

# I/ N/ S/ I/ D/ E

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

Please visit us at [www.healthpart.com](http://www.healthpart.com)

## Health Partners

News and information for participating providers

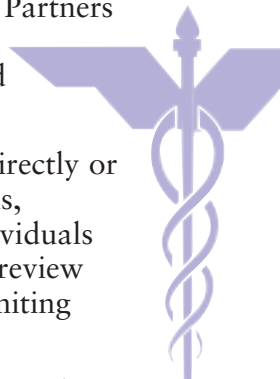
Winter 2002/2003

### ADMINISTRATIVE AND PROVIDER AFFAIRS

## OUR COMMITMENT TO PROVIDING APPROPRIATE MEDICAL CARE FOR OUR MEMBERS

At Health Partners, we are committed to providing our members with the most appropriate medical care for their specific situations. Health Partners ensures that all contracted physicians and providers, as well as employees and management staff who deal with utilization review activities, are advised of the following:

- ◆ Utilization management decisions regarding benefits covered by Health Partners are based only upon the appropriate use of care and services for the member.
- ◆ Health Partners does not directly or indirectly reward physicians, providers or any other individuals participating in utilization review decisions for denying or limiting coverage or service.
- ◆ Health Partners does not provide financial incentives for utilization management decision-makers that result in the under-utilization of care or service.



## HEALTH PARTNERS WELCOMES EASTERN ORTHOPEDICS TO OUR SPECIALISTS' NETWORK

Eastern Orthopedics has joined the Health Partners network of participating providers. The group consists of the following orthopedic specialists:

David N. Bosacco, M.D.      L. Richard Trubulis, M.D.  
 Thomas Kain, M.D.        Lewis Khella, M.D.  
 John B. Webber, M.D.

Eastern Orthopedics is located at 1088 Baltimore Pike, Suite 230, in Media, PA 19063. The office can be reached by calling 610-565-6445.

Health Partners welcomes this Delaware County-based provider to our network of dedicated specialists.

## Provider Site Change Form AVAILABLE ON HEALTH PARTNERS WEBSITE

Now you can advise Health Partners of changes to your practice quickly and easily. Just log on to [www.healthpart.com](http://www.healthpart.com), click the section for Providers, then the button labeled Forms. You can print out the Provider Site Change Form, add your changes, and fax it back to us.

Remember that keeping this information current allows us to ensure your claims are paid to the correct address and tax ID number.

The Health Partners Provider Manual, other provider forms, recent issues of Inside Health Partners, and Provider Bulletins can also be found on [www.healthpart.com](http://www.healthpart.com) in the Providers section.

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## HIPAA UPDATE Partners in Privacy

The final modifications to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) have been published in the Federal Register.\* HIPAA helps ensure the privacy of our members by governing use and disclosure of “Protected Health Information” (PHI) by “Covered Entities” such as health plans, health care providers and health care data clearinghouses.

These entities can now disclose PHI for:

- ✓ their own treatment and payment
- ✓ health care operations
- ✓ the treatment activities of any health care provider

Every patient has a right to privacy and confidentiality regarding his/her personal and clinical records, and may approve or refuse the release of these records. Entities must make a “reasonable effort” to inform patients of their privacy practices but do not need signed notification to treat them.

Reasonable efforts must also be taken to release only the amount of information necessary to accomplish an intended task. Safeguards must be taken to eliminate the risks of incidental disclosures. See your HIPAA expert to learn what you should do.



Finally, patients must be informed of PHI disclosures that are not for treatment, payment, or health care operations. *Inside Health Partners* will continue to share information on HIPAA initiatives in the coming months.

\*67 Fed. Reg.53182

## A Reminder for You and Your Patients Transportation Available for Health Care Appointments

*The Commonwealth of Pennsylvania provides transportation for all Medical Assistance recipients traveling to and from health care appointments. Please help encourage Health Partners members to sign up for transportation services through their county’s Medical Assistance Transportation Program (MATP) provider. Or, members can call Health Partners Member Relations at 800-553-0784 or 215-849-9600.*

*Reminding patients about this service will assist them in keeping scheduled appointments. For specific questions about transportation, members can call the service in their county:*

