Provider Check Up

Health Partners Plans

WINTER 2022

Thank You

HPP would like to thank our provider partners for your continuing efforts to improve the health outcomes of our members. As we are closing out this calendar year, we reflect on the unwavering support you have provided HPP through our countless incentives, ongoing trainings, surveys and, most importantly, your patience and commitment in our transition to our new HP Connect Portal. In the new year, we look forward to maintaining our strong relationships and supporting your offices by continuing to provide:

- Education and training to ensure you are up to date on HPP's policies and procedures, quality topics and public health care news.
- Reporting to assist with managing your member population's care.
- An outstanding customer experience.

Please be sure to look out for our updated calendar of events for 2023 and have a happy and safe new year.

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Pharmacy Corner

Your Options for COVID-19

Several therapeutic options, such as antivirals and monoclonal antibodies, are now available for the treatment of nonhospitalized adults with mild to moderate COVID-19 who are at high risk of disease progression. Several factors affect the selection of the best treatment option for a specific patient such as clinical efficacy and availability of the treatment option, feasibility of administering parenteral medications and potential for significant drug-drug interactions.

What are antivirals?

Antiviral treatment works by targeting specific proteins on the SARS-CoV-2 virus to prevent virus replication within the host cell. Because viral replication may be particularly active early in the course of COVID-19, antiviral therapy may have great impact before the disease progresses to the hyperinflammatory state that is presented in the later stages, including critical illness. Some examples of antivirals that are used for COVID-19 treatment includes *nirmatrelvir* with *ritonavir*, *remdesivir* and *molnupiravir*.

What are monoclonal antibodies?

Monoclonal antibodies are made in a laboratory and work as substitute antibodies that can help fight an infection before the body mounts its autoimmune response. The antibodies are directed against specific targets on the spike protein of SARS-CoV-2, blocking viral entry into cells. An example of a monoclonal antibody that is used for COVID-19 treatment is *bebtelovimab*.

Therapy	Who	When	How
Nirmatrelvir with Ritonavir (Paxlovid)	Adults; children ages 12 years and older	Start as soon as possible; must begin within 5 days of when symptoms start	Take at home by mouth
Remdesivir	Adults; children ages 12 years and older	Start as soon as possible; must begin within 7 days of when symptoms start	IV infusion
Bebtelovimab	Adults; children ages 12 years and older	Start as soon as possible; must begin within 7 days of when symptoms start	IV infusion
Molnupiravir (Lagevrio)	Adults	Start as soon as possible; must begin within 5 days of when symptoms start	Take at home by mouth

Pharmacy Formulary Changes

Formulary Updates: Health Partners Medicare

Please click the links below to view the most recent formulary, prior authorization, quantity limit and age edit updates for Health Partners Medicare:

- Prime and Complete Plans
- Special Plan

Pennsylvania Statewide Preferred Drug List (PDL) 2023 Updates: Health Partners Medicaid

To view the updates to the Pennsylvania Department of Human Services Statewide Preferred Drug List for 2023, please click here.

For the most up-to-date information regarding all HPP formularies, please visit our online formulary.

HPP Provider News

Access, Appointment and Availability Standards

Timely access to quality health care is extremely important for our members. As you know, it is a regulatory requirement that all HPP participating providers must meet clearly defined access, appointment and availability standards.

These standards can be found in Chapter 10, *Provider Practice Standards and Guidelines* of the HPP Provider Manual.

Criteria	PCP	OBGYN	Specialist
Routine Office Visits	Within 10 business days	• OB: Initial prenatal visit within 24 hours of identification of high risk by Health Partners Plans or maternity care provider or immediately if emergency exists. • First prenatal visit (pregnant 1–3 months): Within 10 days • First prenatal visit (pregnant 4–6 months): Within 5 days • First prenatal visit (pregnant 7–9 months): Within 4 days • GYN: Within 10 days • OB/GYN: Within 5 days of effective date of enrollment	• Otolaryngology, dermatology, pediatric endocrinology, pediatric general surgery, pediatric infectious disease, pediatric neurology, pediatric pulmonology, pediatric rheumatology, dentist, orthopedic surgery, pediatric allergy and immunology, pediatric gastroenterology, pediatric hematology, pediatric nephrology, pediatric oncology, pediatric rehab medicine, and pediatric urology: Within 15 business days • All other specialists: Within 10 business days
Routine Physical	Within 3 weeks	N/A	N/A

