

# Midwest Health Plan, Inc.

## Provider Newsletter

### August 2009



#### Medical Director's Report Dr. Mark Tucker

### **OPPORTUNITY REPORTS**

Midwest is happy to announce the availability of individual member "Opportunity Reports" on our website. These reports are found in the secure part of [www.Midwesthealthplan.com/Login/Provider Services/Financial Reports/Opportunities Report](http://www.Midwesthealthplan.com/Login/Provider%20Services/Financial%20Reports/Opportunities%20Report) (same area as the Remittance Advices).

This report consists of the following information:

- Member demographic information (Name, address, phone, identification number)
- Potential Opportunities section:
  - This section is divided into "Diagnosis or Procedure Group Name" (This section will list the procedures that are included in Midwest's Pay for Performance (P4P) program that are due for this member as of 1/1/09. It will also list any CDPS/ABAD diagnoses that have been reported on this patient in the past, but are not yet reported for 2009. NOTE: the list of P4P measures and CDPS diagnoses are also found on our website.)
  - This section also includes "Date Last Recorded" and will list the last date from our claims system for that CDPS/ABAD diagnosis.
- Recent Visits section will list all the dates and procedure/diagnoses codes for visits the member has had since 1/1/09. (This is included to show you all the dates where the patient has been in and there may have been missed opportunities to conduct services or record diagnoses).

The information for these reports is updated monthly.



## **EXCITING ANNOUNCEMENT**

Midwest Health Plan and the Wayne State University - University Physician Group have joined together to provide services to all of the Midwest Health Plan membership.

Because of this exciting agreement, plan approved authorizations are no longer required for members accessing care at the DMC Facilities. This includes our Medicaid product, ABW Product, Health Choice, and Medicare Advantage.

For members to obtain care with the WSU-UPG Physicians appointments can be made directly with the specialty office. To find a specialist access the Wayne State University Physician Group web site: <http://wsupg.med.wayne.edu/>

Click the "Find a Physician" tab and be directed to any specialty.

Please follow the Authorization Grid for specific procedure requirements.

## **PREFERRED PROVIDERS**

Just a reminder to use 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"><li>• Howell Office</li><li>• Brighton Office</li><li>• Ann Arbor Office</li></ul>	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"><li>• Allen Park Location</li><li>• Oakwood Hospital Location</li></ul>	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

## **MIDWEST ADVANTAGE (SNP) MODEL OF CARE PROGRAM**

### **Introduction**

Midwest's SNP Model of Care is the architecture for care management policy, procedures, and operational systems. Broadly, it includes the establishment of a network of specialized providers, use of clinical practice guidelines, goals, staff structure and roles and communication network. Midwest Advantage SNP Model of Care Program encompasses all the activities conducted to maximize beneficiary's health and well being. The major component of the Model of Care is Case Management. Case Management is a term for all of the activities which a physician and/or other health care professionals normally perform to insure the coordination of the medical services required by a patient. It also, when used in connection with managed care, covers all the activities of evaluating the patient, planning treatment, referral, and follow-up so that care is continuous and comprehensive and payment for the care is obtained.

Case Management is offered to assist beneficiaries and their caregivers to comply with the plan of care prescribed by their physician. Participation in Case Management is voluntary and can be terminated at any time by the member. Midwest Advantage's Case Management Program is telephonic. Beneficiaries, PCP's, Home Care Nurses; etc. are contacted via the telephone. Occasionally, letters may be sent to the member home address if contact cannot be made by telephone. Several resources are reviewed to determine correct contact phone numbers. Resources may include hospital records, PCP or specialist records, claims, or through emergency contact numbers.

A comprehensive health risk assessment/evaluation of the social well being, mental health, and physical health is done to determine the barriers to adherence to the health plan of care. Goals are set in conjunction with all parties involved which may include: primary care physician, ancillary providers, specialty care physicians, and family beneficiaries. The program is dependent upon the cooperative participation of the Health Plan, contracted ancillary providers, physicians, hospitals, and the member to ensure timely, effective and medically realistic goals. The program is structured to assure that qualified individuals make medical decisions with the

use of nationally recognized criteria, and without undue influence of the Health Plan's fiscal operation.

