

Provider Check Up



Health Partners Plans 
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SUMMER 2023

It's Summertime!

Health Partners Plans thanks you yet again for stopping by to check out our Provider Check Up newsletter. We're nearly halfway through 2023 and summer is just around the corner. With the warmer weather upon us, here are a few seasonal reminders to share with your patients:

- Encourage your patients to stay active with HPP's Wellness Partners [calendar of events](#).
- Remind them to complete health activities to earn rewards through our [member rewards programs](#)
- Share our recommendation to register for our [HP Connect portal](#) for the latest HPP updates and self-management tools for healthy living.



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Pharmacy Corner

Recent Updates to Our Formularies

See below for the most recent formulary, prior authorization, quantity limit and age edit updates for Health Partners Medicare.

Health Partners Medicare

- [Prime and Complete 2023](#)
- [Special 2023](#)
- [Silver and Platinum 2023](#)

Health Partners Medicaid

Quantity Limit Additions

- Almotriptan 6.25, 12.5mg – 9 tablets per 30 days
- Amphetamine-Dextroamphetamine ER – 2 tablets per day
- Caplyta 10.5mg, 21mg – 1 tablet per day
- Cinacalcet Hcl Tab – 4 tablets per day
- Eletriptan – 9 tablets per 30 days
- Eletriptan – 9 tablets per day
- Ergocalciferol 1.25 Mg – 10 capsules per day
- Frovatriptan 2.5mg – 12 tablet per 30 days
- Lacosamide 10mg/ml solution – 40 mL per day
- Nurtec ODT – 16 tablets per 30 days
- Oxbryta 300mg – 3 tablets per day
- Ozempic (2mg/dose) 8mg/3mL pen – 3 mL per 28 days
- Quetiapine fumarate 25mg – 6 tablets per day
- Rabeprazole EC 20mg – 2 tablets per day

- Sunlenca 4 X 300 Mg Tab Thpk – 4 tablets per 365 days
- Sunlenca 5 X 300 Mg Tab Thpk – 5 tablets per 365 days
- Zolmitriptan – 9 tablets per 30 days

Quantity Limit Removals

- Acetazolamide 125mg, 250mg
- Acetazolamide ER 500mg
- Hydroxyzine Hcl 10 Mg/5ml Syrup
- Hydroxyzine Pamoate 25mg, 50mg, 100mg
- Isosorbide Mononitrate 10mg, 20mg
- Minocycline 50mg, 75mg, 100mg
- Rifampin 150mg, 300mg
- Vancomycin 125mg, 250mg

Supplemental Formulary Additions

- Multi-vitamin/fluoride 0.25mg/ml drops
- Multi-vitamin/fluoride 0.50mg/ml drops

For the most up-to-date information regarding HPP formularies, please visit our [online formulary](#).

New 2023 Medicaid and CHIP Member Rewards

The HPP Member Rewards program encourages Health Partners (Medicaid) and KidzPartners (CHIP) members to complete targeted health condition management and preventive health care activities. **Many of these health activities are tied to current measures included in our Provider Quality Care Plus (QCP) and Maternity Quality Care Plus (MQCP) programs.**

Overview of HPP Rewards

All Health Partners and KidzPartners members are automatically enrolled in HPP Rewards and can earn rewards for completing certain health activities. We encourage providers to explain the benefits of annual checkups, preventive screenings and disease management activities to their patients.

Most reward activities require claims to be submitted for members to receive rewards. Members can only get rewards for health activities completed in 2023. Members can visit HPPRewards.com to register, view and redeem their rewards.

For more information and a list of rewards, visit the Member Rewards Program section of the Provider Website at HPPlans.com/rewards.



Help Prevent Fraud!

Help prevent fraud by making sure that you are providing services to the actual HPP member: **Ask members for picture identification**, in addition to checking their HPP member ID card or number. This will help prevent non-members from using stolen or lost HPP member insurance ID cards.

