

A quarterly news and information publication for participating providers **SUMMER 2007**

PROVIDER AFFAIRS

NPI Transition A Health Partners Priority

CMS announced its NPI Contingency Plan in early April, allowing all providers a “no penalty” period beyond the original May 23 deadline for those health care entities making a good faith effort to comply with the NPI requirements.

With the passage of the May 23, 2007 deadline mandated for providers to submit NPIs, Health Partners has adopted a “dual use” strategy to allow those in our network to address their specific NPI-related circumstances. As such, we are asking our providers to submit both their Legacy IDs and their NPIs (if they have obtained the NPIs) on both electronic and paper claims.

Health Partners Contingency Plan and “dual use” strategy is as follows:

- Claims that are submitted with an NPI only must match an NPI registered on Health Partners processing system. If an NPI match is not found and the legacy Provider ID was not included, the claim will be rejected or denied.
- If a provider is making good faith efforts to comply with the NPI ruling but is having difficulty, a Health Partners legacy Provider ID (without an NPI) will be accepted.
- If a provider submits with both a NPI and a legacy Provider ID and the submitted NPI is not registered on Health Partners’ processing system, the submitted NPI will be used by Health Partners to complete the registration process, assuming the NPI meets all validation processes.
- Health Partners now accepts the new CMS-1500 Form (version 8-05) as well as the older version (version 12-90). We also accept the revised UB-04 Facility claim form.

Health Partners will use the contingency period to conduct further testing with our providers, vendors, and business partners in an effort to ensure the timeliness and accuracy of transaction processing. **You will be notified in writing before it becomes mandatory to submit claims to Health Partners with an NPI only.**

Please continue to check the Health Partners HIPAA Connect website, <http://www.healthpart.com/HIPAA.asp>, for the most recent versions of the appropriate Companion Guides and all other HIPAA resources relative to EDI claims submission.

Provider questions can be directed to the Provider Services Helpline at 1-888-991-9023 (toll free) or 215-991-4350, or log on to our website at www.healthpart.com.

Technical support issues involving electronic transactions and NPI submission should be referred to the EDI Support Line at 215-991-4290. Thank you for your continued assistance in helping us fully transition to NPI.



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DIRECT PROVIDER ELIGIBILITY LINE *Separate Number Allows Fast Member Verification*

The Provider Services Helpline now offers a direct route to member eligibility verification, so provider offices can get their information quickly. The direct line is part of our ongoing commitment to provide fast, effective service to our Provider community.



Providers can call 1-800-225-2978 or 215-849-4791, Monday through Friday, from 8:30 am to 5:00 pm, to go directly to eligibility verification. Of course, the general Provider Services Helpline is available 24 hours a day, seven days a week at 215-991-4350 or 1-888-991-9023. And don't forget to log on to Provider Connect at www.healthpart.com, to quickly check member eligibility and claims status.

PROVIDER SATISFACTION SURVEY 2006

Health Partners thanks all provider offices that participated in our 2006 Provider Satisfaction Survey. The following information shows areas of high satisfaction, as well as areas where further improvement is needed. The survey period covered August 2005 to August 2006.



Please assist us again this year by responding to our 2007 survey. The surveys were distributed in July. As always, early responders receive a gift basket.

Surveys from 2006 were mailed to Health Partners and Senior Partners* PCPs

and specialists. Seventy percent of those responding have been Health Partners providers for seven or more years.

***This survey reflects both the Health Partners and Senior Partners lines of business.**

Highest Ranked Satisfaction Areas

The range of the top ten areas in 2005-2006 are situated between 88%-94%, a significant improvement from 83%-92% range in 2004-2005. Among the top ten best rated areas were:

- Courtesy and respect shown by PNC, earning the highest ranking every year since 1999.
- Health Partners Provider Newsletters and Bulletins
- "User friendliness" of systems
- "I would welcome new Health Partners members into my practice"

Services that Present Opportunities for Improvement

While providers ranked the following issues among those needing the most improvement, they also expressed higher satisfaction levels with these areas than in any previous year:

- "I feel that Health Partners members understand their benefits"
- Overall service improvement
- Special Needs Unit's assistance with difficult cases/situations
- Pharmacy Request Helpline

In the above areas cited for improvement, each Health Partners department is reaching out to provider offices to address specific issues where providers have experienced difficulty. Since providers also expressed that Health Partners members don't understand their benefits, the plan is using member newsletter articles and other communications to explain and encourage members to take appropriate advantage of their coverage.

