

Midwest Health Plan, Inc.
Provider Newsletter
April 2010



Medical Director's Report
Dr. Mark Tucker

ANNOUNCEMENT!!

To: MHP Primary Care Physicians

Re: Physical Assessment Incentive

Midwest Health Plan (MHP) will again offer the Physical Assessment Incentive for 2010. We encourage you to complete a physical assessment on all new MHP members to promote quality care. The Physical Assessment Incentive pays an additional \$100 for a physical assessment completed on a new member.

To receive this additional incentive, members must be new to Midwest Health Plan between May 1, 2010 and July 31, 2010 and the assessment must be conducted within the first 90 days of enrollment to Midwest Health Plan. Members must remain active with the PCP for a minimum of 90 days to be considered as eligible.

Members considered new to Midwest are noted on your eligibility lists with an asterisk (*) next to their name which is bolded (in purple) and underlined. To assist your office in contacting the member, the eligibility list includes the member's phone number on file with the State of Michigan.

Payment for the eligible physicals will be made at the end of the year to the tax ID. The codes payable for this visit are:

CPT codes: 99381-99387, 99391-99397

ICD-9 codes: V20.2 and V70.0

NOTE: This \$100 incentive is in addition to the qualifying Pay for Performance (P4P) bonus measures and Fee for Service reimbursement. These assessments done on new ABAD members will count towards the “ABAD Member’s Visit Percentage” bonus.

For questions, please contact your Provider Representative:

Linda Abdelghani at 313-586-6013
Gena Neault at 313-586-6039

Nehya Moslimani at 313-586-6055
Brian Flemming at 313-586-6069

CODING FOR OFFICE AND INPATIENT CONSULTATIONS

Status of CPT Codes for office (99241 – 99245) and inpatient (99251 – 99255) Consultations

Effective 1/1/2010, CMS no longer recognizes, and will not pay for, the CPT codes for office and inpatient consultations. Midwest Advantage will pay claims consistent with this policy. CMS suggests billing for these services using the most appropriate E&M code for the office visit or care provided during an inpatient stay.

Currently, the CPT codes for office and inpatient consultations remain on the Medicaid fee schedule. Midwest Health Plan will continue to pay for these services as long as the CPT codes are deemed eligible for payment by Medicaid. However, effective 1/1/2010, Midwest Health Plan will not pay a PCP (or covering physician) for an office or inpatient consultation on their own member.

PRIOR AUTHORIZATION – TAMIFLU & RELENZA

Effective September 1, 2009, Tamiflu and Relenza will not require a prior authorization. Quantity limits will allow one course of treatment for one individual per Rx for Midwest members.

H1N1 FLU VACCINE

The Michigan Department of Community Health has issued a policy bulletin, MSA 09-50, regarding coverage and reimbursement of the 2009 Influenza A (H1N1) monovalent vaccine. **The bulletin is provided as an attachment to this newsletter for information.**

CASE MANAGEMENT

Midwest Health Plan would like to remind you of the available formal case management program.

Case Management Services include:

- Education on current disease process

- Coordination of services
- Referral to community agencies
- Support with adherence to plan of care

Case management services are arranged through the Health Services Department. In conjunction with the physician, the Health Services Registered Nurse will set up a specific care plan. The RN will contact members via phone to discuss goals and the plan to attain the goal.

Members must agree to participate in the program and be willing to adhere to the prescribed plan of care.

Members will be identified via many sources including referrals from physicians, claims, in-patient utilization, discharge planners and disease management programs.

Please contact Midwest Health Plan Health Services Department (313) 586-6031 to initiate an evaluation for case management services.

PODIATRY SERVICES

Because of the changes in the Medicaid benefit regarding podiatry there has been some confusion regarding coverage and the authorization requirements. In 2009 Midwest Health Plan changed the authorization requirements for all DME products, all prosthetics and all orthotics. All DME and P&O requires plan approved authorization prior to dispensing.

- At this time Midwest Health Plan has agreed to continue to provide Podiatry services to all of our Medicaid members.
- Office visits, nail trimming, are allowed within the Medicaid guidelines with no plan approval for contracted providers only
- Bunion or other surgeries are allowed within Medicaid guidelines with no plan approval only with contracted providers and contracted facilities
- Diabetic shoes are considered DME and must have plan approval prior to dispensing
- All Orthotics (custom made or “off the shelf”) require plan approval prior to dispensing

Failure to obtain the necessary authorization will cause claims to deny. Please remember to obtain authorization when required.