Fraud, Waste & Abuse (FWA) reporting update: HPP has a new hotline vendor. You can still use the same phone number to report potential FWA: **1-866-477-4848**

However, the website looks different, and you must use a new URL to access it. To report potential FWA via the web, please click here: <https://www.mycompliancereport.com/report?cid=JEFF>

You can also report potential FWA issues to regulators or law enforcement:

- OIG Hotline: **1-800-HHS-TIPS (1-800-447-8477)**
- CMS Hotline: **1-800-MEDICARE (1-800-633-4227)**
- DHS Hotline: **1-866-DPW-TIPS (1-866-379-8477)**



KidzPartners

MEMBER FIRST NAME MEMBER LAST NAME	
ID:	9999999999
DOB:	99/99/9999
PCP:	DR. NAME 999-999-9999
PROV #:	9999999999
PCP \$XX SPEC \$XX ER \$XX	
RxBIN: 004336	RxPCN: MCAIDADV RxGroup: RX4074

Health Partners

<FIRSTNAME Q MEMBERLASTNAME>	
ID:	<9999999999>
DOB:	<99/99/9999>
PCP:	<DR.> <FNAME LNAME> <999-999-9999>
PROV #:	<999999XX999999X>
RxBIN: 004336	RxPCN: MCAIDADV RxGroup: RX3892

Health Partners Medicare

Member Name		Complete (HMO-POS)
ID:	Member ID Number	
DOB:	MM/DD/YYYY	
PCP:	PCP Name PCP Phone Number	
PROV #:	Provider Number	
PCP \$0	Specialist \$25/20% ER \$90	
RxBIN: 004336	RxPCN: MEDDADV RxGroup: RX8737	

H9207-012



Medicare Wellness Rewards Program

HPP will continue to offer Wellness Rewards, our Medicare member rewards program, to all Health Partners Medicare members in 2023. Wellness Rewards incentivizes Medicare members to complete specific health-related activities in 2023 to earn money on a reloadable card.

Please note that our Medicare rewards program is different from our Medicaid/CHIP rewards program.

The Wellness Rewards medication adherence activities and preventive health screenings are tied to current Quality Care Plus (QCP) measures. **Leveraging the Wellness Rewards program and encouraging your patients to complete these activities can help you improve your performance on these QCP measures.** To ensure that your Health Partners Medicare patients are rewarded for their completed activities, please submit claims timely and accurately.

Please refer to the 2023 Medicare Wellness Rewards Program Letter in the provider portal for additional details and eligibility requirements. This information can also be found on HPP's website [here](#). If you have any questions about the Wellness Rewards Program, please contact your Provider Relations Representatives.

Provider Intake Survey Tool

HPP wants to hear from you! HPP has developed a **short, easy to use**, online survey to learn more about your practice so that we can better identify ways that we can collaborate on shared goals, quality initiatives and better outcomes for your patients, our members. Click [here](#) to complete the survey for your practice! You can also access the survey on HPP's Provider Website under Quality and Population Health.

Well-Child Visit Guidelines and Clarification

One of HPP's primary goals is to ensure our youngest members receive the preventive care they need. That's why we want to remind you that you can complete a well-child visit once every year, **even if 365 days have not yet passed** since their last well visit in the prior calendar year. Providers will be reimbursed as long as it is a new calendar year.

- You can also complete a well-child visit when a child has come in for a sick visit. You should do this after determining that the condition, illness or injury that led to the sick visit does not impede the ability to complete a well-child visit and that the child is eligible for the well-child visit, per their Care Gap Report.
- Based on our claims data, many provider offices miss this opportunity. Well-child visits often do not occur or the submitted claims do not accurately capture the rendered services.
- When services are documented and billed properly, offices can close care gaps and significantly increase revenue. **We want to ensure that our providers are reimbursed properly for the care provided.**

Submitting Proper Claims

Your office can submit claims for *both* a sick visit and a preventive well-child visit for services provided on the same day, provided that the **Modifier 25** is added to the claim.

The components of a well-child visit, as indicated by the Early Periodic Screening, Diagnosis and Treatment (EPSDT) criteria, are:

- Health and developmental history
- Physical exam
- Laboratory tests (as appropriate for the age of the child)
- Immunizations (use all visits, preventive and sick, if medically appropriate)
- Health education and age-appropriate anticipatory guidance (including schedule of care and dental home referral)

Please note: In order to bill for the well-child visit, **all components must be addressed**. Please refer to the EPSDT periodicity schedule at [HPPlans.com/EPSDT](https://www.hppplans.com/EPSDT) for the complete list of components.

Please note the following coding reminders/clarifications:

- Modifier 25 must be billed in the **first modifier position with the applicable E&M code** for the allowed sick visit. When modifier 25 is not billed in the first position, the Sick Visit will be denied.

