

Harmony Partners

Your partner for better health **Summer/Fall 2004**



Compliance

Harmony Joins with ParadigmHealth for Specialty Management of NICU Infants

Each year in the United States, nearly 400,000 low birth weight and other medically complex infants are admitted to neonatal intensive care units (NICUs). For managed care plans, this complex population has proved problematic. Case volume is relatively low, and yet LOS and costs are high. Care regimens are complicated, and practice patterns vary. Oversight of the population requires an internal expertise that few health plans possess.

Precisely because of these factors, Harmony Health Plan looked to ParadigmHealth Management to provide specialty management for all NICU babies born to members of the Health Plan. Care managers for ParadigmHealth are the most visible signs of our activities in the region. They visit all the network hospital NICUs and are a resource for families

and clinicians. Their objective is to ensure continuity of care, which includes proactive discharge planning and home care planning.

To optimize results of this relationship for Harmony members and their babies, we encourage neonatologists to notify us as soon as a member's baby is admitted to a NICU.

For those unfamiliar with ParadigmHealth, here is what the company strives to do. Our company was formed in 1996 with the goal of helping health plans and health care providers more effectively manage the process of care for NICU babies—not only in the hospital but through the transition to home. We accomplish this through collaboration with community physicians.

ParadigmHealth regional medical directors work with a health plan's neonatologists to ensure consistent,

resource-sensitive care management for NICU patients. We aim to empower physicians, establish standards of care, exceed outcomes expectations, improve quality, conserve resources, and reduce unwarranted practice variation.

continued on page 4

Discharge Planning

A plan case manager is available to work collaboratively with providers in meeting the Home Health Care needs of Harmony members. The Plan Case Manager will request the following information:

- the identified home health care needs
- the agency to provide the services
- the date services are to be initiated
- the frequency of visits

If a hospitalized Harmony member requires Home Health Care Services please contact Case Management at 1-800-504-2766, option 6, prior to discharge and the initiation of the services. **IP**

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Chicago, IL 60606-4402
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Supporting Flu Immunization

Millions of Americans suffer from the flu every year. More than 130,000 are hospitalized from flu complications and about 20,000 die. In an effort to promote preventative care services, Harmony Health Plan is encouraging all members at high risk for the flu to receive their immunization for the 2004/2005 season. According to the Center for Disease Control and Prevention (CDC) and the American Academy of Pediatrics (AAP), members identified as high risk include:

- persons aged >50 years;
- residents of nursing homes and other chronic-care facilities that house persons of any age who have chronic medical conditions; adults and children who have chronic disorders of the pulmonary or cardiovascular systems, including asthma;

- adults and children who have required regular medical follow-up or hospitalization during the preceding year because of chronic metabolic diseases (including diabetes mellitus), renal dysfunction, hemoglobinopathies, or immunosuppression (including immunosuppression caused by medications or by human immunodeficiency virus [HIV]);
- children aged 6 to 23 months;
- high-risk children and adolescents (aged 6 months to 18 years) with a variety of conditions such as long-term aspirin therapy, asthma, cystic fibrosis, significant cardiac disease, HIV, sickle cell anemia, and diabetes;
- persons in close contact with high-risk children ages 0 to 23 months;
- women who will be pregnant during the influenza season.

To encourage immunization, high-risk members will be sent letters in August 2004 directing them to their primary care physician (PCP). We appreciate your support in ensuring our members are ready for this year's flu season! **IP**

Flu Shots

In October 2004, Harmony will be implementing a member directed initiative to increase the Flu Shot rates in Cook County. It is extremely important to remember to submit encounter data for Flu Shots administered to Harmony members. The data received from your office will lead to the success of this and future initiatives. **IP**

Provider Termination

Please note effective **July 15, 2004**, the University of Chicago Hospitals and Physician Group will no longer be participating Harmony providers. Members should not be referred to this hospital or

physician group for elective procedures. The following tertiary hospitals and physician groups continue to be in the Harmony network: Loyola University Medical Center and the University of Illinois. **IP**

Credentialing

It is Harmony's goal to process all credentialing applications upon receipt. Here are some helpful hints to assist you when submitting credentialing applications that will ensure your application is processed as quickly as possible:

1. Always submit a **complete** state mandated application. All required attachments and a signed Harmony attestation form should accompany the application submission.

2. Do not forget to include your Medicaid number and a W-9 tax form. If you share your TIN or use someone else's, please include a roll-up letter (this letter is signed by the TIN owner and authorizes those parties listed in the letter to utilize the TIN).
3. Remember you must have admitting privileges at a participating Harmony hospital. **IP**

Member Eligibility

To reduce claim denials, always confirm your patient's eligibility status prior to rendering service. Simply call Harmony's Member Eligibility Line (MEL) at 1-800-608-8158, prompt 7. Confirming Enrollee eligibility on MEL does not provide authorization for treatment, nor does it guarantee payment for services, however it will ensure that your patient is eligible with Harmony at the time you provide service. **IP**

Screening for Childhood Lead Poisoning What Is the Law?

The Risk of Lead Poisoning for Illinois Children

In the year 2002, more than 16,000 Illinois children had an elevated blood lead level (defined as blood lead ≥ 10 $\mu\text{g}/\text{dL}$). Among children tested, one of every 17 children in areas outside of Chicago and one of every six children tested in Chicago had an elevated lead level.

These statistics may underestimate the Illinois problem. Many children do not have their blood tested for lead, nor are they assessed for risk of poisoning. For example, although all children age 6 and under in Chicago are considered at high risk for lead poisoning, only one-third had a blood lead test in 2002.