MIDWEST HEALTH PLAN'S WEBSITE

Be sure to visit MHP's website at www.midwesthealthplan.com. Besides getting your member eligibility lists, here you will find information for providers such as our "quick reference guide" that tells you when you need referrals and authorizations, what codes are included in capitation, our appeal processes, our free educational programs for our members, the monthly newsletters, our QI program, QI plan and annual evaluation, pharmacy information, including the formulary and preferred drug list, and even our entire Provider PCP Administrative manual, (this includes our preventive health and clinical guidelines, policies and procedures on confidentiality, member's rights and responsibilities, medical record documentation, fraud/abuse/false claims, safety information on area hospitals, affirmative statement regarding UM decision making, etc.). This web site also includes information for our members such as our free educational programs, our policies and procedures and even the entire membership guide/handbook that tells the members what their MHP benefits are! Hope you visit our website. If you would like a hard copy of any of the information on our website, please contact me. Let us know what you think about it. If you have any questions or comments, please call Kathy Harkness at #313-586-6063.

FRAUD AND ABUSE

MHP is committed to conducting its affairs in accordance with all applicable Federal and State laws, regulations, licensing and contract obligations. MHP has developed a Compliance Program to assure that these activities are carried out in a timely and accurate manner. MHP's policies on Fraud and Abuse and False Claims are found on our website www.midwesthealthplan.com. Some examples of member fraud include using someone else's Medicaid card to obtain services, altering a prescription, and using transportation services for purposes other than what is considered a medical appointment. Some examples of provider fraud include falsification of provider credentials, billing for services not provided, up-coding, and underutilization-not ordering medically necessary tests. If you suspect any type of member, MHP employee or provider fraud and abuse, please contact Kathy Harkness, Compliance Official at toll free #1-888-622-8980 or send a letter/memo to Midwest Health Plan 5050 Schaefer Road, Dearborn, MI 48126 or you may call contact the Programs Investigation Section at toll free #1-866-428-0005 or send a letter/memo to the Medicaid Integrity Program Section, Capitol Commons Center Building, 400 South Pine, Lansing, MI 48909. Reporting to any person, department or entity may be done anonymously.

UPDATES: MCIR, VFC, and REPORTING COMMUNICABLE DISEASES

MCIR: You are required to report all vaccines to MCIR. MCIR (formerly the Michigan Childhood Immunization Registry) is now the Michigan Care Improvement Registry. As per your contract with Midwest/Medicaid and per Public Act 91 of 2006, it is required that all immunization providers report childhood immunizations (those administered to persons born 1/1/1994 to present) to the MCIR. As of June 5, 2006 the reporting of adult immunizations to MCIR is highly encouraged. If you need information on reporting or access please contact #888-217-3900. Information on MCIR is easily found on their web site of www.MCIR.org. MCIR can also assist you in improving your immunization rates by using MCIR to run batch reports and monthly immunization recall letters.

Fraud, Waste and Abuse CMS Mandated Training in Provider Offices

On December 5, 2007, CMS issued a final rule addressing 42 C.F.R. Part 422 regarding the Medicare Advantage program. Pursuant to this final rule, MA Organizations, such as MHP, are required to:

- Maintain appropriate oversight and attest it will implement a compliance plan that is designed to detect, prevent and correct fraud, waste and abuse and includes effective training and education between the compliance officer, organization employees, contractors, agents and directors. Participation in training programs should be a condition of continued employment and a criterion included in employee evaluations.
- Establish training and communication requirements for first tier, downstream and related entities with which MHP has a contractual relationship. In this respect, the first tier, downstream and related entities with who MHP contracts must undertake the training required by the regulations and addressed by this memorandum, and must attest to MHP that such training has been completed.
- Obtain training logs and copies of attestations from their first tier, downstream and related entities to comply with this requirement. Accordingly, your organization must submit the required attestation within the designated timeframe to MHP and must maintain internal training logs.

Please refer to the attached memo "CMS Mandated training for Providers, First Tier, Downstream and Related Entities. This memo applies to you and your practice. Please read the memo and complete Exhibit A and return to Midwest by March 31, 2010 as documentation of your compliance with this CMS rule.

Additionally, the Michigan Association of Health Plans (MAHP) has placed a link to the CMS required Fraud, Waste and Abuse training video on their website. To access the video you will need to go to the MAHP website page (URL below) where the direct link to the video is provided. <http://www.mahp.org/robot/hiddenlinks.html>. If you have any questions, please contact Kathy Harkness at #313-586-6063.

MI Chapter of the American Academy of Pediatrics (MIAAP) Childhood Obesity Management for the Primary Care Provider Conference

Obesity is a growing concern for physicians caring for children and youth in Michigan and around the country. With the recent launch of First Lady Michelle Obama's Let's Move Campaign in partnership with the AAP, the nation is aware of the tremendous challenges and opportunities ahead to prevent and treat childhood obesity. MIAAP is hosting its 2nd annual Obesity Management for the Primary Care Provider conference on Saturday, May 15, 2010 at Lansing Community College from 8am - 5pm. Continuing Medical Education credits have been applied for through the American Academy of Pediatrics.