**Philadelphia:** 215-563-9670 or 888-235-4413

**Bucks:** 215-794-5554, extension 526  
(for general information)  
888-795-0740 (for scheduling rides)

**Chester:** 610-269-1844 (to register)

**Delaware:** 610-490-3975

**Montgomery:** 215-542-7433



## Providers Are Encouraged to Discuss Range of Treatment Options with Members

*Health Partners participating providers may freely communicate with each member regarding the treatment options available to him/her, including medication treatment options, regardless of benefit coverage limitations. No provision of Health Partners provider agreements should be interpreted to prohibit open clinical dialogue between provider and patient.*

## BABY PARTNERS PROGRAM & POST-PARTUM CARE

Health Partners' Baby Partners Program is designed to identify pregnant members who are at risk for poor birth outcomes. The program relies on the following sources:

- ◆ New member listings from HealthChoices Enrollment Program, including those who say they are pregnant
- ◆ Healthier Babies weekly obstetrician encounter data
- ◆ Member self-referral
- ◆ Physician referral
- ◆ Referrals from Health Partners internal departments

Once a pregnant member is identified, our prenatal care coordinators contact her to perform a confidential risk assessment (with her consent). The first contact is made by phone, followed by a confidential letter if the call is unanswered. Risk assessments include, but are not limited to:

- ◆ low birth weight
- ◆ time of initiation into prenatal care
- ◆ mother's medical/obstetrical history, including intra-uterine fetal demise
- ◆ substance abuse
- ◆ tobacco use
- ◆ behavioral health issues
- ◆ homelessness

### COORDINATION OF CARE

Health Partners PCPs and OB/GYNs who are caring for members with any high-risk factors are encouraged to call our OB High-Risk Provider Hotline at 215-991-4422.

Our Utilization Management, Special Needs, and Disease Management Units can assist in identifying resources for managing these patients, such as providing home glucometers for monitoring patients with diabetes. These services provide assistance addressing social and family needs (like housing assistance or help with physical or mental abuse), patient education, and other issues that play a role in poor birth outcomes.

The Special Needs Unit (SNU) can assist with coordination of appropriate Behavioral Health Managed Care Organization (BHMCO) resources. Members can self-refer to the SNU or be referred by their practitioners by calling 215-991-4370.

### LITERATURE AND EDUCATIONAL PROGRAMS

Working with the member's obstetrician, Health Partners encourages high-risk pregnant women to participate in the following educational programs:

- ◆ Childbirth classes
- ◆ Parenting classes
- ◆ Smoking cessation classes
- ◆ Exercise training

All high-risk members also receive literature and are encouraged to contact their practitioners with questions. For information about these resources, call 215-991-4281.

### POST-PARTUM CARE

All members, regardless of risk assessment status, should receive post-partum care. Health Partners approves two well-mother and well-baby visits. No authorization is necessary for participating providers to render this care. Registered nurses conduct these visits to assess the post-partum condition of both mother and baby, educating the mother about changes that take place with the baby's arrival. OB providers and inpatient facilitators are asked to ensure that follow-up care is arranged at the time of discharge.

## THE IMPORTANCE OF EPSDT TREATMENT & DOCUMENTATION

*The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program provides preventive health screening and treatment for children and young adults under age 21 who receive Medical Assistance. EPSDT guidelines are mandated by federal and state regulations. Such screenings include, but are not limited to:*

- Regular physical exams
- Up-to-date immunizations (especially childhood immunizations)
- Regular dental care

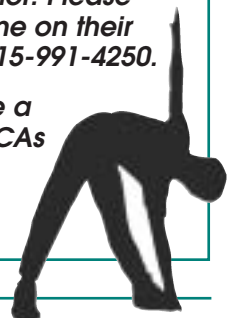
*EPSDT documentation is required as a permanent part of the member's medical record. PCPs who care for members 21 years and under must be EPSDT certified. For more information, please call the Health Partners Provider Helpline at 215-991-4350 or 888-991-9023.*

## DID YOU KNOW?



*Health Partners members are covered for one-on-one counseling, once a year, with a certified smoking cessation counselor. Please call the Disease Management hotline on their behalf to make arrangements, at 215-991-4250.*

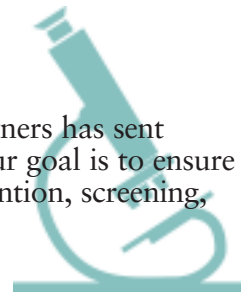
*Members are eligible to enroll once a year in any of our participating YMCAs and can self refer by calling the Disease Management hotline at 215-991-4250.*



# Health Partners Mailings

## Focus On Prevention and Early Detection

As part of our ongoing efforts to improve health outcomes for our members, Health Partners has sent important information to PCPs with regard to chronic illnesses and preventive health. Our goal is to ensure effective medical management of our members with chronic conditions to promote prevention, screening, early detection and treatment.