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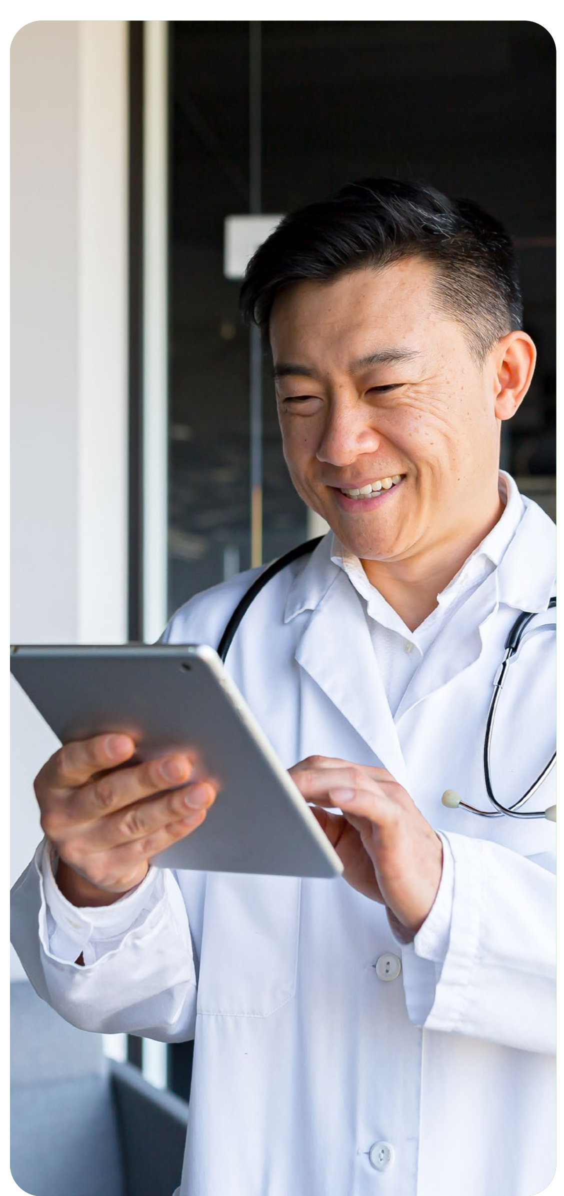
Criteria	PCP	OBGYN	Specialist
Preventive Care	Within 3 weeks	N/A	N/A
Urgent Care	Within 24 hours	Within 24 hours	Within 24 hours
Emergency Care	Immediately and/or refer to ER	Immediately and/or refer to ER	Immediately and/or refer to ER
First Newborn Visit	Within 2 weeks	N/A	N/A
Patient with HIV Infection	Within 7 days of enrollment for any member known to be HIV positive unless the member is already in active care with a PCP or specialist regarding HIV status	N/A	Within 7 days of enrollment for any member known to be HIV positive unless the member is already in active care with a PCP or specialist regarding HIV status
EPSDT	Within 45 days of enrollment unless the member is already under the care of a PCP and the member is current with screenings and immunizations	N/A	N/A
SSI Recipient	Within 45 days of enrollment unless the enrollee is already in active care with a PCP or specialis	Within 45 days of enrollment unless the enrollee is already in active care with a PCP or specialist	Within 45 days of enrollment unless the enrollee is already in active care with a PCP or specialist
Office Wait Time	30 minutes (or up to 1 hour if urgent situation arises)	30 minutes (or up to 1 hour if urgent situation arises)	30 minutes (or up to 1 hour if urgent situation arises)
Weekly Office Hours	At least 20 hours per site	At least 20 hours per site	At least 20 hours per site
Maximum Appointments	6	N/A	N/A