While lead poisoning continues to decline across the state of Illinois, the rate of lead poisoning is still significant

and of concern. Many of these children will suffer permanent losses of IQ and may experience learning disabilities and behavioral problems as a result of their lead exposures.

Your Responsibilities as a Health Care Provider

The only way to determine if a child is lead poisoned is a blood test. **The Illinois Lead Poisoning Prevention Act mandates that every physician and health care provider must screen (using a blood lead measurement) all children eligible for Medicaid or Kidcare assistance at 1 and 2 years of age.** Requirements are more frequent in Chicago, yet each year, only 35% of children who should be tested, are tested.

In order to ensure that children receive appropriate public health

follow-up services, physicians and other health providers have an obligation to report blood lead results greater than or equal to 10 $\mu\text{g}/\text{dL}$ within 48 hours to the IDPH Childhood Lead Poisoning Reporting System at 217-782-0403. Providers using the IDPH lab are not required to report blood lead results.

For additional information on when and how to conduct screenings, health care providers can refer to the following web site: http://www.idph.state.il.us/HealthWellness/lead_ref_guide.htm.

You may obtain copies of lead education brochures, pamphlets, posters, and research articles free of charge from the National Lead Information Center at 1-800-424-LEAD or on the web at www.epa.gov/lead/nlicdocs.htm. **IP**

Above information taken from http://www.idph.state.il.us/HealthWellness/lead_ref_guide.htm

Member Missed Appointments

Harmony Health Plan members may sometimes cancel or not appear for necessary appointments and fail to reschedule the appointment. The Plan encourages members to keep appointments, and if they are unable to keep the appointment, to notify the provider. When possible, the member should call one day ahead and reschedule their appointment.

Harmony encourages Providers to attempt to contact/follow up with members who have not shown up for or cancelled an appointment without rescheduling. The contact should be designed to educate the member about the importance of keeping appointments. Missed appointments and follow-up is to be documented in the medical record. **IP**

Practice Locations and Demographic Changes

Please remember to formally notify your Provider Services Representative when changes occur to your practice location, hours of operation, or other demographic information. Harmony Health Plan values its partici-

pating providers and would like to make sure that your information is appropriately reflected in our Provider Directories. Provider demographic changes may be faxed to your Provider Services Representative at 312-630-2022. **IP**

HEDIS

Providers can help to improve Harmony Health Plan's HEDIS® ratings by:

- Encouraging members to have well visits and by promoting preventive health.
- Using the appropriate/correct codes when billing office visits, immunizations, and EPSDT services. Capitated providers, be sure to send in your Encounter Data.
- Documenting immunizations provided by another provider or the Health Department. **IP**

Harmony Partners with Paradigm Health for Specialty Management of NICU Infants

continued from page 1

We use clinical management guidelines, developed by a national board of neonatologists and validated by regional practitioners. Our neonatal DRGs and clinical information system allow ParadigmHealth to track NICU patients by birth weight, diagnosis, severity of illness, utilization, and outcomes.

Hallmarks of the ParadigmHealth care management system are:

- On-site Care Management (by NICU-trained RNs)
- Oversight by regional medical directors (all neonatologists)
- Promotion of attending physician's authority over clinical decisions
- Use of community physicians (on regional practitioner committees) to confirm (or identify exceptions to) guidelines
- Monitoring of the continuum of care

- Documentation of patient management in relation to expectations
- Measurement/validation of quality outcomes

A key component of the Paradigm Health program is information. ParadigmHealth measures and reports excellent results (98% of infants ranked excellent or good in health status at follow-up) and high family satisfaction rating (94% ranked the overall experience excellent or good). Paradigm Health also documents a number of treatment norms and outcome variables and benchmarks the "best" practice and most effective use of resources. This comparative data is helpful for hospitals, neonatologists, nurses, and managed care plans.

ParadigmHealth has provided comprehensive care management for more than 40,000 babies in 40 states and is working with neonatologists in more than 500 hospitals. **IP**

OB Incentive

Harmony will pay a Provider \$25 for timely notification to the Plan of pregnant members. In order to receive this payment you or a member of your office staff must complete an OB Identification Form and forward it to the Plan within one week of the member's first prenatal visit with you. Upon notification the Plan will attempt to enroll the member into the Harmony HUGS Program. To request a copy of the OB Identification Form call 219-880-4463. Send completed forms by mail or fax to:

**Harmony Health Plan
c/o Intake Coordinator
125 S. Wacker, Suite 2600
Chicago, IL 60606
Fax: 312-630-2022. **IP****

Supplemental Services

Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

WIC provides nutritious foods, nutrition counseling, and referrals to health and other social services to participants at no charge. WIC is not an entitlement program; that is, Congress does not set aside funds to allow every eligible individual to participate in the program. Instead, WIC is a Federal grant program for which Congress authorizes a specific amount of funding each year for program operations.

Who is eligible?

Pregnant or postpartum women, infants, and children up to age 5 are

eligible. They must meet income guidelines, a State residency requirement, and be individually determined to be at "nutrition risk" by a health professional.

A person who participates or has family members who participate in certain other benefit programs, such as the Food Stamp Program, Medicaid, or Temporary Assistance for Needy Families, automatically meets the income eligibility requirement.

The eligible population will need to contact the State or local agency to set up an appointment. They can call the toll free number 1-800-323-4769.

What is "nutrition risk"?

Two major types of nutrition risk are recognized for WIC eligibility:

- **Medically-based risks** (designated as "high priority") such as anemia, underweight, maternal age, history of pregnancy complications, or poor pregnancy outcomes.
- **Diet-based risks**, such as an inadequate diet.

For more information:

Contact the State's toll free number at 1-800-323-4769 or visit the Food and Nutrition Service (FNS) World Wide Web at www.fns.usda.gov. **IP**