Continued on next page

- Providers can bill the age-appropriate preventive CPT codes (**99381-99385, 99391, 99392-99395**), and **99461**) and a separate identifiable **E&M code** with the modifier 25.
- Well-child visits should be reported with the following diagnosis codes: **Z00.00, Z00.01, Z00.5, Z00.8, Z00.110, Z00.111, Z00.121, Z00.129, Z02.0-Z02.6, Z02.71, Z02.82, Z76.1, and Z76.2.**
- Appropriate diagnosis codes must be billed for the respective well-child visit and sick visit.



Please check out our [preventive care guidelines](#) for the updated **2023 Recommended Child and Adolescent Immunization Schedule.**

Examples of Proper Coding				
Example	E&M Description	Well-Child Visit Diagnosis Code (in the Primary Position)	Well-Child Visit E/M Code	Allowable Sick Visits with Modifier 25 (when billing with a Well-Child Visit)
#1	New Patient E&M visit	Z00.121	99382	99202-25
#2	Established Patient E&M visit	Z00.121	99392	99212-25
#3	Established Patient E&M visit	Z00.129	99394	99213-25

Note: Providers **must** have proper medical record documentation to support the CPT codes and the E/M codes billed. This documentation should be able to be separated into two distinct notes that will support both E/M services billed for the visit.

Help Your Medicaid and CHIP Patients Maintain Coverage

Effective April 1, 2023, continuous enrollment for Medical Assistance and CHIP has ended. All Pennsylvania Medical Assistance and CHIP recipients will be required to complete an annual renewal to determine if they are still eligible for coverage. Renewals will be based on the individual recipient's eligibility date and will be completed over 12 months.

What your office can do to prevent your patients from losing their medical coverage:

1. Remind all your patients with Medical Assistance and CHIP coverage that they must renew their coverage starting in 2023.

2. To prevent a loss in coverage, HPP recommends that offices inform patients to:

- Make sure their address is up to date with the Pennsylvania Department of Human Services. If their address has changed, recipients must contact their local [County Assistance Office](#) or update their information on the state's website at dhs.pa.gov/COMPASS.
- Look for their application to come in the mail.
- Return their application timely.
- **Failure to complete this renewal application process may result in a loss of their coverage.**

For more information on how you can help patients retain medical coverage, check out page 6 of our [Spring 2023 issue](#).

Integrated Care Plan Program

The Integrated Care Plan (ICP) program is a pay for performance program implemented by the Department of Human Services (DHS) for Medicaid recipients. In the fall of 2015, the initiative was put into place to encourage stronger collaboration between physical health and behavioral health managed care organizations, as well as providers.

The initiative focuses on members aged 18-64 who are diagnosed with serious and persistent mental illness – commonly referred to as SPMI. The diagnoses that the state includes in this category are:

- Schizophrenia/Schizoaffective Disorder
- Manic Episode
- Major Depressive Disorder - Single Episode/Recurrent
- Unspecified Psychosis not due to a substance or known physiological condition
- Borderline Personality Disorder

It is well established that adults with SPMI have a higher mortality rate than the overall general population. The prevalent cardiovascular risk factors in this population are diabetes, obesity, dyslipidemia and hypertension. Diabetes is also very common in patients with SPMI. Antipsychotic medications used for the treatment of these conditions are associated with weight gain, impaired glucose metabolism, exacerbation of existing diabetes and dyslipidemia.

For these reasons, a portion of the ICP program stresses the importance of screening and monitoring existing cardiovascular disease and diabetes in adults with SPMI. The following measures are part of the ICP program and are modified HEDIS measures:

- **Diabetes Screening for People with SPMI who are using Antipsychotic Medications (SSD):** Adults 18–64 years of age with SPMI who were dispensed an antipsychotic medication require a diabetes screening test.
- **Cardiovascular Monitoring for People with Cardiovascular Disease and with SPMI:** Adults 18–64 years of age with SPMI and cardiovascular disease require an LDL test.

If an HPP member has SPMI and requires one of the above screenings, a list is available via the Care Gap Report on HP Connect.

In addition, the following HEDIS measure is an additional measure focused on lab monitoring in the setting of serious mental illness:

- **Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD):** Adults 18-64 who are diagnosed with schizophrenia and diabetes require both an LDL-C test and an HbA1c test.

Please follow up with these patients to discuss the importance of adequate screening and continuous monitoring for their mental and physical wellbeing.