You should have received information regarding your patients:

- ❖ with asthma
- ❖ with CHF
- ❖ with diabetes
- ❖ who have not had a mammogram, PAP, and/or chlamydia screening in the past year
- ❖ who are due for their immunizations
- ❖ who are due for their preventive health visits (well-child care)

Research shows that reminders from the patient’s personal physician have more of an impact than similar messages from other sources. We encourage you to make sure that your patients receive comprehensive management of chronic conditions as well as the needed preventive care and age-appropriate screening.

## ADOLESCENT HEALTH GUIDELINES

*Health Partners recognizes the special health care needs of our many adolescent members (ages 12 to 20). At a time of critical physical, mental and emotional development, adolescents face significant stresses, far too often assuming adult roles, including parenting.*

*It is common for adolescents to visit the doctor only when they are sick or pregnant. These visits represent an opportunity for physicians to address the need for immunizations and preventive screening. Also, adolescent mothers can be encouraged to seek care for themselves while seeking care for their infants.*

*Recommended age appropriate care and screening for adolescents:*

### IMMUNIZATIONS

*By age 13, a second dose of the following should be given if the adolescent has not had the disease:*

- ◆ MMR
- ◆ Hep B
- ◆ Tetanus
- ◆ Diphtheria booster
- ◆ VZV



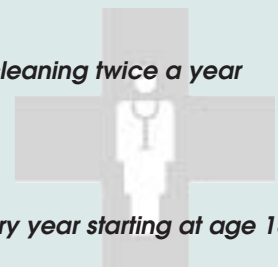
### STD SCREENING

- ◆ Adolescents between 15 and 20 years old should receive annual screenings.
- ◆ Due to the high incidence of infection, teenage girls should be specifically tested for chlamydia and, as warranted, receive prompt treatment.

### WELL VISITS

*Annual visits should include the following assessments:*

- ◆ **Complete physical exam annually:**
  - Growth (height and weight)
  - Mental and physical development
  - Tanner score
  - Reminder to receive dental check-up and cleaning twice a year
- ◆ **Recommended preventive care and screenings:**
  - Lead Screening if health history or symptoms suggest (should occur before the age of 6)
  - Vision and Hearing tests at ages 12,15 and 18
  - Hgb/Hct for adolescent females at onset of menses and if symptoms suggest
  - Pelvic exam, PAP smear - if sexually active female, every year. If not sexually active, every year starting at age 18.
  - Urinalysis - annually
  - Sick cell screening - if a family history of sickle cell disease or symptomatic
  - Cholesterol - once each during early, middle and late teen years especially if a family history of heart disease or hyperlipidemia
  - TB - once each during early, middle and late teen years



# Revised Immunization Guidelines for Influenza Control and Prevention

The CDC Advisory Committee on Immunization Practices (ACIP) has issued an update in its recommendations regarding the use of influenza vaccine and antiviral agents. The 2002 changes/updates include:

- The optimal time of the year to receive influenza vaccine is during October and November.
- Vaccination efforts for all groups should continue into December and throughout the flu season, for as long as vaccine is available.
- Because young, otherwise healthy, children are at increased risk for influenza-related hospitalization, influenza vaccination of healthy children aged 6-23 months is encouraged when feasible.
- Vaccination of children aged less than 6 months who have certain medical conditions continues to be strongly recommended.

For more information, go to: [www.cdc.gov](http://www.cdc.gov)

## DENTAL CORNER

### PCPs MAKE THE DIFFERENCE IN WHETHER MEMBERS SEEK DENTAL CARE

The PCP's medical opinion matters. Health Partners members are far more likely to seek preventive dental care if their PCP recommends it. Please encourage members to make and keep dental appointments. Reinforce the role that good oral health plays in overall wellness for adults and children.