Telephone Availability Standards

Telephone availability standards are closely monitored through the Health Partners Plans member satisfaction surveys, site reviews and member complaints. These standards include:

- All PCPs must be available to members for consultation regarding an emergency medical condition 24 hours a day, seven days a week.
- After regular office hours, the PCP should return member calls within one hour of when the member called. Coverage may be shared with another PCP participating with Health Partners Plans.
- If a PCP uses an answering service, the assigned service person must be capable of taking a message and contacting the physician directly and immediately.
- An appointment system for scheduling all routine visits is also a requirement. At a minimum, this includes an appointment book and written notice given to patients stating date and time of next appointment. Evidence of compliance with these minimum access standards is sought at the time of initial credentialing, at recredentialing, and at interim periods if non-compliant activity is noted.
- For any missed appointment, the PCP or specialist should make three attempts to contact the member about the missed appointment. At least one of such attempts must be a follow-up phone call. Documentation of the notices and telephone calls should be placed in the medical record.
- The PCP or specialist should ensure that the average office waiting time does not exceed 30 minutes. When the physician encounters an unanticipated urgent visit or is treating a patient with a difficult medical need, the wait time should not exceed one hour.



Preclusion Check Information for Providers

Both Pennsylvania (and other states) and the federal government maintain preclusion/exclusion lists which contain names of people and/or entities which are excluded from receiving payment made using state or federal funds.

What does this mean to you?

As a provider of services to Health Partners Plans' members, you are receiving state and/or federal funds.

There is a prohibition on payments by federal health care programs (which includes state programs which receive federal dollars) for items or services furnished by an excluded person or at the medical direction or on the prescription of an excluded person. Additionally, providers must not pay, contract with or employ an excluded person when that person might be excluded.

This obligates your practice to run prior to hire and monthly checks against three exclusion lists (websites) for all of your staff, including practice owners. The preclusion check obligation also includes vendors, consultants and employees associated with the medical practice. Check vendors for exclusions and mandate vendors to check their employees in your contracts. Require vendors to notify you as soon as they know that they have an excluded person employed.

What are the exclusion lists?

There are two federal exclusion checks: OIG's List of Excluded Individuals/Entities (LEIE) and Excluded Parties List System (EPLS) which has now been incorporated into System for Award Management (SAM). Pennsylvania's preclusion list is called PA Medicheck.

For more information on these exclusion/preclusion lists, please access the following links:

- Pennsylvania Department of Human Services
- System for Award Management (SAM.gov)
- U.S. Department of Health and Human Services

What if I don't perform these checks?

The key terms to be aware of are if you know of or should have known that someone you are paying is excluded from receiving payment using federal or state monies, you would be subject to a fine called a civil monetary penalty (CMP) or possible prosecution by the HHS OIG. Fines and prosecution may be mitigated by terminating employment immediately and self-reporting to the OIG as soon as you find out that you have been employing someone who has been precluded.

What if I have been precluded in the past, can I be eligible again?