This conference is intended for Physicians, health care administrators, nurses, physician assistants, billing staff, and other health care related professionals.

To register or for a description of the sessions offered go to:

<http://events.constantcontact.com/register/event?oeidk=a07e2qw59xob43b2151&oseq=>

Midwest Health Plan now offers affordable, easy-to-use healthy living benefits!



Midwest Health Plan has teamed up with Weight Watchers® to offer our members a program that more physicians have recommended to their patients than any other

weight loss plan. With nearly 1,000 meetings held throughout the franchise area, members will be able to find a meeting that is convenient for them. Midwest members can purchase a 12 week Weight Watchers PASS at \$138 (a 25% savings off the published price) by just showing their Midwest Health Plan Member ID card at participating meeting locations. For more information or to find a meeting place call 1-888-3Florine or go to <http://www.888-3-florine.com/midwest.php>.

Contact:

Michele Strasz
MI Chapter American Academy of
Pediatrics
michele.strasz@miaap.org
517 4843013

When

May 15, 2010t
08:00 AM – 5:00 PM

Where

Lansing Community College, West
Camus
5708 Cornerstone D.
Lansing, MI 4891

Obesity Toolkit Resource Grid



The Institute for Health Care Studies (IHCS) at Michigan State University has compiled a resource grid that contains information and Web site links to various Obesity Toolkits that are available on the internet. To access the

“Obesity Toolkits for Providers” grid, please go to: <http://www.ihcs.msu.edu> and click on the grey “Obesity” tab on the home page. If you do not have internet access and would like a printed version of the Obesity resource grid, or if you have any questions, please call the Midwest Health Plan Quality Improvement Department at 313- 586-6065.

PAY FOR PERFORMANCE 2010

Midwest Health Plan has expanded and increased the funding for our Pay for Performance (P4P) Bonus program starting January 2010. We have added additional measures that are eligible for bonuses and also included a bonus when your Diabetic member has received all their necessary services and for when a child has received all their necessary vaccines by age 2. Midwest is also continuing our CDPS/ABAD

diagnosis reporting and percentage of members seen for visits bonus program in 2010. The Bonus programs for 2010 are attached.

We continue to enhance our "Opportunities Reports" on our website to notify you of the members who are due for bonus payment services so that you can increase your revenue.

If you have any questions, please contact your Provider Services Representative:

Linda Abdelghani #313-586-6013

Nehya Moslimani #313-586-6055

Gena Neault #313-586-6039

Brian Flemming #313-586-6069

**Exhibit B
Attachment 2
Effective 1/1/10**

**MIDWEST HEALTH PLAN
PAY FOR PERFORMANCE BONUS PROGRAM**

| SERVICE | TIME FRAME | LIMITATION | CPT CODES | ICD-9 CODES | BONUS |
|--------------------------------|-----------------------|--------------|---|--------------------|-------------------------|
| Childhood Immunization | | | Additional \$100 bonus for completing all P4P Childhood Immunizations by age2! | | |
| DTaP | Before age 2 | 4 doses | 90698/ 90700/ 90721/ 90723 | 99.39 | \$10 per vaccine |
| IPV | Before age 2 | 3 doses | 90698/ 90713/ 90723 | 99.41 | \$10 per vaccine |
| Hepatitis B | Before age 2 | 3 doses | 90723/ 90740/ 90744/ 90747-90748 | 070.2/070.3/V02.61 | \$10 per vaccine |
| Hib | Before age 2 | 2 doses | 90645-90648/ 90698/ 90721/ 90748 | | \$10 per vaccine |
| MMR | Between age 1 & 2 | 1 dose | 90707/ 90710 | 99.48 | \$10 per vaccine |
| VZV | Between age 1 & 2 | 1 dose | 90710/ 90716 | 052/053 | \$10 per vaccine |
| Pneumococcal conjugate | Before age 2 | 4 doses | 90669 | | \$10 per vaccine |
| Hepatitis A | Before age 2 | 2 doses | 90633 | 070.0/070.1 | \$10 per vaccine |
| Rotavirus | Before age 2 | 2 or 3 doses | 2 doses=90681/3 doses=90680 | | \$10 per vaccine |
| Influenza | Between 6 mos & 2 yrs | 2 doses | 90655/90657/90661/90622 | 99.52 | \$10 per vaccine |
| Lead Screening | | | | | |
| Blood lead test | Before age 2 | 1 per year | 83655/ 83655QW | | \$15 per test |
| Adolescent Immunization | | | | | |
| MCV4 | Age 11 - 12 | 1 dose | 90733/90734 | | \$10 per vaccine |