### **Model of Care Goals**

1. Improve access to medical, mental health, and social services as appropriate for all beneficiaries
2. Improve access to affordable care (enhanced benefits such as zero co-pays, transportation, etc)
3. Improved coordination of care through an identified point of contact—gatekeeper/PCP
4. Improved transitions of care across settings and providers
5. Improve access to preventive health services
6. Assure appropriate utilization of services
7. Assure cost effective service delivery through care coordination, referrals to preferred providers based on history
8. Improved beneficiary health outcomes

### **Goal of Case Management**

The goal of Case Management is to assist the member to maintain / regain optimum health or functional capability in the right setting in a cost effective manner. RN Case Managers assist the member with compliance to the health care program as prescribed by their physician. The RN Case Manager also assists in the identification of and solution to social issues that may impede the member's recovery. The RN Case Manager is a registered nurse who:

- assists the member to understand their benefits
- works with the member's physician (PCP or specialist) to develop a plan of care
- assists the member to understand the plan of care prescribed by their physician(s)
- assists the member in navigating the health care system to obtain the prescribed care

With case management, the care giver and the care receiver have the opportunity to have needs and services identified and related.

Midwest Advantage offers the same level of assessment and care to every case management recipient. Special Needs Populations (SNP'), by their design, house subpopulations such as the frail/disabled, those with multiple chronic illnesses, and those near the end of life. Because of this, each health risk assessment generates a care plan that includes problems, interventions, and measureable goals which are specific to the member's specific health / social issues. These subpopulations frequently have requirements for unique services which are addressed on an individual level.

If you have any questions, please contact Debbie Baitinger, RN at #313-586-6031.

## **BEHAVIORAL HEALTH SERVICES**

By our contract with the State of Michigan, Midwest Health Plan members are allowed 20 out-patient mental health visits per calendar year.

MHP members requiring Mental Health Services may obtain these services by:

- Obtaining a referral from their Primary Care Physician to a contracted psychiatrist or behavioral health provider.
- Direct contact of a behavioral health care provider. This may be a contracted or non-contracted provider.
- In a crisis, self-referring to the nearest emergency room that provides psychiatric services.

**Substance abuse services are not a covered benefit of MHP.** Members seeking those services should be referred to the Community Mental Health board of their county of residence. The following is a listing of phone number that may be accessed by members when requesting SA services:

City of Detroit – 800-467-2452

Washtenaw County - 800-440-7548

Wayne County – 800-686-6543

Macomb County – 586-541-2273

Oakland County - 248 858-5200

St. Clair County – 888-225-4447

Livingston County – 800-615-1245

### **Attention All Primary Care Providers**

For all PCP's who have already signed the 2009 Plan Primary Care Provider Agreement we have attached the "PAY FOR PERFORMANCE BONUS PROGRAM (exhibit B) which will be effective beginning 1/1/09 through 12/31/09.

**Exhibit B  
Attachment 2**

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

**Effective 1/1/09**

SERVICE	TIME FRAME	LIMITATION	CPT/LOINC CODES	ICD-9 CODES	BONUS
<b>Childhood Immunization</b>					<b>\$10.00 per vaccine</b>
DTaP	Before age 2	4 doses	90698, 90700, 90721, 90723		
IPV	Before age 2	3 doses	90698, 90713, 90723		
Hepatitis B	Before age 2	3 doses	90723, 90740, 90744, 90747-90748		
Hib	Before age 2	2 doses	90645-90648, 90698, 90721, 90748		
MMR	Between age 1 & 2	1 dose	90707, 90710		
VZV	Between age 1 & 2	1 dose	90710, 90716		
Pneumococcal conjugate	Before age 2	4 doses	90669		
<b>Lead Screening</b>					<b>\$15.00 per test</b>
Blood lead test	Before age 2	1 per year	<b>83655</b> , 25459-9, 5671-3, 5674-7, 10368-9, 10912-4, 14807-2, 17052-2, 27129-6, 32325-3		
<b>Adolescent Immunization</b>					<b>\$10.00 per vaccine</b>
Tdap	Age 11 - 12	1 dose	90715		
MCV4	Age 11 - 12	1 dose	90734		
<b>Testing for Pharyngitis</b>					<b>\$10.00 per test</b>
Strep test at time of diagnosis	Age 2 - 18	Each event	87070-87071, 87081, <b>87430</b> , 87650-87652, <b>87880</b>	462, 463, 034.0	
<b>Preventative Medicine Services</b>					<b>\$15.00 per visit</b>
	Age 0 - <12 months	6 visits	99381, 99391	V20.2	
	Age 12 - 15 months	2 visits	99381-99382, 99391-99392	V20.2	
	Age 2 - 4	1 per year	99382, 99392	V20.2	
	Age 5 - 11	1 per year	99383, 99393	V20.2	
	Age 12 - 17	1 per year	99384, 99394	V20.2	
	Age 18 - 39	1 per year	99385, 99395	V70.0	
	Age 40 - 64	1 per year	99386, 99396	V70.0	
	Age 65+	1 per year	99387, 99397	V70.0	
<b>Woman's Health</b>					<b>\$25.00 per service</b>
Mammogram screening	Age 38 - 69	1 per year	77055-77057	V76.11, V76.12	
Pap test	Age 18 - 64	1 per year	88141-88143, 88147-88148, 88150, 88152- 88155, 88164-88167, 88174-88175	V72.32, V76.2, <b>Q0091</b>	
Chlamydia screening	Age 16 - 24	1 per year	87110, 87270, 87320, 87490-87492, 87810		
<b>Diabetic Care</b>					<b>\$25.00 per service</b>
HbA1c	Age 18 - 75	1 per year	83036, <b>83037</b>		
LDL-C	Age 18 - 75	1 per year	80061, 83700, 83701, 83704, <b>83721</b>		
Nephropathy screening	Age 18 - 75	1 per year	82042, 82043, <b>82044</b> , 84156		
Diabetic eye exam	Age 18 - 75	1 per year	92002, 92004, 92012, 92014, 92225-92226, 92240, 92250, 92260	V72.0	