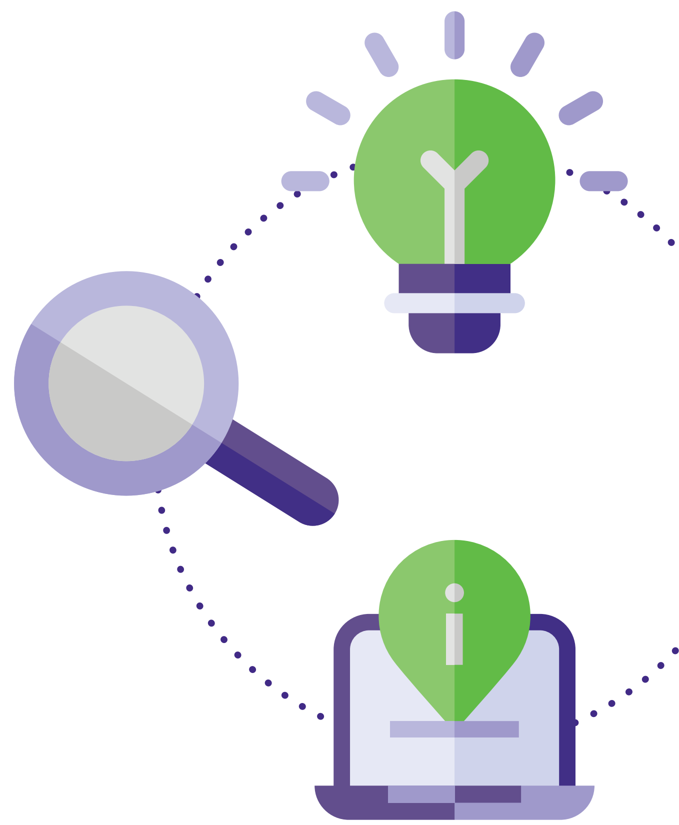
Yes, not all exclusions are lifetime exclusions. They often have an end date. However, just because the exclusion has ended doesn't mean that you are automatically eligible to receive payments using federal or state monies. A provider must apply for reinstatement to Medicare and obtain a Medicaid Medical Assistance Identification Number (MAID) in order to resume providing services and submitting claims directly, or indirectly, which will be paid for using federal or state dollars.

HEDIS Hints

Please visit the updated Provider Training and Education page to review some Healthcare Effectiveness Data and Information Set (HEDIS) Hints you may find useful. Some HEDIS measures are reflected in HPP's QCP program and may account for open care gaps for your patients.

In the HEDIS Hints presentations you will find explanations of the measures, best practices and coding information. Currently the library consists of:

- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)
- Adults' Access to Preventive/Ambulatory Health Services (AAP)
- Appropriate Testing for Pharyngitis (CWP)
- Statin Therapy for Patients with Diabetes (SPD)
- Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)
- Perinatal Depression Screening (PDS)



HEDIS 2023 Chart Reviews

In early 2023, Health Partners Plans (HPP) will conduct HEDIS (Healthcare Effectiveness Data and Information Set) chart reviews. Annual HEDIS reporting is required of all HealthChoices plans by The Pennsylvania Department of Human Services and is necessary to maintain our NCQA accreditation.

HEDIS does not specifically evaluate the performance of individual providers within our network but instead focuses on the health plan's performance.

To ensure this review project is an easy and safe process for your office and causes the least amount of disruption to your daily operations, HPP has implemented the following:

- HPP will call your office to request records for review.
- HPP will fax your office a list of required records.
- HPP is requesting providers to email or fax the requested records in order to reduce traffic in your office.
- If necessary, HPP staff will arrange to visit your office in order to scan documentation into a secure laptop to avoid copying and transporting records.
- If your office uses electronic medical records, please contact Pearl Taylor, HEDIS Coordinator, at **215-991-4283** or ptaylor@hpplans.com to discuss chart collection options.

You may also call Terry McKeever, RN, Director, Quality Management, at 215-991-4264 or Joyce Roman, RN, Manager, Quality Management at 215-845-4757 with any questions about this initiative.

Online Quality Management Resources

Health Partners Plans (HPP) has a Quality Management (QM) program in place to assure that our members receive safe, effective clinical care that is timely and patient centered. Throughout the year, we monitor the delivery of health care for our members. We also conduct an annual evaluation to determine if we met our goals.

This information is used to determine steps for improvement and to establish new goals for the coming year.

We have created a centralized location on our website where you can view quality management resources, such as Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey results, QM Goals and HEDIS rate summary.

If you would like a hard copy of any QM resources or if you have questions, contact the Provider Services Helpline at 888-991-9023 and a copy will be sent to you.

Quality Management Provider Referral Line

To ensure the highest quality of care and in accordance with the Pennsylvania Department of Human Services and CMS requirements, our QM department must identify, track and follow up on the following:

- Preventable Serious Adverse Events
- Healthcare Acquired Conditions
- Other Provider Preventable Conditions

We offer a toll-free anonymous provider reporting line to identify and track such events that are deemed preventable, serious and adverse.