What can you do?

Providers are encouraged to share their ideas and comments with their Physician Network Consultants (PNCs). Or simply call the Provider Helpline at 215-991-4350 or 1-888-991-9023.



IMPORTANT REMINDER

Effective May 1, 2007, claims sent to the New York Post office (Health Partners' former location for claims submissions) will no longer be forwarded back to Philadelphia. As you'll recall, Health Partners and Senior Partners brought claims processing back to our Philadelphia headquarters in Summer 2006. Please submit paper claims to the following addresses to ensure it is not returned to you. EDI, or electronic claims submissions, remain the same: our payer number is #80142.

Health Partners now accepts the new CMS-1500 and UB-04 forms for paper claims. The addresses are:

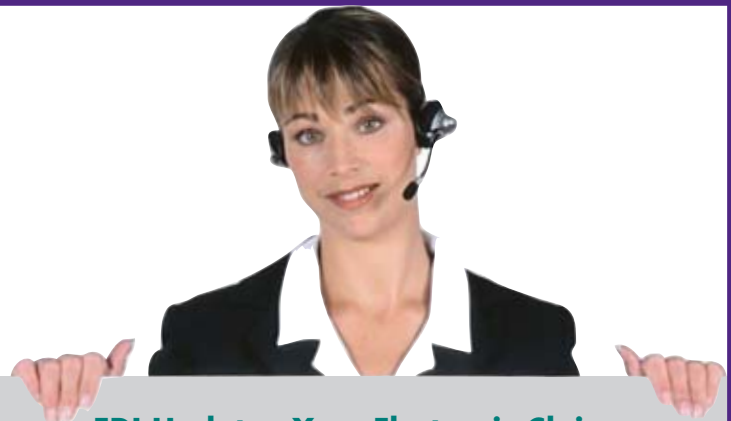
Health Partners
P.O. Box 1220
Philadelphia, PA 19105-1220

Senior Partners
P.O. Box 1210
Philadelphia, PA 19105-1210
(for dates of service from
January 1, 2007-July 31, 2007)

Claims Reconsiderations
901 Market St.
Suite 500
Philadelphia, PA 19107

Health Partners Is Always Payer of Last Resort

Medicaid is always the payer of last resort. If a member has other insurance, such as Medicare or Blue Cross, the Medicaid liability is limited. Specifically, payment will be made only up to the contracted or MA rate. So if a primary insurer has paid more than Health Partners would have paid if its coverage were primary, no additional reimbursement will be made. The one exception to this rule concerns payment of the Medicare inpatient deductible, which is normally payable as a secondary benefit.



EDI Update—Your Electronic Claims

All Health Partners (Medicaid) claims must be submitted with the 9-digit member ID number listed on the member's plan card. The 10-digit Access card number or the member's Social Security number will not be accepted as a valid member ID number.

All Senior Partners (Medicare) claims must be submitted with the member's 10-digit plan ID number, including ending alpha character.

All physician claims must be submitted with the 13 or 14-digit provider ID number. The number includes the 5-digit site location number combined with the individual doctor's medical license number.

All facility and ancillary claims must be submitted with the Health Partners/Senior Partners 5-digit provider ID number.

Health Partners has the EDI Support Line available to assist you with any electronic billing questions/concerns. Please call the EDI Support Line for more information regarding submitting claims electronically to Health Partners, or for any electronic claim submission issues and rejections that you encounter at 215-991-4290. The support line is available Monday through Friday from 9:00 a.m. until 5:00 p.m.

Please visit the HIPAA Connect/EDI Claims website at www.healthpart.com/HIPAA.asp for more detailed information related to:

- HIPAA privacy, security, transaction code set standards and companion guides
- Electronic claims processing and web inquiry capabilities

Proper Coding for Members with Chronic Diseases

Health Partners' Patient Evaluation Program (PEP) is designed to assist PCPs in identifying our high medical needs members who need to be seen on a regular basis.