***Bold & Italicized=additional payment available for performing service in the office setting***

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

Version IV

## **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](http://www.GetRxConnected.com) or [www.RxSuccess.com](http://www.RxSuccess.com).

## **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](http://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](http://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.

VFC (Vaccines for Children): As a reminder, as a Medicaid provider, you are required to get your vaccines through the Vaccines for Children (VFC) program. Midwest will not reimburse you for any vaccines that are available through the VFC. The Alliance for Immunizations in Michigan (AIM) tool kits that were distributed to you include information on VFC and MCIR as well as “catch up schedules”, storage information, vaccine information sheets and much, much more!. Contact your local health department if you have questions about the VFC program. The AIM tool kit can be found at [www.aimtoolkit.org](http://www.aimtoolkit.org).

Reporting Communicable Diseases: You are required by State law to report all communicable diseases to the local health department. Your AIM (Alliance for Immunization in Michigan) Provider Tool Kit lists all the reportable diseases in Michigan and also includes a pamphlet entitled “Health Care Professional’s Guide to the Michigan Communicable Disease Rules”. If you need an additional copy of this or any other information found in the AIM kit, it is found on the website of [www.aimtoolkit.org](http://www.aimtoolkit.org).

If you have any questions, please contact Kathy Harkness at #313-586-6063.

## **BALANCE BILLING MEMBERS**

This serves as a reminder that Midwest Health Plan and Midwest Advantage beneficiaries cannot be balance billed for services. For our Midwest Advantage members, you are required to bill Midwest for the Medicare services and bill the State of Michigan for any co-pays, coinsurance and deductible amounts (similar to how you bill the State for the Medicaid Fee For Service patients). The member should not be balance billed. Please refer to our website [www.Midwesthealthplan.com](http://www.Midwesthealthplan.com), in the provider section under Administrative Manual for this information as well as additional information on member benefits, rights and responsibilities.

## **DISEASE MANAGEMENT**

### **COLORECTAL CANCER SCREENING**

The Michigan Cancer Consortium (MCC) has published guidelines for the Early Detection of Colorectal Cancer. Please remember to screen all members over the age of 50 or those identified in a risk category. The guidelines are attached at the end of this newsletter. Also, we have an MCC order form for providers that include early detection materials for colorectal, breast, and cervical cancer.

### **GLAUCOMA SCREENING**

Glaucoma is an eye condition that develops when too much fluid pressure builds up inside the eye. This pressure can damage the optic nerve and if left untreated, glaucoma can cause blindness. Because most people with glaucoma have no early symptoms or pain, it is important that persons have a complete eye exam with their ophthalmologist or optometrist regularly. Glaucoma occurs most frequently in adults over age 40. Glaucoma cannot be prevented, but if it is diagnosed and treated early, the disease can be controlled. Please remember to screen your Medicare members (age 67 years or older) each year. Please refer to the *Adult Preventive Services (Ages 50-65+) Guideline*, which can be found on our website at [www.midwesthealthplan.com](http://www.midwesthealthplan.com).

### **CONTROLLING HIGH BLOOD PRESSURE**

High blood pressure is a major risk factor for heart and kidney disease, stroke, and heart failure. High blood pressure is especially dangerous because it often gives no warning signs or symptoms. Hypertension can be treated with medication, diet, and exercise. Please review the *Medical Management of Adults with Hypertension Guideline*, which can be found on our website at [www.midwesthealthplan.com](http://www.midwesthealthplan.com).