To report an event, call **1-855-218-2314** with the following information:

- Member name, ID# and/or date of birth
- Date of event
- Description of event
- Location where event occurred

All calls will remain confidential and will be followed up by QM for verification. Our policy is to reasonably track and isolate identified events and account for payments that may have been made in association with them. HPP reserves the right to retract payments made for what are deemed preventable events.

HPP implemented 2022 InterQual Criteria on 10/24/2022 for:

- Acute Inpatient Adult
- Acute Inpatient Pediatric
- Long-Term Acute Care
- Rehabilitation
- Subacute & SNF
- Home Care
- DME
- Procedures

Clinical and Preventive Guidelines

Health Partners Plans (HPP) provides links to clinical and preventive guidelines for our providers on the provider website.

The guidelines are an example of evidence-based practices available for health care providers. The website includes preventive guidelines for pediatric, adult and elderly well care and recommended screenings; the clinical guidelines feature disease states such as diabetes, COPD and heart disease.

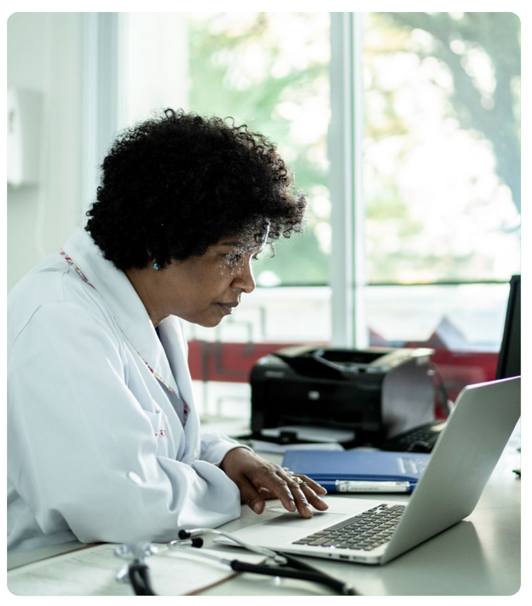
If you would like a hard copy of any clinical or preventive guidelines, contact the Provider Services Helpline at **888-991-9023** and a copy will be sent to you.

New Provider Quality Page

Did you know that HPP has a new dedicated website for Quality and Population Health Resources? Providers and care teams can find tools and resources for optimizing your practice's quality performance. Topics include the following:

- Pay-for-Performance Programs
- PCMH
- Medicare Stars, including CAHPS and HOS
- Member Satisfaction
- SDOH
- Chronic Disease Management
- Medication Management
- Pediatric-specific Information
- Member Rewards and Incentives

You can access the site from the Provider tab at HPPlans.com.



Submitting Home Care Requests

When submitting requests for home care, home infusion, shift care and DME for the Medicaid and CHIP lines of business, please keep in mind the following:

- Orders will only be accepted if written by an MD or DO.
- Orders written by a Non physician will not be accepted including but not limited to NP, PA, and DPM.
- If submitting via the provider portal, be sure to attach documents in PDF format
- Include the name and contact number of the servicing provider
- If submitting via fax, send to the appropriate number listed below:
  Home care/home infusion: 215-967-4491
  Shift care: 267-515-6667
  DME: 215-849-4749

Health Topics

Developmental Screenings

According to the American Academy of Pediatrics, standardized developmental screenings should be conducted at well-child visits for the ages of 9 months, 18 months and 30 months. In addition, physicians should administer a screening for autism spectrum disorder (ASD) during the 18- and 24-month health supervision visits. **Developmental Screenings should be completed for all patients with a confirmed elevated blood lead level (BLL)—even if a screen was completed during a previous well child visit.**

Providers must document all surveillance, screening and referral activities, and include a copy of the validated developmental or autism screening tool used to conduct the screening. If you suspect that a child may have a potential developmental delay and require early intervention services, a referral should be made to CONNECT **1-800-692-7288** or email connecthelp@tiu11.org. You may use any validated screening tool to perform this preventive service.

