

## PROVIDER AFFAIRS

### CAQH streamlines credentialing process for providers

Health Partners now subscribes to the Council for Affordable Quality Healthcare (CAQH) online database. This national database makes it easy for our providers to input all of the information necessary for credentialing or recredentialing one time. Insurers who subscribe to CAQH can then obtain the information pertinent to their specific credentialing, without costing the provider extra time or paperwork.

Providers new to Health Partners can simply send us their provider ID and then register for inclusion in the CAQH database. Existing network providers can simply register and select a password. Every three months, CAQH will notify the provider to make sure his or her information is up to date.

Health Partners is pleased to offer this timesaving service to our valued providers. Log on to register or update existing information at <https://upd.caqh.org/>. ■

## CLAIMS

### Inpatient claims need POA indicators

As a Medicaid Managed Care Organization, Health Partners is obligated to comply with the Pennsylvania Department of Public Welfare and CMS regulations for claim submissions. The Department requires that all inpatient claims have Present on Admission (POA) indicators for the primary and every secondary diagnosis on the claim.

Health Partners will deny claims that do not have this information. ■



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### CLAIMS

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### HEDIS 2010

With spring comes the HEDIS season again. HEDIS, or Healthcare Effectiveness Data & Information Set, is a collection of measures that reports on outcomes of care for members of each health insurance plan. These measures include the rate of annual A1c and LDL testing in members with a diagnosis of diabetes and whether their results were in control, and the percent of women age 40 and over who have an annual mammogram or Pap test beginning at the age of 21.

Health Partners Quality Management staff will be contacting your office staff to begin setting up appointments to scan medical records. The records we scan supply data documenting that certain testing has been performed. As usual, we appreciate your cooperation and look forward to working with you and your staff again this year. If you have any questions related to HEDIS, please contact Carol Smolij, Vice President of Quality Management, at 215-991-4251. ■

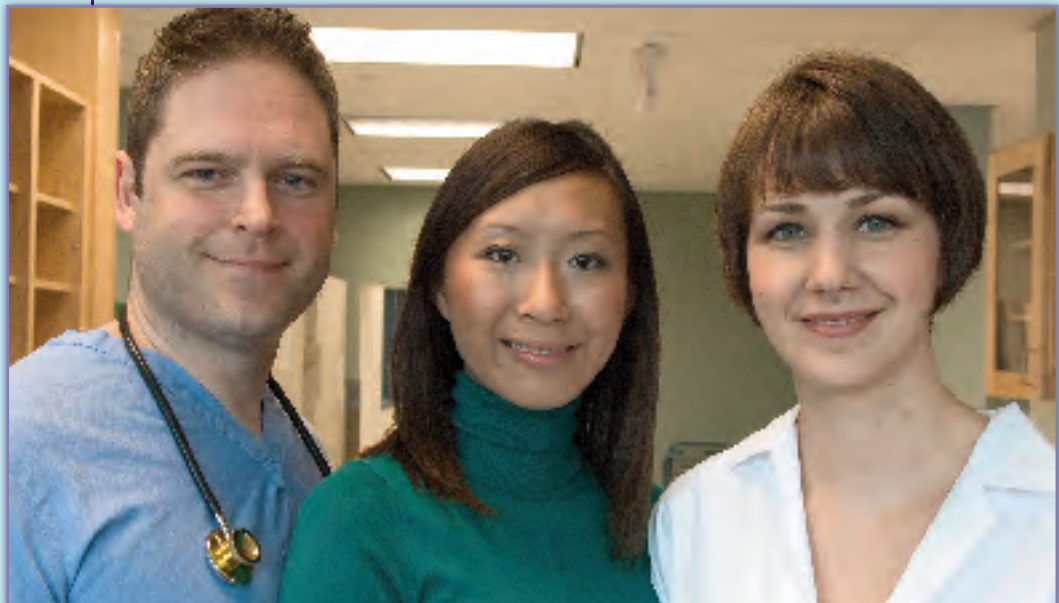
### Health Partners' Quality Management program evaluation

Our QM program evaluation is a global assessment of Health Partners' major clinical and service quality initiatives which occurred in a calendar year, in alignment with the annual Quality Management-Utilization Management (QM-UM) Work Plan. It is used as a guide to make recommendations regarding improvements going forward.