- ★ Every member should receive an annual dental assessment. Benefits include two dental exams and cleanings a year.
- ★ Dental examinations by a PCP should begin during infancy.
- ★ Dental examinations by a dentist should begin by age 3 or earlier if you note any problems.

Remind members they can select a dentist from the Health Partners Provider Directory and that they do not need a referral. Those needing assistance can call Member Services at 215-849-9600 or 800-553-0784.

### DENTAL CARE SPECIALISTS PLAY AN EQUALLY IMPORTANT ROLE

*If your patient has mental health, mental retardation, or developmental special needs, our Special Needs Unit can assist you or the member in finding a Dental Care Specialist. Simply call the Special Needs Hotline at 215-991-4370.*



## 72-HOUR OR 15-DAY POLICY ASSURES NECESSARY MEDICATION

Health Partners has an important policy to ensure members receive appropriate medication without unnecessary delay. Even if authorization issues are still pending, members can get needed medications at any participating pharmacy under the following guidelines:

- \* When a provider issues a patient prescription but the Health Partners Pharmacy department is unavailable for consultation or prior authorization (for a FDA-approved medication), the prescription can be filled for a 72-hour supply. The Pharmacy Benefits Manager will notify the participating pharmacy to “dispense a 72-hour supply of medication.” This policy applies to all medications except DESI drugs and those made by manufacturers who do not participate in the Federal Rebate Program.
- \* When a member needs a refill for a continuous use medication that he/she has received within the last 34 days, a 15-day supply is to be dispensed. This applies even if the medication is not in Health Partners formulary and Health Partners Pharmacy department is unavailable for consultation or prior authorization. The 15-day policy applies to PRN medications as long as the prescription is not over six months old. (For example, this situation could occur with members new to Health Partners and its formulary.)

The only exceptions to this policy are when the medication is a Schedule 2 controlled substance or when the pharmacist believes the drug would impose a clear health risk to the member.

### FORMULARY UPDATE

Here are the most recent additions to the Health Partners formulary:

- Axert limited to 1 box (6 tablets) a month
- Elidel limited to children 12 and under (limited to 30 grams a month)
- FemHrt
- Ortho-Evra
- Starlix
- Trileptal
- Zelnorm (limited to a total of 12 weeks of treatment for females only)

## UTILIZATION MANAGEMENT

### Technology Evaluation Process

Health Partners follows the steps below when deciding about coverage for experimental drugs, devices or treatments.

1. The Utilization Management (UM) Case Manager receives a physician’s request for a service that is experimental, investigational or has unproven effectiveness.
2. The UM Case Manager asks the physician to submit a letter of medical need that describes the requested service in detail.
3. The UM Case Manager then contacts the external entity, the Technology Evaluation Center (TEC), to get all available information regarding the requested service.
4. The UM Case Manager sends the information from TEC to the Health Partners Medical Director for review and approval or denial of the requested service.

The Health Partners Medical Director will make a decision based on the information from TEC and any other expert peer literature available. In the event information from TEC is not clear, our Medical Director will make a decision based on available medical evidence and may consult with recognized experts and other appropriate professionals.

### CRITERIA FOR UM DECISIONS

Health Partners utilizes the InterQual ISD criteria for the review and decision making of both elective and emergent admissions. You can obtain a copy of the criteria by calling the Health Partners UM director at 215-991-4302.

### HOW TO INITIATE A UM DECISION APPEAL

In the event of an adverse decision regarding an inpatient admission, you are required to follow the procedure below:

1. Health Partners will send a denial letter to the denied facility.
2. Your facility has 30 calendar days from the receipt of the denial letter to appeal the decision.
3. To appeal the decision, you must send a letter of appeal and a complete copy of the medical chart to:  
**Health Partners**  
**Attn: Utilization Management Appeal Coordinator**  
**833 Chestnut Street, Suite 900**  
**Philadelphia, PA 19107**

### Physician-to-Physician Review

In compliance with National Committee for Quality Assurance (NCQA) standards, Health Partners offers physician-to-physician review to discuss the ongoing care of a member or a decision rendered during the concurrent review process. Physician-to-physician review may be related to elective or inpatient admissions or requests for durable medical equipment (DME) or home care.

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