| | | | | | |
|-------------------------------------|---------------------|-------------|--|---------------|------------------|
| Tdap/ Td | Age 10 - 12 | 1 dose | 90715/90714/90718 | 99.39 | \$10 per vaccine |
| Tetanus & Diphtheria | Age 10 - 12 | 1 dose each | 90703 & 90719 | 99.38/99.36 | \$10 per vaccine |
| Testing for Pharyngitis | | | | | |
| Strep test at time of diagnosis | Age 2 - 18 | Each event | 87070-87071/ 87081/87430/87650-87652/87880/ 87880QW & dx code 462/463/034.0 | | \$10 per test |
| Preventive Medicine Services | | | | | |
| | Age 0 - <12 mos | 6 visits | 99381/99391 | V20.2 | \$15 per visit |
| | Age 12 mos – 35 mos | 2 per year | 99382/99392 | V20.2 | \$15 per visit |
| | Age 3 - 11 | 1 per year | 99382/99392/99383/99393 | V20.2 | \$15 per visit |
| | Age 12 – 17 | 1 per year | 99384/99394 | V20.2 | \$15 per visit |
| | Age 18 - 65+ | 1 per year | 99385-99387/99395-99397 | V70.0 | \$15 per visit |
| Woman's Health | | | | | |
| Mammogram screening | Age 38 – 69 | 1 per year | 77055-77057 | V76.11/V76.12 | \$25 per service |
| Pap test | Age 18 – 64 | 1 per year | HCPCS Q0091 | V72.32/V76.2 | \$25 per service |
| Chlamydia screening | Age 16 – 24 | 1 per year | 87110/87270/87320/87490-87492/87810 | | \$25 per service |
| Diabetic Care (250.xx/648.0) | | | Additional \$100 bonus for completing all P4P Diabetic Care in CY 2010 | | |
| HbA1c | Age 18 - 75 | 1 per year | 83036/83037/ 83036QW/83037QW | | \$25 per service |
| LDL-C | Age 18 - 75 | 1 per year | 80061/83700/83701/83704/83721/ 80061QW/83721QW | | \$25 per service |
| Nephropathy | Age 18 - | 1 per year | 82042/82043/82044/84156/ 81002QW/81003QW/82044QW | | \$25 per |

| | | | | | |
|-------------------|-------------|------------|--|-------|-------------------------|
| screening | 75 | | | | service |
| Diabetic eye exam | Age 18 - 75 | 1 per year | 92002/92004/92012/92014/92018-92019/92225-92226/92230/92235/92240/92250/ 92260 | V72.0 | \$25 per service |

Bold & Italicized codes will be paid Medicaid FFS rates

Bonus also paid for well care services provided at "sick" visits when billed with above codes

An additional \$100 bonus per eligible member for all immunizations completed by age 2

An additional \$100 bonus per eligible member for all diabetic care performed between 1/1/10 & 12/31/10

Pay For Performance

Aid to the Blind and Disabled (ABAD) Bonus Program --2 Parts to the ABAD/Chronic Disease and Disability Payment System (CDPS) P4P

1. Current Year CDPS Qualifying Diagnosis \$25.00 per Qualifying Diagnosis per ABAD (Ongoing payment as appropriate diagnoses are reported)

There are 19 Diagnoses Categories that the ABAD/CDPS diagnoses fall into. We will pay you for ONE diagnosis per category per member. For example, Member X has a visit in January. You report Diabetes with Renal Manifestations (250.41). We will pay you \$25 because the diagnosis falls into the Diabetes Category. Next month, Member X comes in again and you report Diabetes with Hyperosmolarity (250.23) and Left Heart Failure (428.1). We will pay you \$25 for the new category reported (Cardiovascular) but we already paid you for the Diabetes category. The list of ABAD diagnosis categories is:

ABAD Categories

[AIDS -](#)

[Cancer -](#)

[Cardiovascular -](#)

[Central Nervous System -](#)

[Cerebrovascular -](#)

[Developmentally Disabled](#)

[Diabetes -](#)

[Eye -](#)

[Gastrointestinal -](#)

[HIV -](#)

[Hematological -](#)

[Infectious -](#)

[Metabolic -](#)

[Psychiatric -](#)

[Pulmonary -](#)

[Renal -](#)

[Skeletal -](#)

[Skin](#)

[Substance abuse -](#)

The entire list of diagnoses and categories is found on our website in the secure login section.

Remember, we still request that you report EVERY diagnosis the patient has at EVERY visit.

2. Member's Non Visit Percentage*:

Less than 35% \$40 per ABAD Member** (See 65 -74.9 % of your ABAD members during the year)

Less than 25% \$60 per ABAD Member** (See 75-84.9 %of your ABAD members during the year)

Less than 15% \$80 per ABAD Member** (See 85% or more of your ABAD members during the year)

*One payment per year paid at highest possible rate based on member visits to the PCP from 1/1 to 12/31 of the contract year, with claims submission by 1/31 of the following year. Bonus will be paid by the end of the first quarter of the following year.