Currently, Health Partners is evaluating its program effectiveness from 2009. The evaluation is based on quantitative analysis of clinical and service measures, the qualitative identification of causes and barriers, and the improvement initiatives that occur. The review includes specific diseases/conditions, as well as services with identification of common themes so that future interventions can be coordinated across the organization.

The issues identified in the evaluation represent the overall strengths and opportunities regarding Health Partners' QM program. The evaluation includes but is not limited to: HEDIS, CAHPS, regulatory requirements, delegation, clinical monitoring, disease management, QM-UM trends, and similar initiatives.

We will review all strengths and weaknesses and explore avenues to increase our service levels to our members and to you, our providers. Additional information on the Program Evaluation will be available later this year. Health Partners welcomes any suggestions you may have on this subject. Please contact Carol Smolij, Vice President of Quality Management, at 215-991-4251. ■



### Join Health Partners' Quality Management Committee

Health Partners' Quality Management Committee (QMC) provides oversight of the organization's Quality Management Program, as well as guidance for its reporting committees, including Utilization Management, Service Quality, Clinical Quality, and Credentialing. Chaired by Merleen Harris-Williams, M.D., Health Partners' Quality Management Medical Director, the QMC is comprised of primary care and specialist providers and meets monthly.

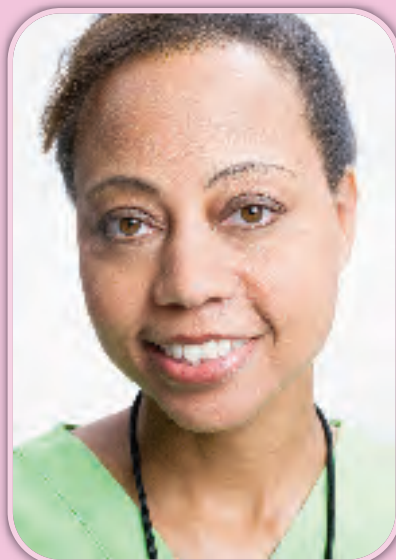
Currently, there are two vacancies on the QMC, to be filled by network physicians who are board certified, actively practicing, and in good standing with Health Partners.

If you have an interest in helping Health Partners support its commitment to quality care and service for our members, please call Dr. Harris-Williams at 215-991-4202. ■



Allan M. Arbeter, MD (holding plaque) is honored for 20 years of service on Health Partners' Quality Management Committee by fellow committee members (from left): Donald B. Parks, MD; Carlene E. Quashie, MD; Theodore S. Tapper, MD; Merleen Harris-Williams, MD, Health Partners' Medical Director for Quality Management; and Shivraj J. Desai, MD.

### Decision criteria



Health Partners uses available InterQual® ISD criteria for review and decision making about elective and emergent admissions, SNF/rehab admissions, outpatient rehab services (occupational therapy, physical therapy and speech therapy), and home care/hospice/durable medical equipment. Providers can request a copy of specific inpatient criteria by calling Health

Partners' Inpatient Services (Utilization Management) 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. As a reminder, for prior authorization, please call 215-967-4690 or (toll-free) 866-500-4571. ■

### **Please assist us** ***Notify Health Partners of status*** ***of members with chronic disease***

We sincerely need your help. If you diagnose a Health Partners member with a chronic disease such as diabetes, CHF or asthma, or receive an initial visit from a pregnant member, please contact us as soon as possible after the patient encounter. Or, if the member is seen for complications of an existing chronic disease, please call our Disease Management department at 215-991-4252.

