

1 Health Partners Provider Manual

Introduction to Health Partners



Purpose: This chapter provides an introduction to Health Partners and an overview of the various services available to members and providers.

- Topics:**
- Health Partners' History and Corporate Mission
 - Health Partners Provider Network
 - Service Departments
 - Contact Information

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Introduction

Health Partners, Inc. is a not-for-profit Pennsylvania licensed managed care organization (MCO) that, since 1985, has provided comprehensive health care coverage to individuals and families living in the Philadelphia region. The MCO was founded by four local teaching hospitals committed to offering residents of their surrounding communities coordinated quality health care services. With the endorsement of The Pennsylvania Department of Public Welfare (DPW) and a grant from the Robert Wood Johnson Foundation, under its national program for prepaid managed health care, Health Partners and its member hospitals developed a viable managed care program for the Medical Assistance population. Health Partners was incorporated in 1987.

Our History

Between 1997 and 2007, Health Partners successfully administered a Medicare Advantage Plan known as Senior Partners. In 2008, Health Partners introduced a new program, KidzPartners, providing care through Pennsylvania's Children's Health Insurance Program to eligible children throughout our five-county service area. Our first KidzPartners members became active in 2009.

With more than 20 years of serving the community, Health Partners continues to emphasize primary and preventive care. In addition, the company offers intensive case management for members identified as high risk or with special needs, and care management of members with chronic illnesses. Our focus is on bettering health outcomes through a wide range of initiatives targeting member compliance and access needs.

The primary care physician (PCP) is the nucleus of the Health Partners/KidzPartners delivery system. All eligible members are required to select a PCP. The PCP is a physician (or physician group), or a Certified Registered Nurse Practitioner (CRNP) operating under the scope of his/her licensure and responsible for supervising, prescribing, and providing primary care services, as well as prescribing or referring a member for specialty care. This includes locating, coordinating, and monitoring other medical care and rehabilitative services and assuring continuity of care on behalf of our members.

In addition to primary care, the provider network includes ambulance services, durable medical equipment (DME) providers, dentists, family planning clinics, home health care agencies, hospitals, pharmacies, specialists, vision providers, and wellness/fitness programs. Our provider network also includes mental health and substance abuse providers for our KidzPartners members. Mental health and substance abuse services for our Medicaid members are available through Pennsylvania's HealthChoices program. In 2008, The National Committee for Quality Assurance (NCQA), the nation's leading review organization for health plans, again awarded its highest accreditation status of **Excellent** to Health Partners' Medical Assistance line of business. Health Partners earned this accreditation status for service and clinical quality that exceed NCQA's rigorous requirements for consumer protection and quality improvement.

In 2006, Health Partners was ranked among the Top 35 Medical Assistance Managed Care Plans in the nation by U.S. News and World Report Magazine. Our organization has received additional national and local recognition for innovative programming, community service, and workplace environment. These include:

- American Association of Health Plans' Ellis J. Bonner Award for Community Service, based on our free, city-wide neighborhood computer training courses. (2001)
- America's Health Insurance Plans/Wyeth Gold HERA Award, in recognition of Health Partners' "Baby Partners" Prenatal Outreach Program. The award honors programs that have made a measurable difference in the lives of women and children. (2004)

- Philadelphia Business Journal recognition of Health Partners as one of the “Top 10 places to work in Philadelphia,” as voted by our own employees. (2005)
- The Greater Valley Forge Human Resources (GVFHRA) Association Diversity Award for 2004/2005. This regional chapter of the American Society of Human Resources Management recognizes leading organizations that demonstrate a true commitment to value and respect all cultures and reflect within their employees the broad spectrum of people who live and work in their communities.
- The Mature Workers' Task Force (a division of the Philadelphia Corporation on Aging) award for being an “Outstanding Employer” of mature workers. (2005)
- Health Partners' Medicaid plan was named number one in “Overall Member Satisfaction with Plan” and “Satisfaction with Child's Plan” among all Pennsylvania Medicaid plans in both 2005 and 2006. It placed first in these categories among Medicaid plans in Southeastern Pennsylvania in 2007.
- Health Partners has joined with the Institute for Safe Families in a broad-based effort to raise awareness and help reduce the incidence of domestic violence among our communities. This provider-centered effort allows us to further collaborate with caregivers in our network, and in our communities.
- Further, Health Partners has supported and participated in other grass-roots efforts aimed at the public health epidemic-random and gun violence-that has besieged the city of Philadelphia. Our participation will continue, as increasing violence has had devastating effects on our members, employees, our communities, caregivers, and our city as a whole.
- Health Partners embarked on strong diabetes outreach initiatives in 2007, bringing “Street Solutions” to provide diabetes screenings to our most non-compliant members in their own neighborhoods. This is just one facet of the outreach.