HPP can help members with serious mental illness and comorbidities and/or significant barriers to treatment. To refer members who need assistance to our Clinical Programs teams, call 215-845-4797 (8:00 a.m. to 4:30 p.m., Monday–Friday). If you have any additional questions, please call the Provider Services Helpline.

We appreciate your continued support in managing the needs of our members.



Follow-Up Care for Children Prescribed ADHD Medication

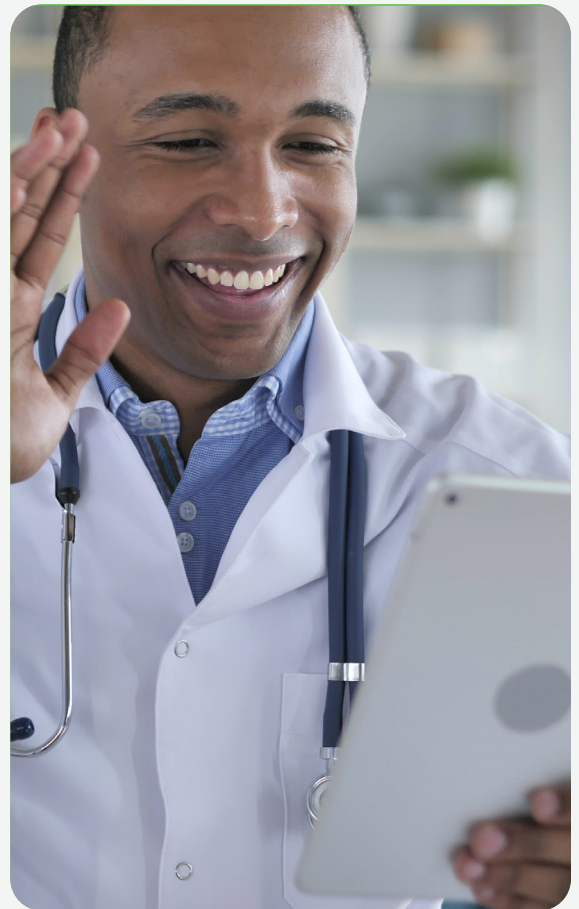
Why Is This Important?

Attention Deficit/Hyperactivity Disorder (ADHD) is one of the most common neurodevelopmental disorders of childhood. Children with ADHD have trouble paying attention and have difficulty controlling impulsive behaviors. While it is normal for children to have trouble focusing and behaving at times, most children outgrow these behaviors. In children with ADHD, the symptoms continue and cause difficulty at school, home and/or with friends. These behaviors can be severe.

What Can You Do?

Screening your patients for ADHD is an important first step. If medications are prescribed, be sure to:

- Schedule a follow-up appointment within 30 days of writing the prescription to monitor for side effects and efficacy of the medication
- Schedule at least 2 more follow-up appointments over the next 9 months to make sure the medication is working, and the dosage is correct
- If appropriate, refer your patient to a Mental Health Professional for additional evaluation and counselling
- Encourage a telephone visit, e-visit, or virtual check-in when appropriate



Suicide Risk Screening Tool

Using valid suicide risk screening tools that have been tested in a medical setting with young people will help clinicians accurately detect who is at risk and who needs further intervention.

The [Ask Suicide-Screening Questions \(ASQ\) tool](#) is a brief validated tool consisting of four yes/no questions for use among both youth and adults. It takes only 20 seconds to administer. The Joint Commission approves the use of the ASQ for all ages starting at eight years and above.

Screening identifies individuals that require further mental health/suicide safety assessment.

Additional materials to help with suicide risk screening implementation are available in The ASQ Toolkit, a free resource for use in medical settings (emergency department, inpatient medical/surgical units, outpatient clinics/primary care) to help identify individuals at risk for suicide.

HIV Treatment and Prevention

Health care providers should consider the possibility of acute HIV infection in individuals with the signs, symptoms or laboratory findings described below and in asymptomatic individuals with a possible recent (within 2–6 weeks) exposure to HIV:

- Signs, symptoms, or laboratory findings of acute HIV infection may include, but are not limited to, one or more of the following: fever, lymphadenopathy, skin rash, myalgia, arthralgia, headache, diarrhea, pharyngitis, oral ulcers, leucopenia, thrombocytopenia, and transaminase elevation.

Since 2019, the United States Preventive Services Task Force (USPSTF) recommends routine screening for HIV infection in adolescents and adults aged 15 to 65 years.