We know you have limited time to spend with your patients. We will gladly follow up with these members by:

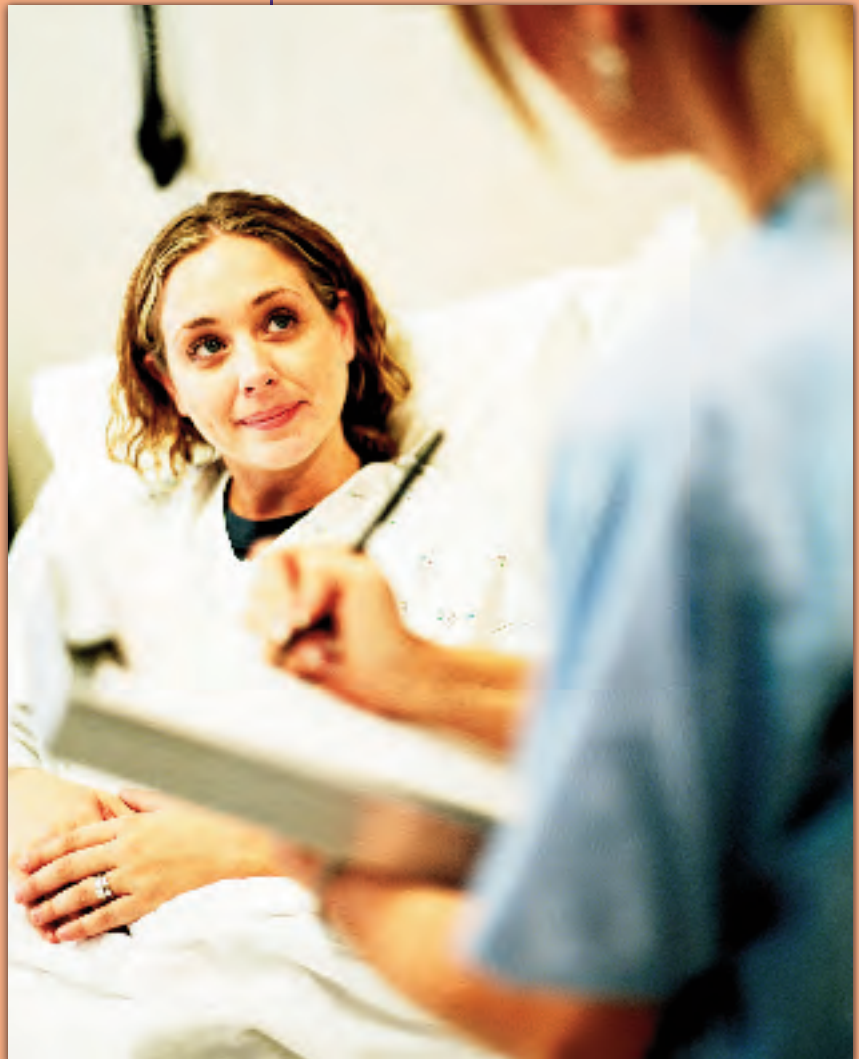
- Contacting those who are non-compliant once they are identified
- Helping with scheduling their appointments with you (including automated call-back reminders)
- Arranging a continuing education phone outreach schedule with the member
- Providing help with member transportation arrangements to classes (smoking cessation, diabetes management)
- Covering smoking cessation costs for members, especially pregnant mothers (Baby Partners)
- Arranging for nebulizers, weight scales (for obese patients), and other appropriate equipment
- Providing resource information regarding food banks for better nutrition, domestic violence, and other community resources

Thank you in advance for collaborating with us on this very important issue.

### **Clinical and** **preventive** **guidelines now** **posted on** **[www.healthpart.com](http://www.healthpart.com)**

Health Partners' Quality Management Committee has approved changing our clinical and preventive guidelines for 2010 to reflect evidence-based national guidelines. Providers will find the new guidelines on our website, [www.healthpart.com](http://www.healthpart.com).