## **HEALTH OUTREACH**

### **Alliance for Immunization in Michigan (AIM)**

The 2009 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](http://www.aimtoolkit.org).

### **IMMUNIZATION INCENTIVES FOR MEMBERS**

Midwest Health Plan would like to remind you that we offer a \$5 gift card to parents of members who have completed all of the recommended immunizations by age 2 or age 12. To be eligible, the member must *currently* be 2 or 12 years old and have completed all of the immunizations needed before their 2<sup>nd</sup> or 12<sup>th</sup> birthday. If you have any questions about our immunization

incentives, please call the Health Outreach Department at (313) 586-6071.

**QUALITY IMPROVEMENT**

**ANNUAL MEDICAL RECORD DOCUMENTATION AUDIT**

This year, 408 medical records were audited during our chart review for HEDIS for compliance with Midwest’s medical record standards. These standards are in your provider manual and on our website of [www.midwesthealthplan.com](http://www.midwesthealthplan.com). Our goal is to have 90% of the records meet each criteria.

2009 Results are provided below:

<b>Criteria</b>	<b>Numerator</b>	<b>Denominator</b>	<b>Percent</b>	<b>Goal met?</b>
History and physicals	399	408	97.8%	Yes
Allergies and adverse reactions	375	408	91.9%	Yes
Problem List	336	408	82.4%	No
Medications	405	408	99.3%	Yes
Clinical findings	392	408	96.1%	Yes
Preventive services/ risk screening	370	408	90.7%	Yes
Potential for Fraud or Abuse	0	408	0%	NA

The only criteria that did not meet goal is the Problem Lists. Providers who had 10 or more charts audited will be sent their individual audit results in the mail. If you would like assistance in meeting our medical record documentation standards or would like copies of our documentation forms, please contact the QI Department at 313-586-6063. Please see that our “Problem List” form is attached to this newsletter for your reference and use.

**SCREENING FOR DEPRESSION IN PERSONS WITH DIABETES**

Literature states that 15 to 20% of patients with diabetes become depressed (McMannis Depression and Diabetes Bipolar web site. <http://www.mcmanweb.com/article-42htm.March18,2005>. Quality Profiles 2005). The nurses reviewed the medical record of persons with Diabetes during the HEDIS audits to determine whether the “notes include depression screening or if a depression screening tool was found” in the record. The results fell in 2009 from 38% in 2008 to 29% in 2009.

Table 1 Results and Comparison Performance Goal

<b>Depression Screening Conducted</b>	<b>Numerator</b>	<b>Denominator</b>	<b>Percent</b>	<b>Goal 90% Met?</b>	
				<b>Y</b>	<b>N</b>
2006 Results	53	186	29%		X
2007 Results	81	206	39%		X
2008 Results	108	285	38%		X
2009 Results	93	319	29%		X

The Plan established an internal performance goal of 90%. Midwest has yet to meet the goal. The guidelines require assessment annually for screening, detection, and diagnosis of depression.

The clinical and preventive guidelines as well as screening tools are found on our web site of [www.midwesthealthplan.com](http://www.midwesthealthplan.com). Additional copies of the PRIME-MD screening tool for depression is available by calling our Quality Improvement Department at 313-586-6063.

### **SMOKING CESSATION**

Midwest uses results from the CAHPS member satisfaction survey to evaluate the plan's smoking cessation efforts. Midwest has set a goal of achieving the NCQA 50<sup>th</sup> percentile. A summary of results for 2009 is provided below.

#### **2009 Results**

Question	2009 Results	NCQA percentile	Met Goal?
<b>Advising smokers to quit (ASTQ)</b>	<b>71.4%</b>	<b>&gt;50<sup>th</sup> percentile</b>	<b>Yes</b>
<b>Smoking Cessation – medication</b>	<b>43.2%</b>	<b>&gt; 50<sup>th</sup> percentile</b>	<b>Yes</b>
<b>Smoking Cessation – strategies</b>	<b>39.7%</b>	<b>&gt; 50<sup>th</sup> percentile</b>	<b>Yes</b>

Midwest met its smoking cessation goals for 2009. Based on CAHPS results, our providers are doing a good job of advising smokers to quit and are providing them with smoking cessation medications and strategies. Continue the good work! Midwest Health Plan has a free smoking cessation program for our members. For more information, contact our Health Management Department at #313-586-6071.