[Antiretroviral therapy \(ART\)](#) is recommended for all people with HIV, including those with early HIV infection. ART should be initiated as soon as possible after HIV diagnosis. The goals of ART are to suppress plasma HIV RNA to undetectable levels and to prevent transmission of HIV.

[Clinical trial data](#) indicate that individuals who are treated during early HIV infection may experience immunologic and virologic benefits. In addition, early HIV infection is considered a period of high infectivity, and early ART has been shown to substantially reduce the risk of HIV transmission.

All patients of childbearing potential who receive a diagnosis of early HIV infection should have a pregnancy test. Because early HIV infection, especially in the setting of high-level viremia, is associated with a high risk of perinatal transmission, all pregnant people with HIV should start ART as soon as possible to prevent perinatal transmission. A blood sample for genotypic resistance testing should be conducted before the initiation of ART.

People with early HIV infection have a higher likelihood of sexual transmission of HIV to others. Prompt initiation of ART and sustained viral suppression to <200 copies/mL can prevent transmission of HIV to sexual partners. Individuals starting ART should use another form of prevention (e.g., condoms, PrEP for partners who are HIV negative, sexual abstinence) for at least the first 6 months of treatment and until they have a documented viral load of <200 copies/mL.

Monitor patients' viral load to confirm initial and sustained response to ART. A patient's HIV RNA viral load should be measured regularly to confirm initial and sustained response to ART. Most patients taking ART as prescribed achieve viral suppression within 6 months.

PrEP is short for pre-exposure prophylaxis. It is the use of antiretroviral medication to prevent getting HIV. PrEP is used by people without HIV who may be exposed to HIV through sex or injection drug use. The following is the formulary status of the HIV PrEP medications:

	Preferred	
Medicaid and KidzPartners	<ul style="list-style-type: none"> • Emtricitabine 200 MG/tenofovir disoproxil fumarate 300 MG Tablet (generic Truvada) • Descovy 200-25 MG Tablet • Apretude 600 MG/3 ML Suspension 	
	Formulary	Non-Formulary
Medicare (Prime and Complete)	<ul style="list-style-type: none"> • Emtricitabine 200 MG/tenofovir disoproxil fumarate 300 MG Tablet (generic Truvada) • Descovy 200-25 MG Tablet 	<ul style="list-style-type: none"> • Apretude 600 MG/3 ML Suspension
Medicare (Special)	<ul style="list-style-type: none"> • Emtricitabine 200 MG/tenofovir disoproxil fumarate 300 MG Tablet (generic Truvada) • Descovy 200-25 MG Tablet 	<ul style="list-style-type: none"> • Apretude 600 MG/3 ML Suspension

Post-Exposure Prophylaxis (PEP) is the use of antiretroviral drugs after a single high-risk event to prevent HIV. PEP must be started as soon as possible to be effective—and always within 72 hours of possible exposure.

Kidney Health Evaluation for Patients with Diabetes (KED)

KED is a new HEDIS® measure. The reporting of results began in 2022.

Urinary albumin excretion can be detected from random urine collection as the urine albumin-to-creatinine ratio (UACR). An elevated UACR level (≥ 30 mg/day) should be confirmed by multiple measurements over 3-6 months. Temporary elevation may occur due to biologic variability, illness, hyperglycemia, exercise, menstruation, hypertension or heart failure.

Annual measurement of both glomerular filtration rate (eGFR) and UACR may identify progression of nephropathy and guide therapeutic decisions. Together, these two tests are used to determining the stage of CKD and the risk of progression. More frequent assessments may be necessary with worsening kidney function. An eGFR less than 30 ml/min/1.73 m² warrants a referral to nephrology.

Primary care providers play a key role in treating kidney disease through managing risk factors such as hypertension and hyperglycemia, prescribing medications and encouraging a healthy lifestyle. When seeing your patients with diabetes, remember to order two tests to assess the patients for presence of kidney disease.

Two Tests for Kidney Health

eGFR	Blood test to assess kidney function	serum creatinine (mg/dL) with equation (mL/min/1.73m ²)
uACR	Urine test to assess kidney damage	urine albumin (mg/dL) urine creatinine (g/dL)





May is High Blood Pressure Education Month!

When you are working with your patients, make sure you educate them about the importance of knowing their blood pressure numbers.

According to data from the Centers for Disease Control and Prevention's (CDC) [Million Hearts®](#):

- Nearly half of the adult population in the US has high blood pressure.
- Many of the people with diagnosis hypertension do not have their blood pressure controlled.