If you do not have internet access, please contact our Provider Services Helpline at 888-991-9023 to obtain a copy. ■



## Important changes to Health Partners formulary

The following medications have been deleted from the formulary, effective on the dates listed below. Current formulary alternatives are also listed for your information. If you have any questions, please contact the Health Partners Pharmacy Department at 215-991-4300.

| Deletion from formulary                                  | Current formulary alternatives   | Effective |
|--|--|-----------|
| Actonel®, Actonel with Calcium®, Fosamax plus D®         | alendronate, calcitonin salmon, Evista®  | 3/15/10   |
| Jolessa®, Quasense® (levonorgestrel-eth estra 0.15-0.03) | Levora-28 tablet, Portia-28 tablet (levonorgestrel-eth estra 0.15-0.03)                  | 3/15/10   |
| Loestrin FE® (noreth a-et estra/fe fumarate 1mg-20mcg)   | Microgestin FE 1-20, Junel FE 1-20, Gildess FE (noreth a-et estra/fe fumarate 1mg-20mcg) | 3/15/10   |
| Metadate CD®   | dextroamphetamine sulfate, methylphenidate, methylphenidate SR, Strattera®, Concerta®,   | 3/15/10   |
| Prilosec OTC®, omeprazole OTC                            | Prescription omeprazole capsules, Kapidex®   | 3/15/10   |
| Seasonique® LoSeasonique                                 | Levora-28 tablet, Portia-28 tablet (levonorgestrel-eth estra 0.15-0.03)                  | 3/15/10   |
| Uroxatral®   | Flomax®, finasteride, Avodart®   | 3/15/10   |
| Vesicare®  | oxybutynin, oxybutynin ER, Detrol®, Detrol LA®   | 3/15/10   |
| Astelin®, Astepro®                                       | cetirizine, loratadine, fexofenadine   | 4/1/10    |
| Noritate® MetroGel® 1% MetroGel-Vaginal                  | metronidazole 0.75% cream; metronidazole 0.75% gel; metronidazole vaginal 0.75% gel      | 4/1/10    |
| Nasonex®   | fluticasone, Veramyst®   | 4/1/10    |
| Peg-Intron®  | Pegasys®   | 4/1/10    |

## How to receive prior authorization for narcotics What requires prior auth and why

Health Partners covers long-acting and short-acting narcotics. There is a Drug Utilization Review (DUR) edit to prevent the duplication of two or more long-acting narcotics at the same time (for example, fentanyl patches, Oxycontin, and morphine sulfate ER/SR) or two short-acting narcotics at the same time (for example, morphine sulfate IR and oxycodone/acetaminophen).

If a member is on or is getting two long-acting narcotics at the same time within a 30-day fill, the second one that is transmitted will reject at the point of sale and will return a message for the pharmacy that the drug requires a prior authorization.

The prescribing physician must then document the need and the appropriate use of two concurrent long-acting narcotics. The same logic would apply to two short-acting narcotics that are requested simultaneously.

A member can be on one long-acting and one short-acting narcotic with no DUR rejection. Only the generic is covered when available. Oxycontin requires prior authorization and the clinical reason why other formulary long-acting alternative agents cannot be used.

Health Partners covers morphine sulfate extended/sustained release (ER/SR) formulations. There are quantity limits on morphine sulfate ER. It is set up at a limit of 90 tablets per 30 days or 3 tablets per day.



## **Introducing Prevent Child Abuse Pennsylvania**

Prevent Child Abuse America (PCAA) is excited to introduce Prevent Child Abuse Pennsylvania (PCA PA), a state-wide organization focusing solely on primary prevention—**stopping child abuse before it ever happens**. PCA PA is one of 47 chapters of PCAA, a national organization created in 1972 to draw attention to and prevent the abuse of our nation’s children. Prevent Child Abuse Pennsylvania is under the umbrella of the Pennsylvania Chapter, American Academy of Pediatrics, and is the only PCAA chapter directly affiliated with the AAP.

confirmed cases of child abuse each year in our country (4,201 in Pennsylvania in 2008), the establishment of PCA PA is welcomed by all who want a better life for our children.