Our Products

Health Partners has two product lines:

- Health Partners for Pennsylvania's Medicaid recipients
- KidzPartners for Pennsylvania's Children's Health Insurance Program (SCHIP)

Risk Partners

Health Partners' members include:

- Temple University Hospital
- Episcopal Hospital
- Hahnemann Hospital (Tenet Health System)
- St. Christopher's Hospital for Children (Tenet)
- Frankford Hospital
- Albert Einstein Medical Center
- University of Pennsylvania Medical Center

Our Mission

Health Partners mission includes three major tenets. These tenets are:

- To manage our business to exceed expectations.
- To operate with respect and dignity in all relationships.
- To continually improve the health outcomes of our members.

As part of our commitment to respect, Health Partners works to assure that providers are sensitive to cultural differences in all health care encounters.

Our Network

Health Partners is proud to work with the hundreds of dedicated PCPs and OB/GYNs, specialists, behavioral health providers (in our KidzPartners program), dentists and vision care providers that comprise our network, along with hospitals, home care and hospice facilities, durable medical equipment providers and more.

Located throughout Philadelphia, Bucks, Montgomery, Chester, and Delaware Counties, our providers help to ensure that members have access to high quality treatment and coordinated services.

Service Departments

There are a number of service departments available at Health Partners to provide members and providers with excellent customer service. The following section provides an overview of these service departments and the role they play at Health Partners.

Provider Affairs

The Provider Affairs department is dedicated to developing and managing relationships with hospitals, physicians, ancillary service providers, as well as subcontracted relationships. The department strives to build innovative systems designed to ensure that members have access to a comprehensive managed care network. Provider Affairs is the contact for credentialing and re-credentialing of providers, in compliance with standards established by Health Partners.

All technical aspects of loading and maintaining accurate provider databases, and loading and maintaining payment rate (fee) schedules, also fall within the scope of Provider Affairs. This maintenance is designed to help ensure that providers are paid correctly.

Provider Services Helpline

The Provider Services Helpline representatives respond to provider inquiries and issues such as network development and management, claims payment, claims appeal processes, provider disputes, program administration, provider supplies and plan procedures.

Physician Network Consultants

In addition to the Provider Services Helpline, participating PCPs and specialists receive individual, in-office assistance in response to their administrative needs. Health Partners Physician Network Consultants (PNCs)

conduct orientations for new primary care providers and specialists, and other in-service instructions on billing requirements, plan procedures, completion of referral forms/scripts, and regulatory requirements.

Hospital/Ancillary & Specialty Networks

Provider Affairs staff members serve as liaisons between Health Partners and its participating hospitals and ancillary health care providers. These network specialists focus on developing their respective network areas and assisting providers directly through education and follow-up with other Health Partners departments to address provider needs.

The Specialty Programs department is responsible for the management and oversight of Health Partners' delegated service subcontractors. These Network Specialists work directly with personnel at Health Partners' dental, laboratory, vision and behavioral health subcontractors and in collaboration with internal departments to ensure the subcontractors' compliance with Health Partners policies and procedures and regulatory agencies.

Claims Service

Claims Service is responsible for timely and accurate processing and payment of claims and resolving claims reconsiderations. Many elements go into the successful delivery of this service, including accurate establishment of fee schedules aligned with contracted rates; establishing providers with the processing system in a timely and accurate manner; and establishing timely and accurate authorizations when required. The department strives to partner with providers and other service departments to quickly resolve any claim processing inaccuracies and to streamline the administrative process.