Please refer to the article “Help Your Patients Manage Hypertension,” found on page six of our [Fall 2022 issue](#), for more information.

Additionally, HPP has a [comprehensive guide](#) that includes coding information and instructions on how to obtain blood pressure cuffs for your patients who may need one.

Asthma Treatment Guidelines

Updates on Global Initiative for Asthma (GINA) Guidelines:

- **Track 1: Low dose ICS-formoterol as the reliever is the preferred strategy:** This is preferred because of evidence using ICS-formoterol as reliever reduces the risk of exacerbations compared with using SABA reliever, with similar symptom control and lung function.
- **Track 2: SABA as the reliever is an alternative (non-preferred strategy):** Less effective than Track 1 for reducing severe exacerbations. Use Track 2 if Track 1 is not possible; can also consider Track 2 if a patient has good adherence with their controller and has had no exacerbations in the last 12 months. Before considering a regimen with SABA reliever, consider whether the patient is likely to continue to be adherent with daily controller – if not, they will be exposed to the risks of SABA-only treatment.

For more information on the latest GINA guidelines, please view the **2022 GINA Main Report** at [GINAAsthma.org](https://www.ginaasthma.org).

Asthma Medication Ratio

The Asthma Medication Ratio is a HEDIS measure that measures the percentage of members 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.5 or greater during the measurement year.

Asthma Medication Ratio = Units of Controller Medications/Units of Total Asthma Medications

- **1 medication unit** = oral medication lasting 30 days or less, one inhaler or one injection
- **Units of controller medications** = the total amount of controller medications dispensed during measurement year
- **Units of total asthma medication** = the total amount of controller AND reliever medications dispensed during measurement year

Examples Of Asthma Controller Medications

- **Antibody inhibitors:** omalizumab (Xolair) (injection)*
- **Anti-interleukin-4:** dupilumab (Dupixent) (injection)*
- **Anti-interleukin-5:** benralizumab (Fasenra) (injection)*
- **Corticosteroid-LABA combinations on Preferred Drug List (PDL):** budesonide-formoterol (Symbicort), fluticasone-salmeterol (Advair HFA, generic Airduo Resplick, & generic Advair Diskus), mometasone-formoterol (Dulera)

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- **Inhaled corticosteroids on Preferred Drug List (PDL):** budesonide (Pulmicort Flexhaler), flunisolide, fluticasone (Flovent Diskus & Flovent HFA), mometasone (Asmanex Twisthaler) (inhalations)
- **Leukotriene modifiers:** montelukast (oral)
- **Methylxanthines:** theophylline (oral)

Examples Of Asthma Reliever Medications

- **Short-acting, inhaled beta-2 agonists:** albuterol, levalbuterol (inhalations)



**Prior Authorization (PA) required*

Medicaid Postpartum Coverage Extension

According to the [CDC](#), hundreds of people die each year during pregnancy or in the year after in the United States. Thousands more experience unexpected outcomes of labor and delivery with serious short- or long-term health consequences; despite the fact that more than 80% of pregnancy-related deaths in the U.S. are preventable.

Healthcare providers can help patients recognize urgent maternal warning signs, provide timely treatment and deliver respectful, quality care to help prevent many pregnancy-related deaths.

In April 2022, the Pennsylvania Department of Human Services (DHS) expanded Medicaid Postpartum coverage to a full year after giving birth. The increased access to postpartum care will help in the fight to lower maternal morbidity and mortality.

For additional information, please see this [flyer](#) from the PA DHS.



HEDIS Hints

Visit the [HEDIS Hints page](#) on the providers section of our website to review some recently added HEDIS measures. Please see below for the new measures added to the existing HEDIS Hints library:

- Care for the Older Adult (COA)*
- Breast Cancer Screening (BCS)*
- Cervical Cancer Screening (CCS)
- Colorectal Cancer Screening (COL)*

**Included in the Quality Care Plus program*

Thank you!

HPP would like to thank our providers for assisting in HPP's annual Healthcare Effectiveness Data and Information Set (HEDIS) project. Our HEDIS team requested and obtained medical records from our provider network to conduct our annual regulatory HEDIS project.

The annual HEDIS project allows HPP to monitor the care our members are receiving and helps us focus on specific areas of preventive care that may assist our members in maintaining or improving their current state of wellness. Thank you for your partnership in caring for our community!