“Most people don’t realize the enormous impact child abuse has on everyone living in the Commonwealth and in the United States” says Dr. Maria McColgan, Director of the Child Protection Program at St. Christopher’s Hospital for Children and Chair of the PCA PA Advisory Board. In a 2007 Economic Impact Study, it was estimated that the annual cost of child abuse and neglect in the United States is \$104 billion. In addition to this staggering figure is the number of abused and neglected children who grow up to have



The organization’s primary focus is to raise awareness of the importance of prevention. This means getting communities involved in supporting positive family interactions and, when necessary, reporting suspected child abuse and neglect (anyone can report suspected abuse by calling ChildLine at 1-800-932-0313). With over one million

significantly increased risk of physical, emotional and mental health problems, drug and alcohol addiction, criminal activity and a variety of social difficulties.

“The long-term effects of child abuse are just as devastating to the victims as to society at large,” says McColgan.

PCA PA will launch a public awareness campaign in April for Child Abuse Prevention Month. It will begin with a kick-off event on April 1. The campaign will seek to reframe the way society looks at child abuse and neglect through community events and attention to public policies that favor prevention first.

PCA PA has introduced the “Pinwheels for Prevention” program, the national platform of PCAA, to raise awareness of our community commitment to work together to prevent child maltreatment and the clear message that prevention is possible. The pinwheel, a symbol of the carefree days of childhood, represents the vision PCA PA has for every child in Pennsylvania.

PCA PA’s future goals include the distribution of child abuse prevention information, collaborating with “Prevention Partners” such as children’s hospitals, pediatric practices, Children and Youth agencies and community service organizations, working to educate parents and teens on non-violence, and promoting positive parenting practices. “This is an opportunity for anyone who is concerned about children to get involved. If we invest in our kids now, the payoff will be substantial,” adds McColgan.

**To learn more and to find out how you can participate in the Pinwheels for Prevention campaign, go to [www.preventchildabusePA.org](http://www.preventchildabusePA.org).** ■

## **A reminder about encounter data**

Health Partners supports the strong stance taken by Pennsylvania’s Department of Public Welfare on the issue of encounter data for Medical Assistance members. We remind you that all providers are responsible for submitting identifiable data for any and all encounters with Health Partners members.

This applies whether providers receive capitation payments, a salary, or submit claims for reimbursement. Providers who submit incomplete and/or inaccurate data could jeopardize their future participation with Health Partners.

They may also be subject to penalties and/or the recovery of funds. Submission of inaccurate encounter data can also adversely affect providers by limiting DPW’s ability to make appropriate educational interventions through its federally required Retrospective Drug Utilization Review (RDUR) program.

Complete encounter data is used to:

- Monitor the quality of care provided to our members
- Conduct DPW’s utilization review and program management activities
- Identify potential sources of fraud, abuse and potential waste
- Determine appropriate capitation rates for Health Partners

These factors can directly impact the fee schedules set by Health Partners, thus impacting your reimbursements from us. We recommend that offices submit encounter information at least monthly, either on a CMS-1500 form or electronically. ■

# INSIDE **HP** HEALTH PARTNERS

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Comments about this publication are welcome and should be directed to the Health Partners' Corporate Communications Department: Patrick Connolly, Senior Communications Specialist, Editor

## Closing Comments

Our providers' comments speak for themselves.

"I am so thankful to deal with a company like Health Partners . . . I signed up for the new CHIP program without hesitation, because it was Health Partners. In all the years that I have had the pleasure of working with you, yours is by far the best-run institution of its kind. PLEASE STAY IN BUSINESS FOREVER (OR AT LEAST UNTIL I RETIRE)!!!!!"

—Rosellen Tomczak

ENT Practice Administrator ■