**Bonus paid for each Member with PCP as of 12/31 of contract year whether or not that member was seen by PCP.

PREFERRED PROVIDERS

Midwest Health Plan is currently transitioning members who have oxygen and related supplies to the preferred provider network. Services which are requested with non preferred providers will be re-directed.

Please use only Preferred Providers when requesting DME, P&O, Home Care, or Infusion Care

To arrange for services, you may contact the providers directly or the Midwest Health Plan Health Services Department at 313-586-6072 or FAX 313-586-6045. All Home Care, Infusion, P&O and DME requests require plan approval. The providers will obtain the required plan authorization.

Also, when requesting Physical Therapy, Occupational Therapy, or Speech Therapy - authorizations will only be approved with contracted providers. Requests to non-contacted providers will be re-directed.

DME Preferred Providers

| <u>Name</u> | <u>Phone</u> | <u>Fax</u> |
|---|--|--|
| Advanced Medical Solutions <ul style="list-style-type: none">• Howell Office• Brighton Office• Ann Arbor Office | 800-248-2229 517-548-1443 810-225-7701 734-528-2522 | 800-552-9443 517-548-1588 810-225-8062 734-528-2312 |
| Motor City Medical | 800-929-0160 248-545-4520 | 800-411-7993 248-414-7352 |
| Oakwood Home Medical Equipment <ul style="list-style-type: none">• Allen Park Location• Oakwood Hospital Location | 800-752-2273 313-271-3550 | 313-271-0276 313-271-3755 |
| Phoenix Medical Supply | 888-699-4362 | 248-354-9638 |
| J&B Medical Supply | 800-737-0045 | 800-737-0012 |
| Trudell Pharmacy | 313-581-2424 | 313-581-2193 |

Home Care Preferred Providers

| <u>Name</u> | <u>Phone</u> | <u>Fax</u> |
|----------------------------|--------------|--------------|
| Oakwood Home Care Services | 800-757-7711 | 313-996-3025 |
| Crystal Home Care | 313-493-4900 | 313-493-4904 |

Infusion Preferred Provider

| <u>Name</u> | <u>Phone</u> | <u>Fax</u> |
|-------------------|--------------|--------------|
| Complete Infusion | 734-425-2550 | 734-425-2620 |

Prosthetics and Orthotics Preferred Provider

| <u>Name</u> | <u>Phone</u> | <u>Fax</u> |
|----------------------|--------------|--------------|
| Michigan Orthopedics | 734-513-8205 | 734-513-8219 |

PATIENT CENTERED MEDICAL HOME (PCMH)

The Patient Centered Medical Home is a health care setting that facilitates partnerships between individual patients and their personal physicians and, when appropriate, the patient's family. Care is facilitated by registries, information technology, health information exchange and other means to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.

There are many resources and opportunities to help providers learn more about PCMH and begin to take steps towards becoming a certified medical home. A partial list of resources is provided below. If you have questions, please contact the Quality Improvement Department at 313-586-6063.

Resources:

- Registry Examples:
 - Wellcentive : #877-692-6180 Wellcentive is offering many incentives to IPAs and PHOs
 - Cielo: #734-827-1000
- Blue Cross Blue Shield Physician Group Incentive Program (PGIP): <http://www.bcbsm.com> (provider site/value partnerships/PGIP) or call #248-448-3306
- Improving Performance in Practice (IPIP): <http://ipip.aiag.org>

- American College of Physicians:
http://www.acponline.org/running_practice/technology/ This site has updated information on the American Recovery and Reinvestment Act of 2009
- National Committee for Quality Assurance (NCQA) Physician Practice Connections® -Patient Centered Medical Home™:
<http://www.ncqa.org/tabid/631/Default.aspx>

E-PRESCRIBING

Electronic prescribing or “E-Prescribing” is the use of computer-based systems to generate, transmit, and fill patient prescriptions, replacing paper and faxed prescriptions. E-prescribing allows health care providers to transmit and renew prescriptions electronically, to check patient benefits information, and to maintain current and accurate medication histories.

E-Prescribing can benefit your patients and practice by:

- Improving patient safety and quality of care (i.e., eliminating illegibility, drug-drug or drug-allergy interactions)
- Increasing office efficiency (i.e., reducing phone calls, call-backs, and faxing to pharmacies)
- Increasing patient convenience (i.e., automating renewal requests, improving medication compliance, and decreasing patient hassles)

Midwest Health Plan, working with RxAmerica, encourages practitioners to implement E-Prescribing. The types of E-Prescription transactions include:

- **E-Prescribing New Prescriptions** – prescription information is sent directly to the pharmacy’s computer through a secure network.
- **E-Refills** – the pharmacy sends refill requests to the prescriber’s prescribing application, eliminating the need to fax or call.
- **Eligibility Check** – allows the prescriber to electronically check what plan a member is eligible for and what formulary code is attached to the plan. It takes about two seconds to get eligibility information through E-Prescribing.
- **Formulary Download** – allows the prescriber to view health plan formularies to assure minimal impact to the patient when filling a prescription.
- **Medication History** – allows the prescriber to electronically retrieve the patient’s previous medication therapies from the plan or pharmacy. Safeguards are in place to block all sensitive drug information.