Claims Recovery Unit

The Claims Recovery Unit is charged with developing processes to prevent overpayments, identifying overpayments and initiating recovery. This department accounts for money received as restitution and through retractions.

Conducting ongoing reviews of Health Partners medical claims, the Recovery Unit focuses on procedure and diagnosis code consistency, accuracy, and appropriateness. Health Partners uses coding software that integrates nationally accepted guidelines, including Current Procedural Terminology (CPT) logic as documented by the American Medical Association, and Correct Coding Initiatives and Post-operative Guidelines as outlined by CMS.

Claims Reconsideration

Health Partners' Rapid Reconsideration is designed to make claim reconsideration requests faster and easier. The service provides real-time assistance from a claim reconsideration specialist during regular business hours.

Community Education

Health Partners' Community Education department provides free health and wellness workshops that address such concerns as good nutrition, fitness, diabetes, and high cholesterol. Community education also includes computer education that provides participants with electronic tools to better understand their health care concerns through the use of Excel, website, internet, and Word programs.

Disease Management

The Disease Management department develops and implements programs for members with specific diagnoses including, but not limited to, the following:

- diabetes (adult & pediatric)
- asthma (adult & pediatric)

Identification of and outreach to high-risk members involves education, home visits, telephone monitoring, and case management. Behavioral health resources are also available for those coping with chronic disease. The goal of the program is to transition high risk members to self-management and achieving an optimal state of health.

Electronic Data Interchange (EDI) Unit

The Electronic Data Interchange (EDI) Unit works with providers to establish electronic interface for claim submission, remittance advice, eligibility and claim inquiries and responses, and healthcare service authorization/referral/script requests and responses. Health Partners is HIPAA compliant and accepts all health care transactions (X12) via Emdeon.

Additional information regarding EDI and HIPAA Transaction Code Standardization can be found by visiting our website at <http://www.healthpart.com> and clicking **Info for Providers**.

Enrollment Eligibility Services

The Commonwealth of Pennsylvania, via the Department of Public Welfare and Pennsylvania Insurance Department, transmits enrollment files to Health Partners on an ongoing basis. The Enrollment department ensures that current member eligibility information is maintained and performs updates to match DPW and PID records when appropriate.

Since member eligibility must be checked whenever a Health Partners member accesses services, we offer a direct phone number to member eligibility verification. This number is staffed Monday through Friday, from 8:30 am to 5 pm while the general Provider Services Helpline is available 24 hours a day, seven days a week. For more information, see Table 1: Service Department Contact Information on page 1-13.

Besides the Eligibility direct line and the Provider Helpline, PCPs can also check their monthly member panel. If the member does not appear on the monthly panel or the Pennsylvania State Eligibility Verification System (EVS), providers can log on to Provider Connect (<http://www.healthpart.com>) and use their protected password for member eligibility information.

Health Care Compliance and Outcomes Management

This department provides education and outreach to members and providers via telephone and educational workshops. The EPSDT/Wellness Outreach Coordinator is responsible for outreaching to Health Partners members under 21 to provide education on EPSDT and to coordinate services, if necessary. Providers may also contact the EPSDT/Wellness Coordinator in the Healthcare Compliance and Education department to assist with coordinating services for the member or to obtain additional information on EPSDT/Wellness requirements.

The Healthcare Compliance and Outcomes Management department also works in conjunction with Community Affairs and community organizations to provide community education workshops on topics such as

nutrition, asthma, heart health, diabetes, men's health, and more. For more information, see Table 1: Service Department Contact Information on page 1-13.

Healthcare Compliance and Outcomes Management also houses the Health Outcomes department, which is responsible for the Patient Evaluation Program (PEP). The PEP alerts primary care physicians to our high medical needs (HMN) members on their panels who may benefit from reassessment. The objective of the program is to provide care coordination for medically complex patients to ensure ongoing care.

Contact our PEP high medical needs program for more information (see Table 1: Service Department Contact Information on page 1-13)

Inpatient and Outpatient Services (Utilization Management)

The Inpatient Services and Outpatient Services departments provide network providers with authorization for procedures and services. All elective hospital, acute rehab, skilled nursing and hospice admissions must be authorized by the Inpatient Services department prior to admission.