### **ACCESS TO CARE STUDY**

During May and June of 2009, Midwest conducted an after-hours and wait time study. The surveys were conducted by Quality Improvement staff. The staff followed a prepared script to assess wait times against standards. Calls were also made after hours to ensure members were directed appropriately for after-hours medical care.

#### **Results**

Table 1: 2009 Appointment Wait Times Survey Results

Appointment Type	Standard	Goal	Percentage Compliant	Goal Met?
<b>Urgent Care</b>	Within 48 hours	90%	98%	Yes
<b>Routine primary care for non-urgent, asymptomatic conditions</b>	Within 14 days	90%	100%	Yes
<b>Preventive Care</b>	Within 14 days	90%	98%	Yes

Table 2: 2009 After-hours Availability Results

Category	Standard	Goal	Percent Compliant	Goal Met?
<b>After hours availability</b>	Must be available 24 hrs/day, 7 days/week	90%	97.9%	Yes
<b>Answering phone</b>	Within 3 rings	90%	80.6%	No
<b>Member directed appropriately</b>	Direct access to physician, contact number or beeper provided, information about accessing care provided.	90%	91.5%	Yes

Overall, Midwest providers met appointment wait time goals. There were a few providers that did not meet standards for Urgent Care and Preventive Care appointments. Letters were sent to

those providers informing them of the requirement to ensure appointment wait standards are met. In the After-hours study, there were three providers that could not be reached and 9 providers that did not direct members appropriately. Letters were sent to non-compliant providers informing them that an after-hours telephone system must be in place to provide direct access to the physician or to provide information about how to access needed care. 80.6% of provider offices surveyed met the standard of having the telephone answered within 3 rings.

Midwest Health Plan extends its thanks to all providers who participated in the survey and to the vast majority of providers who do an excellent job of ensuring members have access to health care services in a timely manner.

### **POSTPARTUM DEPRESSION SCREENING**

Several depressive conditions may follow childbirth. "Postpartum blues" affects 50-85% of mothers in the first 2 weeks after delivery. It is characterized by mood swings, tearfulness, anxiety and sleep disturbance but usually does not result in functional impairment. No specific treatment is required. If the patient remains significantly depressed 3 to 4 weeks following delivery, it should be considered serious and treated, including eliminating medical causes of depressive symptoms such as postpartum thyroid disorders or anemia. The first 2 to 3 months postpartum is the period of greatest risk for the development of major depression (*Gitlin, 1989, Wisner, 1996, Karasu 1993*).

MHP conducted a Postpartum Depression review as part of its 2008 HEDIS ® medical record review of postpartum care, to determine if providers were assessing depression at the postpartum visit and whether they were being referred for behavioral health services. We examined the records of only those women who had a positive postpartum visit (as defined by HEDIS ®). A total of 106 charts were reviewed for depression screening. 38% of the records found patients were screened for depression and of those, 50% were referred to a behavioral health provider. It's noted that some members are prescribed antidepressants and not referred for behavioral health services. A goal of 90% was established for depression screening at the postpartum visit.

### **Results**

<i>Questions</i>	HEDIS 2007	HEDIS 2008	HEDIS 2009
<b>HEDIS Postpartum Rate</b>	51%	62%	64%
<b>At the postpartum visit, was the member screened for depression.</b>	47% (30/68)	62% (26/42)	38% (40/106)
<b>At the postpartum visit, if they were screened for depression were they referred to a behavioral health care provider.</b>	37% (11/30)	23% (6/26)	50% (20/40)

The results indicate an opportunity to improve the rate of women screened for postpartum depression. Please remember to screen for postpartum depression and refer patients as needed to a behavioral health care provider. MHP encourages the use of the Edinburgh Postnatal Depression Screening tool. For a copy of the tool, go to: [http://www.aap.org/practicingsafety/Toolkit\\_Resources/Module2/EPDS.pdf](http://www.aap.org/practicingsafety/Toolkit_Resources/Module2/EPDS.pdf) . If you have questions regarding the Edinburgh Postnatal Depression Screening tool, please contact the Quality Improvement Department at (313) 581-6063.

## **2009 Provider Satisfaction Survey Results**

Midwest Health Plan contracted with The Myers Group to conduct its 2009 Provider Satisfaction Survey. The survey was mailed between February and April, 2009, to 563 primary care practitioners. 132 responses were collected and analyzed for a 23.5% response rate. Table 1 contains survey result trends from 2006 to 2008. Also included is TMG 2008 Medicaid Book of Business benchmark and an indication as to whether there was statistically difference between MHP's 2009 rate and TMG 2008 Medicaid book of business averages.