PCPs receive an extra \$40 above capitation for bringing these members in for a visit and addressing their ongoing medical needs.

To ensure you receive this payment along with your capitation, please follow the PEP billing steps below:

- Verify the member's eligibility status.
- Verify the member's current diagnoses, and include them on your claim form, along with any diagnoses checked as "yes" on the member's PEP Data Sheet. Please use CPT code 99499.
- Please do not send claims with diagnoses that have been checked as "no" or "unverified" on the member's PEP Data Sheet. If the diagnoses on the data sheet are not present, and there are no other current diagnoses present at the time of the visit, please use diagnosis code V70.0 to indicate a Health Audit.

We depend on your partnership in providing quality care to our members who have high medical needs. Submitting accurate PEP Data Sheets and CMS-1500 claim forms help us achieve our goal. Thank you for your valued participation in this effort.

Providers' Words Influence Compliance

Did you know that if you recommend a preventive health screen such as mammograms to your patients, they are 75% more likely to have their mammogram?¹ If you recommend immunizations to your at-risk population, they are also more likely to have the appropriate vaccinations?

Your recommendation for preventive services such as mammograms, immunizations, pap tests, colorectal screening, blood pressure monitoring, and blood tests are extremely important, and your patients listen to you.

Physician-patient communication about preventive screening is an important part of culturally appropriate health care for minority patients who face severe language and cultural barriers to using adequate health services. Physician recommendation to get a Pap test or

mammogram has been found to be an important predictor of cancer screening in studies of Hispanic, Asian, African-American, and Caucasian women.

Please discuss preventive health screenings with your patients and make appropriate recommendations. Your encouragement is of utmost importance to all our members.

¹Compliance with Mammography guidelines: Physician recommendation and patient adherence. Daniel S. May Ph.D., M.P.H.^a, ¹, Catarina I. Kiefe Ph.D., M.D.^b, Ellen Funkhouser Dr.P.H.^b and Mona N. Fouad M.D., M.P.H.^b

^aDivision of Cancer Prevention and Control, Centers for Disease Control and Prevention, Atlanta, Georgia, 30341 ^bUniversity of Alabama, Birmingham, Alabama, 35205



Co-Occurring Disorder Treatment

Behavioral health professionals recognize that treatment for people with substance abuse use and mental health issues is complex, and traditional treatment approaches for either disorder have not been successful. Treatment must be integrated, and designed to treat the *whole* the person.

Integrated treatment reduces the risk for additional problems, such as increased hospitalization, financial and family problems, homelessness, suicide, violence, sexual and physical victimization, incarceration, serious medical illnesses, such as HIV and hepatitis B and C, and early death.

The Pennsylvania Departments of Health and Public Welfare in 1997 began to develop an integrated statewide system of care. To achieve this objective, the Commonwealth has recognized, and embraced the *Comprehensive, Continuous, Integrated Systems of Care* (CCISC) Model, adapting the principles outlined by Drs. K. Minkoff and C. Cline. A Bulletin was issued in 2006 that outlines a service delivery system of care that is integrated, welcoming, accessible, and comprehensive. You can access the Bulletin and other valuable resources on the following website: www.pa-co-occurring.org.

Principles of Comprehensive, Continuous, Integrated Systems of Care

Minkoff K, Cline CA, Psychiatric Clinics of North America, December 2004 (Vol. 27, Issue 4, Pages 727-743)

1. Co-morbidity is an expectation, not an exception, and should be included in a welcoming manner in every clinical contact.
2. The core of treatment success in any setting is the availability of empathic, hopeful, INTEGRATED relationships over multiple treatment episodes.
3. Utilization of the four quadrant consensus model based on high and low severity of each disorder.
4. All relationships and programs have the right balance of support and expectation to promote integrated learning.
5. When both illnesses are present, each must be considered primary.
6. Treatment for each primary problem must be matched to phase of recovery and stage of change.
7. There is no SINGLE correct intervention or program; each intervention must be matched according to the principles.
8. Similarly, successful outcomes for each problem are individualized according to the principles.