The benefit grids located in chapter IV in this manual identify those services requiring PCP referral and/or Health Partners' Inpatient Services/Outpatient Services authorization.

Health Partners strongly values the PCP's coordination of care within our provider network. We realize that PCPs might occasionally need to refer members to a non-participating provider for a specific service not available through a participating provider. In this case, Health Partners requires that you seek prior authorization by calling our Inpatient Services or Outpatient Services departments (see Table 1: Service Department Contact Information on page 1-13) or reimbursement will be denied. Requests must also be supported by the PCP's written letter of medical necessity.

Member Relations

The Member Relations department addresses member questions and concerns. The department offers the On-Line Interpreters, Inc. services for assistance in over 140 different languages. Member Relations also processes requests for member materials, including those in other languages and alternate formats (such as audio tape, large print or Braille).

For more information, see Table 1: Service Department Contact Information on page 1-13.

Perinatal/Baby Partners Program

The Perinatal Case Management Unit provides care and services to pregnant members during pregnancy through six weeks postpartum. Identification and outreach are performed based on a risk assessment. Newly delivered members are screened for postpartum depression, smoking cessation counseling and breast feeding support is available. To refer pregnant members, please call the Perinatal/Baby Partners Hotline (see Table 1: Service Department Contact Information on page 1-13).

Pharmacy Services

Pharmacy Services oversees the operation and administration of the prescription benefit program for members. This includes developing policies and procedures that meet all federal and state regulatory requirements, as well as accreditation standards. The department also monitors formulary compliance, coordinates prescription

authorization activities, monitors utilization of services, and analyzes new pharmaceuticals. In addition, Pharmacy Services oversees the participation of those Health Partners (Medicaid) members assigned to the Recipient Restriction Program.

Quality Management

The Quality Management department maintains and is able to provide information regarding our quality improvement program, including: medical record reviews, office evaluations, updates on current clinical and preventive standards of care, accreditation, quality of care or service issues, and information regarding provider/member satisfaction surveys.

Quality Management is also responsible for creating and approving practice guidelines for chronic diseases such as asthma, diabetes, congestive heart failure, and high-risk prenatal care.

Special Investigations Unit (SIU)

Health Partners' Special Investigations Unit proactively addresses questionable activity and investigates referrals of illegal and unethical conduct by members, providers, and employees.

Investigative findings are forwarded to Health Partners' General Counsel's Office for appropriate action.

The following list gives some examples of illegal and/or unethical conduct:

- Members selling membership cards or ID numbers
- Members selling medications obtained through the program
- Members obtaining services or equipment not medically necessary for their conditions
- Employees selling Health Partners information
- Employees accepting money or gifts in exchange for manipulating some part of Health Partners' system
- Providers up-coding claims or submitting claims for services not provided
- Providers providing false or misleading statements to obtain credentialing status
- Pharmacists paying providers kickbacks for referrals
- Providers paying members incentives for patronage
- Billing or charging plan members for covered services
- Billing more than once for the same service
- Dispensing generic drugs and billing for brand-name drugs
- Falsifying records
- Performing inappropriate or unnecessary services

In addition, online training is available on the Health Partners website, under Provider Info.

If illegal and/or unethical activity is suspected among any of our members, employees, providers, or vendors, please call the Health Partners Special Investigations Unit (see Table 1: Service Department Contact Information on page 1-13). This phone line does not utilize a caller-identification system or any other device to identify callers. Additionally, all calls are confidential. Health Partners' policy prohibits adverse action against employees

for reasonably requesting assistance from the unit, or for reporting potential violations of the law or of a Health Partners policy or procedure.

For issues regarding Medicaid, providers may also contact the Pennsylvania Department of Public Welfare's Fraud and Abuse Hotline at **866-DPW-TIPS**, or by E-mail at **omaptips@state.pa.us**, or on the Web at **http://www.dpw.state.pa.us/omap**.