**Table 1: 2009 Provider Satisfaction Survey Results**

MEASURE	2007	2008	2009	Benchmark TMG 2008 Medicaid BoB	Sig. Test (compared with benchmark)
<b>Response Rate</b>	31%	28%	24%		
<b><i>Overall Satisfaction</i></b>					
<b>Overall Satisfaction with MHP</b>	75%	81%	74%	69%	<b>Not sig.</b>
<b>Overall Satisfaction with other Health Plans</b>	82%	85%	78%	76%	<b>Not sig.</b>
<b><i>Network</i></b>					
<b>Quality of health plan specialists</b>	54%	52%	49%	NA	<b>Not sig.</b>
<b>Network has high quality specialists</b>	53%	45%	47%	25%	<b>Sig. higher</b>
<b>Takes phys input &amp; recommendations</b>	53%	57%	49%	27%	<b>Sig. higher</b>
<b><i>Feedback/Reports</i></b>					
<b>Hospital feedback reports</b>	46%	44%	50%	NA	<b>NA</b>
<b>Specialist feedback reports</b>	41%	41%	43%	NA	<b>NA</b>
<b>Home Health feedback reports</b>	36%	44%	49%	NA	<b>NA</b>
<b>Behavioral Health Care reports</b>	29%	41%	37%	NA	<b>NA</b>
<b><i>Utilization Management</i></b>					
<b>Phone access to UM</b>	58%	57%	50%	39%	<b>Sig. higher</b>
<b>Timeliness of UM pre-cert process</b>	45%	56%	50%	29%	<b>Sig. higher</b>
<b>UM staff share review criteria for adverse determinations</b>	45%	55%	49%	27%	<b>Sig. higher</b>
<b>Consistency of review decisions</b>	51%	53%	54%	27%	<b>Sig. higher</b>
<b>Timeliness of UM appeals process</b>	55%	56%	59%	25%	<b>Sig. higher</b>
<b>Timeliness of Med Dir intervention</b>	52%	61%	57%	27%	<b>Sig. higher</b>
<b><i>Finance Issues</i></b>					
<b>Plan controls costs/maintain quality</b>	67%	53%	43%	NA	<b>NA</b>
<b>Reimbursement rates for services</b>	47%	42%	41%	22%	<b>NA</b>
<b>Timeliness of Capitation Checks</b>	61%	63%	55%	NA	<b>NA</b>
<b>Accuracy of Capitation Checks</b>	65%	65%	53%	NA	<b>NA</b>
<b>Timeliness of Claims Payment</b>	60%	51%	51%	32%	<b>Sig. higher</b>
<b>Accuracy of Claims Payment</b>	63%	53%	51%	29%	<b>Sig. higher</b>
<b><i>Pharmacy &amp; Drug Benefits</i></b>					
<b>Ease of using formulary</b>	36%	47%	35%	22%	<b>Sig. higher</b>
<b>Variety of drugs available in formulary</b>	38%	39%	33%	18%	<b>Sig. higher</b>
<b><i>Provider Relations</i></b>					
<b>Responsiveness &amp; courteous reps</b>	65%	66%	54%	46%	<b>Sig. higher</b>
<b>Timeliness to answer questions</b>	58%	59%	53%	37%	<b>Sig. higher</b>

<b>Quality of Provider orientation process</b>	64%	61%	59%	35%	<b>Sig. higher</b>
<b>Quality of educational meetings</b>	67%	58%	62%	33%	<b>Sig. higher</b>
<b>Quality of written materials</b>	60%	57%	58%	38%	<b>Sig. higher</b>

Overall, Midwest providers rated the plan at or above the 75<sup>th</sup> percentile when compared with The Myers Group benchmarks in nearly every area. The survey also had two open-ended questions asking providers “What do you like best about Midwest Health Plan?” and “How can we improve Midwest Health Plan?” Some of the comments about things you like best included: “The people and personal attention received”, “The provider representatives are helpful”, “Open lines of communication”, and “Timely claims payment”. Areas that could be improved included “The fax line is extremely busy. Please provide an alternate fax line.”, “Online management of benefits/claims/referrals, etc.”, “Lessen precertification restrictions for formulary”, “Make it easier for prior authorizations”, and “Improve the time you are put on hold to speak to member services”.

Midwest has identified a number of action steps targeted at addressing issues identified in the Provider Satisfaction Survey. These include streamlining the referral and authorization process, making contract changes to improve payment to providers, and improving access to plan information such as the formulary. Midwest would like to thank those of you who responded to the survey. We appreciate your input and suggestions for improving the Plan.