Health Partners' Behavioral Health Managed Care Organizations

County	BHMCO	Phone Number
Philadelphia	Com. Behav. Health (CBH)	215-413-3100/1-888-545-2600
Bucks	Magellan	1-877-769-9784
Chester	Com. Care Behav. Health	1-888-251-2224
Delaware	Magellan	1-888-207-2911
Montgomery	Magellan	1-877-769-9782

PCPs who identify a Health Partners member in need of behavioral health services should direct the member to call his/her county's BHMCO. The BHMCO will conduct an intake assessment and refer the member to the appropriate level of care. Health Partners' Special Needs Unit is available to assist with this referral process.

(Senior Partners' BHMCO prior to August 1, 2007 was MHNNet, 1-800-835-2094).

Children & Domestic Violence

(guest article by Sandra L. Bloom, MD, Board Member, Institute for Safe Families; CEO, CommunityWorks)

The audience is asked to “play pretend” and imagine themselves as a four-year old boy or girl who crawls out of bed after hearing Mommy and Daddy arguing in the living room as they then watch a scene from the 2002 movie “Enough”. On the screen, Jennifer Lopez is arguing with her husband when suddenly he first slaps her and then slugs her with his fist. For many, this is the closest they will come to the reality of domestic violence (DV) that damages the lives of nearly a quarter of women in the United States and haunts the lives of perhaps ten million children every year. These children tend to be disproportionately below the age of five, a time when children’s brains and bodies are moving through periods of critical and rapid development [1]. DV is shattering so many families in this country that the American Medical Association reports that “physical and sexual violence against women is a public health problem that has reached epidemic proportions”[2].

Children who are raised in homes where violence occurs are at risk for an array of problems. According to many studies, 40%-70% of the children in homes where there is DV are themselves victims of physical abuse or neglect [3]. The impact of exposure to violence in early childhood is potentially devastating because the central nervous system is exquisitely sensitive to stress and without proper buffering from the external world, a child raised in a violent home is exposed to repetitive levels of elevated stress hormones that change the way the brain is organized until a fear state that should be aroused only occasionally becomes instead a trait.

Growing up in a violent home puts a child at a significant disadvantage. Along with their mothers, these children tend to be isolated, deliberately prevented from engaging in the routine activities of children from healthier homes, as the batterer attempts to exert control over every hour of his family’s life. At the same time as the child is prevented from forming relationships outside the home, his or her mother is relatively unavailable as she becomes progressively emotionally and physically injured. As a result, attachment relationships and therefore key aspects of parenting, including healthy development

of the self, emotional management and cognitive skills may all be compromised. These homes are chronically tense with little humor, positive emotional interaction, or playfulness between the members of the family. Instead, violence becomes the normal style of interaction, violence that is threatened even when it is not being acted upon. Although many parents believe that they have protected their children from the abuse in the home, studies have demonstrated that between 80%-90% of these children were able to give detailed descriptions of the violence that had occurred [4].

Helping children who are living in dangerous homes involves critical acts of both intervention and prevention. The amount of help that can be directed at the child without also helping the child’s mother is limited, but in interactions with children exposed to violence, it is helpful to focus on safety and on helping the child learn what it means to be safe, assisting the child in developing some simple skills for managing powerful emotions and a safety plan for keeping them as safe as possible. Adults can assist the child in finding words for experiences that have proven so far to be inexpressible and can guide a child in learning to channel anger, fear, sadness, shame and guilt into creative and constructive outlets. Adults can also help and support a child in working through the losses that are so common accompaniments of violence. For an embattled child, any time spent in a healthy, loving and supportive environment serves as an antidote to the turmoil at home, an inner representation of what a possible future can hold.