To learn more about E-Prescribing refer to the E-Prescribing Fact Sheet provided as an attachment to this newsletter or visit www.GetRxConnected.com or www.RxSuccess.com .

OB CODING

Midwest does not accept global OB billing (Global Codes such as 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622). Midwest requires that you “bill individual

component codes". Also, please note that when billing for the prenatal services, please note the from and to dates should be FROM-the first date of service and TO-the last date of service. Please put the individual dates in Box 19. Claims will be rejected if not submitted correctly.

MANAGEMENT OF ASTHMA: Increase or over-use of short-acting inhaled β_2 -agonists may indicate the need for long-term control therapy

Current guidelines for the diagnosis and management of asthma from the National Heart, Lung, and Blood Institute (NHLBI) acknowledge that persistent asthma is most effectively controlled with daily long-term control medication, specifically, anti-inflammatory therapy. Currently, the most potent and consistently effective inhaled anti-inflammatory agents available are orally inhaled corticosteroids. Use of short-acting inhaled β_2 -agonists on a daily basis, or increasing use, may indicate the need for additional long-term control therapy. Taking long-acting inhaled β_2 -agonists does not eliminate the need for continued treatment with an anti-inflammatory agent.

Please refer MQIC Clinical Guidelines for the Management of Asthma which can be found on the Midwest Web site at www.midwesthealthplan.com or on the MQIC Web site at www.mqic.org Patients with **persistent asthma** should be prescribed **daily long-acting control medications**.

Midwest will be sending you pharmacy profiles of patients on a quarterly basis who in the last three months are identified as receiving multiple fills of short-acting beta agonists in the absence of inhaled corticosteroids. In accordance with EPR-3 guidelines, we ask that you consider adding the long-term controller medicine for your identified patients. We recognize that a number of patient-specific variables, which are not available to us, must be taken into account. Our findings and suggestions are provided as supplementary information for your consideration and review.

If you have any questions or comments, please contact the Health Management Department at 313-586-6071.

DISEASE MANAGEMENT

Asthma and Diabetes Disease Management Programs

Diabetes Control Network: When enrolled, members will receive information on how to take care of their diabetes. Call **1-313-586-6071** to refer your patient into this program. After joining, the member will be sent information on what diabetes is, how to control blood sugar, taking medications the right way, exercising, eating right, eye and foot care and other important information.

Asthma Focus: When enrolled, members will receive educational information in the mail. To refer your patient into this program, call **1-313-586-6071**. After joining, the member will be sent information on asthma triggers, use of medications, peak flow

meter use, an asthma action plan to complete with PCP, information on stopping smoking, and much more.

HELP FOR PATIENTS WITH CHRONIC DISEASE: THE PATH PROGRAM

Empower your patients: The PATH (Personal Action Towards Health) program, also known as the Stanford Chronic Disease Self-Management Program, is a powerful workshop designed for people with on-going health conditions like heart disease, lung disease, diabetes and arthritis. This evidence-based self-management workshop helps participants learn the techniques and strategies they need to take an active role in managing their health. The workshop is offered at little to no cost to participants, and is conveniently located at churches, senior centers, and community centers in communities across Michigan. The workshop has been endorsed by the Centers for Disease Control Arthritis Program, following rigorous research and evaluation which proved they were highly effective.

The Workshop: The workshop is led by two leaders, trained and certified (many leaders have chronic diseases themselves) by national and state master leaders. The workshop is designed to build skills and self-efficacy of participants through goal setting and action plans. Topics covered over the 6-week workshop include: stress management, medication use, exercise alternatives, coping techniques and more. Workshop sessions meet for 2 ½ hours, once a week for 6 weeks. Session size is small to encourage active participation, with 10-15 participants per workshop. Since 2007, the program has served over 2000 participants in Michigan, with 99% of participants reporting they would recommend the workshop.

Where you come in: We encourage you to learn more about PATH, and discuss the program with your patients or family members who may benefit from this positive, skill-building workshop. A recommendation from you, other health care provider, or your office staff has an immense influence on your patients. For additional information on PATH, or to find a workshop near you, please visit www.MiPATH.org or contact Karen McCloskey at the Michigan Department of Community Health at 517-335-1236 or mccloskey@michigan.gov.