## **HEDIS UPDATE**

### **Appropriate Testing for Children with Pharyngitis**

This administrative measure is taken from claims/encounter data. It’s the percentage of children age 2-18 who were diagnosed with pharyngitis, dispensed an antibiotic, **and** received a group A streptococcus (strep) test for the diagnosis. Midwest Health Plan was at 19% for 2008. Midwest has had the lowest of all the health plans for the past 2 years. The lowest rate among all Medicaid health plans in the State. We reimburse offices \$10 for a Group A strep test. This includes primary care providers for the Medicaid members only.

**We reimburse offices \$10 for a Group A strep test. This includes primary care providers for the Medicaid members only.**

Codes to Identify Pharyngitis: ICD-9-CM: acute pharyngitis 462, acute tonsillitis 463, streptococcal sore throat 034.0.

Codes to Identify Visit Type: CPT: Outpatient 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99382-99385, 99392-99395, 99401-99404, 99411, 99412, 99420, 99429, 99499.

Codes to Identify Group A Streptococcus Test: CPT: 87070, 87071, 87081, 87430, 87650-87652, 87880.

### **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

## **New HEDIS Measure: Adult BMI Assessment**

The Adult BMI Assessment measures the percentage of members 18-74 years of age who had an outpatient visit and who had their body mass index (BMI) documented during the measurement year or the year prior to the measurement year. Midwest will be measuring Adult BMI Assessment as part of its HEDIS 2009 reporting.

In light of the alarming rate of obesity among Americans, and the related increased risks of developing many diseases and health conditions from being overweight, it is important that as part of every health assessment, the patient's BMI be calculated and the patient advised if the BMI indicates he or she is overweight. This is a simple calculation based on the patient's height and weight and there simple tools that can be used for the calculation.

Midwest Health Plan will be distributing BMI calculation grids to provider offices during the upcoming month. We suggest you tape the grids to your scales so that whenever a patient is weighed and measured, the nurse or office staff member can look up the patient's BMI and record it in the medical record along with the height and weight measurements. You should advise the patient if the BMI is out of normal range and encourage a weight loss program. Refer to the table below for various ranges for BMI.

**Table 1: Ranges for BMI**

	<b>BMI</b>
Underweight	Below 18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9

For an online BMI calculator go to: [www.nhlbisupport.com/bmi/](http://www.nhlbisupport.com/bmi/)

In order to minimize the need for medical record reviews for BMI, please code claims and encounters with the following BMI codes:

**Table 2: BMI Billing Codes**

<b>Diagnosis/service</b>	<b>ICD-9-CM Diagnosis Code</b>
BMI less than 19, adult	V85.0
BMI between 19-24, adult	V85.1
BMI between 25-29, adult	V85.21, V85.22, V85.23, V85.24, V85.25
BMI between 30-39, adult	V85.30, V85.31, V85.32, V85.33, V85.34, V85.35, V85.36, V85.37, V85.38, V85.39
BMI 40 and over, adult	V85.4
BMI, pediatric	V85.51, V85.52, V85.53, V85.54

## **PROVIDER SERVICES**

### **PROVIDER MEETING**

Attention all Primary Care Physicians: Midwest Health Plan's Provider Meeting will be on **Wednesday, August 19, 2009** at 6 P.M. to 8 P.M. at **The HYATT Regency Dearborn** located at **600 Town Center Drive, Dearborn, Michigan 48126, 313-593-1234**. Please complete the attached invitation for your reservations. We hope to see you there!

### **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](http://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 **July** office winners include.

C A Murphy Family Center  
Everingham Clinic, PC  
Hollywood Pediatric Clinic  
IHA of Ann Arbor  
My Family Doctor  
Oakwood Home Medical Equipment  
Park Family Health Center Lincoln Park  
Stephen Swetech, D.O.

### Answers for July 2009 Candy Contest

1. What are the three sections that make up the “Opportunities Report”?

Member Demographic  
Potential Opportunities  
Recent Visits

2. What is the major component of the “Model of Care”?

Case Management

3. Identify two ways a MHP member can obtain Mental Health Services when needed.

Direct contact of a behavioral health care provider  
Obtaining a referral from their Primary Care Physician

4. **True** Midwest Health Plan offers a \$5 gift card to parents of members who have completed all of the recommended immunizations by age 2 or age 13

# AUGUST 2009 CANDY CONTEST

1. **True or False (circle one)** Midwest Health Plan and the Wayne State University - University Physician Group have joined together to provide services to all of the Midwest Health Plan membership including the Medicaid product, ABW Product, Health Choice, and Medicare Advantage.