Special Needs Unit (SNU)

The Special Needs Unit provides case management for Health Partners and KidzPartners members. Case management activities focus on both long-term and short-term goals that help members who require extra assistance getting care for their illnesses, disabilities, or other special needs to achieve and maintain the maximum benefit from their medical treatment plan. The department serves as a link between members, physicians, agencies, community services and Health Partners. Referrals/scripts are accepted from all sources including primary care physicians, community and hospital social workers, discharge planners, and members themselves. Special Needs Unit staff is available to help address specific needs of our member population, such as:

- Behavioral health referrals (mental health/mental retardation/substance abuse)
- Older adult health (for members eligible for both Medical Assistance and Medicare)
- Targeted case management for HIV/AIDS members
- Planning for inter-agency care and coordination of services for special needs members
- Assistance with coordination of specialist referrals/scripts for Health Partners/KidzPartners members
- Assistance with coordinating care for patients with Limited English Proficiency (LEP)*
- Input into Health Partners' case review process for special needs members
- Assistance with Health Partners' complaint and grievance system for special needs members
- Outreach to special needs members

According to Title VI and the Department of Health and Human Services regulations, 45 C.F.R. Section 80.3 (b) (2) Guidance, recipients of Federal financial assistance (hospitals, nursing homes, home health agencies, managed care organizations, universities, and other entities with health or social service research programs) MUST take reasonable steps to provide meaningful access to Limited English Proficient (LEP) persons.

Individuals who do not speak English as their primary language and who have limited ability to read, write, speak, or understand English may be LEP. LEP persons must be provided assistance with respect to a particular service, benefit, or encounter upon request.

Health Partners providers can find qualified interpreters by contacting the Special Needs Unit to obtain contact number(s) for interpreter agencies. Or, providers can log on to the HHS website at www.hhs.gov.

Website Services

Health Partners website (<http://www.healthpart.com>) provides a number of services designed to provide users with accurate information in an efficient manner. These services are outlined below.

Provider Connect

Providers can access important information about member eligibility and claims status, 24 hours a day, seven days a week by using our secure provider portal, Provider Connect.

PROVIDER *Plus+*

PROVIDER *Plus+* is Health Partners' online Provider Directory. It is available to providers and members 24 hours a day, seven days a week and provides the most current information on the Health Partners network of primary care physicians, specialists, hospitals, designated radiology and lab facilities, DME vendors, and much more. The online directory can be used to help educate members about your provider colleagues in the network, or for referrals/scripts for Health Partners members. Information is available in English or Spanish.

Supply Request Forms

Provider offices can even order supplies via our online Supply Request form, saving staff time and costs. These materials can even be shipped to a different location than the provider's main office for more convenient storage.

As always, please call the Provider Services Helpline with any questions, and a representative will be glad to help you.

Contact Us

The following table provides contact information for each of the service departments discussed in this chapter.

Table 1: Service Department Contact Information

Department	Local Number	Toll Free Number
Provider Affairs	215-991-4350	888-991-9023
Provider Services Helpline	215-991-4350	888-991-9023
Hospital/Ancillary/ Specialty Network	215-991-4350	888-991-9023
Claims Service	215-991-4350	888-991-9023
Claims Recovery	215-991-4350	888-991-9023
Claims Reconsideration	215-991-4350	888-991-9023 (option 7)
Community Education	215-991-4092	N/A
Disease Management	215-991-4252	N/A
EDI	215-991-4290	888-991-9023 (option 4)
Enrollment Eligibility	215-849-4791	800-225-2978

Table 1: Service Department Contact Information

Department	Local Number	Toll Free Number
Health Care Compliance & Outcomes Management	215-967-4690	866-500-4571 (option 6)
Inpatient & Outpatient Services (Utilization Management)	215-967-4690	866-500-4571
Member Relations (Health Partners)	215-849-9600 215-849-1579 (TTY/ TDD)	800-553-0784 877-454-8477 (TTY/ TDD)
Member Relations (KidzPartners)	215-967-4540	888-888-1211
MHNet (Behavioral Health Managed Care Organization)	N/A	800-835-2094
Perinatal/Baby Partners Program	215-991-4182	N/A
Pharmacy Services	215-991-4300	866-841-7659
Quality Management	215-991-4346	N/A
Special Investigations	N/A	866-477-4848 (confidential line)
Special Needs	215-967-4690	866-500-4571