Additional Resources

- Provider Notice
- MA Bulletin 99-09-07 (Structured Screening)
- Validated Screening Tools

Flu Shot Information

HPP would like to ensure that all providers are communicating the importance of this year's influenza vaccination to patients and caregivers. Everyone 6 months and older should get a flu vaccine every season with rare exceptions. Vaccination is particularly important for people who are at higher risk of serious complications from influenza.

- For people younger than 65 years, CDC does not recommend any one flu vaccine over another.
- For adults 65 years and older, there are three flu vaccines that are preferentially recommended for people 65 years and older:
  - Fluzone High-Dose Quadrivalent vaccine
  - Flublok Quadrivalent recombinant flu vaccine
  - Fluad Quadrivalent adjuvanted flu vaccine
- If none of the three flu vaccines preferentially recommended for people 65 and older is available at the time of administration, people in this age group can get any other age-appropriate flu vaccine instead.

HPP encourages providers to vaccinate patients or recommend that patients get a flu shot as soon as possible. It is also recommended that all providers and health care workers receive a flu shot this season. As a reminder, HPP covers all vaccinations for all members, including the flu and COVID-19 vaccinations.

New Dental Self-Management Tools!

Self-learning modules have been shown to empower patients to take an active role in their own health. HPP members have access to a library of on-demand self-management tools to help them stay informed and learn how to live well. There are tools on a variety of topics including healthy eating, managing stress and more.

We are excited to share that two new dental modules have been added to the collection for your patients who are new and expectant mothers.

"**Oral Health: What to expect while you are pregnant**" will help pregnant women navigate the oral health changes that occur during pregnancy. "**Smiles through Life: Oral health ages 0-3 years**" will prepare new mothers to get their baby's oral health off to a great start.

Your patients can access these self-management tools here.

Antibiotic Stewardship

The Centers for Disease Control and Prevention (CDC) defines Antibiotic Stewardship as:

"*The effort to measure and improve how antibiotics are prescribed by clinicians and used by patients. Improving appropriate antibiotic prescribing and use is critical to effectively treat infections, protect patients from harms caused by unnecessary antibiotic use, and combat antibiotic resistance*."

Providers need to incorporate prescribing guidelines into their practices to decrease the amount of antibiotics prescribed, which in turn may improve outcomes of their patients. The CDC published The Core Elements of Outpatient Antibiotic Stewardship, which offers providers a checklist that highlights the core elements for prescribing antibiotics in an outpatient setting. The four elements are as follows:

1. Commitment

- **a.** The provider should write and display in their office(s) an easy-to-understand explanation of their commitment to Antibiotic Stewardship. This may facilitate discussion with their patients about the meaning of Antibiotic Stewardship.
- **b.** The provider should educate their staff so they will understand why Antibiotic Stewardship is important to patient safety.

2. Action

- **a.** Use evidence-based practices to guide treatment.
- **b.** Use delayed prescribing practices if the patient could benefit from watchful waiting. Symptoms can be treated during the waiting period.
- **c.** Make sure staff understands the process for delayed prescribing.

3. Tracking and Reporting

- **a.** Track prescribing practices of the clinical staff to see if antibiotic prescribing practices improve.
- **b.** Prescribers should take continuing medical education modules to further their understanding of antibiotic prescribing.

4. Education and Expertise

- **a.** Patient education so they understand the reasoning for not prescribing an antibiotic.
  - **i.** Over usage
  - **ii.** Viral versus bacterial illnesses

Please review the CDC's guidelines to assist HPP in improving member outcomes.

Important Reminders

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

Pennsylvania is preparing for the end of the public health emergency, which has been in place since the beginning of the COVID-19 pandemic. Under this emergency, individuals covered by Medicaid – also known as Medical Assistance – have been able to keep their health coverage even if they would have otherwise become ineligible for the program based on other factors.

The ending of the public health emergency has a direct impact on your Medicaid and CHIP patients. It is critical that your Medicaid and CHIP patients keep their most current contact information up to date with the state as this will ensure they receive their renewal form. If your patient does not promptly return their renewal form, they are at risk of losing their Medicaid coverage.

We are anticipating the end to the public health emergency to be announced 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, 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 the mail for renewal application.** Everyone's renewal date is different. DHS will mail them 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.