2. Please list three (3) of Midwest Health Plan's preferred providers.

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3. Beginning January 1, 2009 Midwest Health Plan established a Pay for Performance Incentive program for Primary Care Physicians. Please list three (3) of the services that qualify under this program

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4. **True or False (circle one)** Midwest Health Plan's Provider Meeting will be on Wednesday, August 19, 2009 at 6 P.M. to 8 P.M. at The HYATT Regency Dearborn.

**Your Name:** \_\_\_\_\_

**From the office of Doctor:** \_\_\_\_\_ **PIN** \_\_\_\_\_

**Office Site Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

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



August 5, 2009

Dear Primary Care Physician:

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

**Wednesday, August 19, 2009** 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](http://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*



**Members with Completed Immunizations  
By age 2 or age 12**

Patient name: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Patient's date of birth: \_\_\_\_\_

**(To be eligible for the childhood immunization incentive, the patient must currently be 2 years old or younger. To be eligible for the adolescent immunization incentive, the patient must currently be either 12 or younger.)**

Address of Patient: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone number of Patient: \_\_\_\_\_

Provider's/Doctor's name: \_\_\_\_\_

Provider's Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Provider's Telephone number: \_\_\_\_\_

Contact at office: \_\_\_\_\_

**Fax this completed form along with the immunization record for this patient to (313) 581-2780, and your patient will receive a \$5 gift card to Target!!**



Michigan Cancer Consortium  
 Early Detection Guidelines and  
 Family Health History Poster

**Please Send the Following Materials:**

Title	Cost	Quantity
Michigan Cancer Consortium Guidelines for the Early Detection of <b>Cervical Cancer</b> ( <i>revised December 2007</i> )	No charge	
Michigan Cancer Consortium Recommendations for Providers on <b>Breast Cancer</b> Early Detection ( <i>revised May 2007</i> )	No charge	
Michigan Cancer Consortium Recommendations for Providers on <b>Colorectal Cancer</b> Early Detection ( <i>revised February 2009</i> )	No charge	
<i>Get to Know Your Family Health History</i> Poster	No charge	

**Ship To/Contact Information:**

Name \_\_\_\_\_

Organization \_\_\_\_\_

Shipping Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

**How to Place Your Order:**

By Fax	By Mail
517-333-4656	American Cancer Society Great Lakes Division, Inc. 1755 Abbey Road East Lansing, MI 48823-1907







July 23, 2009

Dear Midwest Health Plan Specialists and Providers,

Midwest thanks you for participating with us in serving our members. We want you to know that information about Midwest can be found on our web site. Our website address is found at [www.midwesthealthplan.com](http://www.midwesthealthplan.com).

Information found on our web site includes:

- Access to your eligibility
- Quick reference guide to prior authorizations and referral requirements
- Our Provider and PCP Directories—note we use only JVHL Laboratories
- Our annual Quality Improvement Program, Plan, Progress on our goals and Evaluation
- Our Clinical Guidelines (Asthma, Diabetes, Depression, Tobacco Control, Deep Venous Thrombosis, Congestive Heart Failure, Substance Use Disorders, Osteoporosis, Osteoarthritis, Hypertension, Hyperlipidemia, Otitis Media, Cancer Screening, Obesity, Chronic Kidney Disease, Pharyngitis, Prenatal/Postpartum Care and Stroke Prevention)
- Our Preventive Health Guidelines from birth to over age 65
- Our medical record documentation policies and procedures
- Member's Rights and Responsibilities
- Confidentiality Policy
- Fraud and Abuse Policy, including the False Claims Act information
- Safety information on area hospitals from the Michigan Health and Safety Coalition
- Affirmative statement regarding UM decision making
- Monthly Provider Newsletters (with our candy contest!)
- Access to your financial information, Remittance Advices (RA), and Opportunity Reports
- Our formulary and pharmacy procedures

Specialists: As a reminder, please send your consultant reports and discharge summaries to the Midwest member's Primary Care Provider.

A Provider Services Representative will be contacting you to discuss Midwest. If you have any comments or questions about the above information or if you would like any of the above information in a hard copy, please contact your Provider Representative (Linda Abdelghani at #313-586-6013, Nehya Moslimani at #313-586-6055 or Gena Neault at #313-586-6039).

We look forward to working with you,

Sincerely,  
Midwest Health Plan

A For-Profit Health Maintenance Organization

5050 Schaefer Road • Dearborn, MI 48126 • Phone (313) 581-3700 • Fax (313) 581-2780