References

- [1] Taylor, L., Zuckerman, B., Harik, V., & Groves, B. (1994). Witnessing violence by young children and their mothers. *Journal of Developmental and Behavioral Pediatrics* 15 (2), 120-123.
- [2] American Medical Association. Diagnostic and Treatment Guidelines on Domestic Violence, <http://www.ama-assn.org/ama1/pub/upload/mm/386/domesticviolence.pdf>
- [3] Edelson, J. 1999. The Overlap Between Child Maltreatment and Woman Abuse, Applied Research Forum, National Electronic Network on Violence Against Women (VAWNet)
- [4] Doyne, S., Bowermaster, J. & Meloy, R. (1999). Custody disputes involving domestic violence: Making children’s needs a priority. *Juvenile & Family Court Journal*, 50, (2). Jaffe, P., Wolfe, D., & Kaye Wilson, S. (1990). *Children of battered women*. Thousand Oaks, CA: Sage.

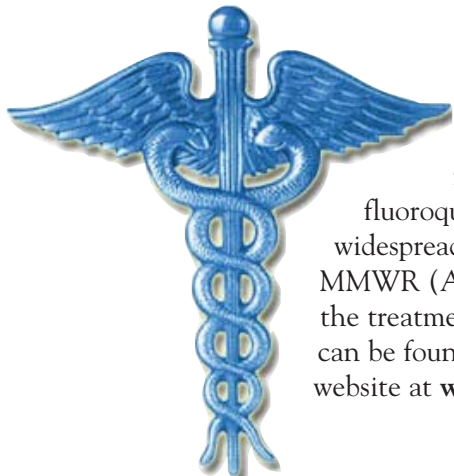
If children live with hostility, they learn to fight.

If children live with tolerance, they learn to be patient.

Dorothy Law Nolte



CDC Publishes Updated STD Guidelines



In April 2007, the CDC updated recommended treatment regimens for gonococcal infections and associated conditions. Ongoing data from CDC's Gonococcal Isolate Surveillance Project (GISP), including preliminary findings from 2006, demonstrate that fluoroquinolone-resistant gonorrhea is continuing to spread and is now widespread in the United States. As a consequence, and as reported in the MMWR (April 13, 2007), this class of antibiotics is no longer recommended for the treatment of gonorrhea in the United States. Treatment recommendations can be found at <http://www.cdc.gov/STD/treatment/> and on Health Partners' website at www.healthpart.com under "Information for Providers."

WELLNESS

**Health Partners/Weight Watchers® Program
Easy and Helpful for Members**

Health Partners members who are ages 10 and older can participate in the Weight Watchers® Program in an easy, affordable way. Health Partners teamed with Weight Watchers in May 2006 to help our members shed pounds for better health. Thus far, 763 members have joined.

The program runs in ten-week cycles. Those who completed the first ten week cycle lost a total of 872.6 pounds, or an average of 7.3 pounds per person.

Please encourage Health Partners members on your panel to take advantage of the program. They can join just by calling our Member Services Helpline at 1-800-553-0784* and sign up. Health Partners covers the cost to join, and members pay just \$2 a visit during the probation period only.

As you know, obesity and overweight lead to serious health complications, including diabetes, heart disease, and stroke. Weight Watchers helps members achieve a healthier lifestyle through sensible measures like diet and exercise guidance.

* TTY: 1-877-454-8477.



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Donna Pennington, Editor; Bernard Thorn, Graphic Designer/Desktop Publisher

HEALTHCARE MANAGEMENT



with your Health?

Health Partners is midway through a year-long series of free diabetes screenings for members who have not had testing or visited their PCPs as needed to manage the disease. Targeted mailers like this one are used to invite members to screenings in their area.

Criteria for UM Decisions

Health Partners uses available InterQual® ISD criteria for the review and decision making of elective and emergent inpatient admissions, SNF/Rehab admissions, outpatient rehab services (occupational therapy, physical therapy and speech therapy), home care/hospice and Durable Medical Equipment. Providers can request a copy of specific Inpatient Criteria, or information about criteria by calling Health Partners' Inpatient Services (UM Manager) at 215-991-4188. To request a copy of specific Health Partners' Outpatient Criteria or information about criteria, please contact the Outpatient Services Manager at 215-967-4566. For prior authorization, please call 215-967-4690 or 1-866-500-4571 (toll-free).