions, short procedure unit admissions, and shift care require prior authorization.

Transportation, DME (including customized DME and rentals and enteral feeds when ordered with pump and supplies), homecare and supplies that cost more than \$500.00 also require prior authorization.

Services that do not require prior authorization are: DME purchases, transportation services and home care visits under \$500.00 per claim line.



Dental Corner

The American Dental Association's most recent study* of childhood tooth decay revealed that youngsters today have significantly less tooth decay when compared to children in the early 1970s. The percentage of decrease was significant (40 to 50%) for both younger and older age groups (two to 18 years), when looking at primary (baby) and permanent teeth.

However, one subset did not fare as well. Pre-school-aged children (two to five) whose family income is at or below the poverty line did not receive treatment for baby tooth decay as often as school-aged children (ages 6 to 10) in the same economic bracket. According to the Center for

Health Care Strategies, tooth decay is the leading childhood chronic condition among low-income, minority, and disabled populations — five times more common than asthma.**

The importance of pre-school dental care cannot be overemphasized. PCPs are asked to check youngsters' teeth during regular checkups, and to encourage parents or grandparents to take children three and older for dental exams twice a year.

* *Journal of the American Dental Association, February 2000.*

** *Pennsylvania Department of Health press release, January 2003.*



2003 CLINICAL PRACTICE AND PREVENTIVE CARE GUIDELINES ON WEBSITE

Go to www.healthpart.com (see "Info for Providers") to access the Health Partners 2003 Clinical Practice and Preventive Care Guidelines. *If you would like a printed copy of the Guidelines, please call our Provider Helpline at 215-991-4350 or 888-991-9023.*