HEALTH OUTREACH

Alliance for Immunization in Michigan (AIM)

The AIM Provider Immunization Toolkit for Children & Adults is a resource guide containing the most current standards of practice, forms, and vaccination methodologies for immunizations in Michigan. To order a hard copy of the kit, visit the AIM website at, www.aimtoolkit.org.

ROSEBUD PREGNANCY EDUCATION PROGRAM

Midwest Health Plan would like to remind you of our telephonic case management and education program for pregnant members and their infants. ROSEBUD® is staffed by nurses who specialize in perinatal care and case management.

The Perinatal Case Management program targets women at risk for complications during pregnancy. The program supports the healthcare providers plan of care as well as provide ongoing education to the expectant mother and her family.

You may refer members to this program, by calling the Health Management Department at 313-586-6071. You may also fill out the Notification of Pregnancy form (attached at end of newsletter) and fax it to 313-581-2780, Attention: Health Management Department. Thank you for your help!

SMOKING CESSATION PROGRAM

Midwest Health Plan's "I Can Quit" Smoking Cessation Program can help members quit smoking. This is a telephone health coaching program. The program includes: five proactive phone calls by a dedicated health coach over a 12 month period. Health coaches offer strategies to increase self-efficacy, identify barriers to change, and provide techniques to cope with and overcome barriers. For more information on our "I Can Quit" Smoking Cessation Program or to refer any of your patients to the program, call **1-313-586-6071**.

HEDIS UPDATE

Lead Screening

This is a new hybrid measure for HEDIS that started 1/1/07. It's the percentage of children two years of age who had one or more capillary or venous lead blood tests for lead poisoning by their second birthday. Midwest will reimburse you \$12 for every lead test conducted. Codes to Identify Lead Tests: CPT 83655

EPSDT/WELL CHILD VISITS – DEVELOPMENTAL SCREENING

The American Academy of Pediatrics recommends developmental surveillance at every well-child visit and developmental screening using formal, validated tools at **9, 18, and 30** months or whenever a parent or provider concern is expressed. Surveillance and screening activities should be performed and coordinated with tracking and intervention services available in the community

Please be sure to conduct a developmental screening at every EPSDT/ Well Child Visit and code it with **CPT 96110** – Developmental testing, limited with interpretation and report. **Midwest pays a bonus of \$15 per well visit in addition to the fee for service or capitation payment.** Please be sure to code developmental screenings using CPT code 96110.

Developmental Surveillance

Surveillance is the process of recognizing children who may be at risk of developmental delays. Developmental surveillance is a flexible, longitudinal, continuous, and cumulative process whereby knowledgeable health care professionals identify children who may have developmental problems. There are 5 components of developmental surveillance:

- Eliciting and attending to the parents' concerns about their child's development

- Documenting and maintaining a developmental history
- Making accurate observations of the child
- Identifying the risk and protective factors
- Maintaining an accurate record and documenting the process and findings

Developmental Screening

Developmental screening is the administration of a brief standardized tool aiding the identification of children at risk of a developmental disorder. Developmental screening that targets the area of concern is indicated whenever a problem is identified during developmental surveillance. For more information please visit:

- Listing of developmental screening tools (American Academy of Pediatrics):
<http://pediatrics.aappublications.org/cgi/content-nw/full/118/1/405/T1>
- Coding Fact Sheet for Primary Care Pediatricians:
<http://www.medicalhomeinfo.org/screening/DevProvider.html>.

Remember to conduct a developmental screening at every EPSDT/ Well Child Visit and code it: CPT 96110 – Developmental testing, limited.

FREE GLUCOMETER PROGRAM

ATTENTION PROVIDERS:

Midwest Health Plan (MHP), along with Bayer Healthcare will provide glucometers **FREE** of charge to our diabetic members. Attached is the form that must be completed in order to receive the **FREE** glucometer. You do not have to complete a MHP referral form, only the attached form.

There are two types of glucometers available, the **Bayer Breeze 2** and **Bayer Contour**. In addition to the glucometer, a **FREE** instructional DVD can also be requested. The glucometer can be shipped to your office for the member to pick up, or mailed directly to the member's home. Once the form is received by Bayer Healthcare, it takes approximately 3 business days for the glucometer to be delivered.

Because diabetic supplies (i.e. alcohol swabs, lancets, and test strips) are billed under the prescription drug benefit, your patient will need a prescription to take to the pharmacy for those items.

If you have questions regarding this program, please call 313-586-6030.

Midwest Health Plan

BAYER HEALTHCARE LLC, DIABETES FAX Order Form

Please complete this form and FAX to: Bayer HealthCare LLC, Diabetes Care
Customer Order Services Department
Telephone: 1-877-229-3777
Fax: 1-800-876-2243

Physician or Group Practice Name:

_____ Contact Person:

Telephone Number: _____ Date:

Instrument to be shipped directly to the following patient address:

Patient Name:

Health Plan Member ID:

_____ Telephone

Number: _____

Address:

City State Zip:

The following instrument will be shipped using two day delivery service:

- BREEZE[®] 2 System**
- CONTOUR[®] System**
(Please check only one meter)

Check box if an instructional VIDEO DVD CD ROM should be included:
(In English and Spanish)

PROVIDER SERVICES

BASICARE NO LONGER PRINTING ID CARDS

Wayne County will no longer be printing ID Cards for BasiCare members. The eligibility lists for BasiCare members is found on our website in the Office Manager section with all your Midwest Product lines eligibility. After checking the eligibility list, if you still have a question about a member's eligibility, please contact Customer Services.

WIN CANDY

Your office will have the chance each month to win a free box of candy. All you have to do is answer the questions on the last page of the newsletter and fax the page to us at 313-581-2780. If your answers are correct, the candy will be mailed to your office. Please refer to our website at www.midwesthealthplan.com for the list of winners. **If you do not answer the questions correctly, you will not receive the candy.** So keep up the good work and keep responding. If you're not participating, you should. It's quick and easy and all you have to do is read the newsletter and answer the questions. Please try it. **Congratulations** to those offices who responded correctly. We hope you are enjoying the candy! The **March** office winners include:

**My Family Doctor, Southgate
The Corner Health Center, Dr. Share
Hollywood Pediatric Clinic, Dr. Shah
Marcia Vanderbroek, DO, Trenton
Kamala Vanaharam, MD, Shelby/Utica
Park Medical Clinic, Roseville
Park Medical Clinic, Lincoln Park**

APRIL 2010 CANDY CONTEST

1. **True or False (circle one)** Case management services are arranged through the Health Services Department.

2. **Which 2 types of Glucometers are available for Midwest Health Plan members?**

3. **True or False (circle one)** Developmental screening is the administration of a brief standardized tool aiding the identification of children at risk of a developmental disorder.

4. How many days should Midwest Health Plan members be active with their PCP to be considered eligible for our **Physical Assessment Incentive?**
 - a. 30 days
 - b. 60 days
 - c. 90 days
 - d. 120 days

Your Name: _____
From the office of Doctor: _____ PIN _____
Office Site Name: _____
Phone Number: _____

Please fax this completed sheet to (313) 581-2780

Answers for March 2010 Candy Contest

- 1. True:** The Physical Assessment Incentive for 2010 pays an additional \$100 for a physical assessment completed on a new member between May 1, 2010 and July 31, 2010.
- 2. True:** If the MHP Medical Director can not reverse the adverse determination of an appeal, the appeal will be resolved within 15 calendar days (up to 30 calendar days total for all levels of appeal) of the request for appeal.
- 3.** Midwest Health Plan members are allowed 20 out-patient mental health visits per calendar year.
- 4. True:** The code for capillary draw for lead testing (36416) CAN be billed to the State of Michigan for reimbursement like you bill Fee For Service Medicaid.



April 1, 2010

Dear Primary Care Physician:

Midwest Health Plan cordially invites you to attend the Provider Meeting on:

Wednesday, May 5, 2010 from 6 P.M. to 8 P.M. at **The HYATT Regency Dearborn** located at **600 Town Center Drive, Dearborn, Michigan 48126, 313-593-1234**. Dinner will be served promptly at 6 P.M. For directions please refer to the website at: www.dearbornhyatt.com

Please complete the following information and return by fax to **313 581-2780**. **PLEASE NOTE THIS MEETING IS FOR PHYSICIANS ONLY.**

NAME (please print) _____

OFFICE NAME / PIN NUMBER _____

TELEPHONE # _____ **FAX #** _____

Midwest Health Plan appreciates your attendance, therefore if you stay until the conclusion of the meeting and sign out, you will receive a stipend. **Please note we will pay one \$100.00 stipend per contracted tax identification number.**

We look forward to seeing you there!

Sincerely,
Midwest Health Plan



**Notification of Pregnancy
Form 2010**

Phone number: **313-586-6071**

Fax number: **313-581-2780**

MEMBER DATA

| | | | |
|-----------|--|----------------------|--|
| Date | | Date of Birth | |
| Last Name | | First Name | |
| Address | | Phone # | |
| City | | Alternate Phone # | |
| ZIP | | Recipient ID | |

HEALTHCARE PROVIDER DATA

| | | | |
|-------------|--|------------|--|
| PCP Name | | PCP ID # | |
| Address | | Ste | |
| Zip | | Phone # | |
| OB Provider | | OB Phone # | |

PERINATAL INFORMATION

| | | | |
|------------------|--|--------------------------|--|
| Maternal: | | | |
| LMP | | Date last Pap test | |
| EDC | | Date Chlamydia screen | |

RISK FACTORS / COMMENTS

| |
|--|
| |
|--|

Midwest Health Plan thanks you for notifying us of members who are pregnant.