

# Midwest Health Plan, Inc.

## Provider Newsletter

### December 2008



Medical Director's Report  
Dr. Mark Tucker

#### **HEALTH SERVICES**

#### **AUTHORIZATION AND REFERRAL PROCEDURES**

MHP has a vast network of specialists and ancillary providers. It is expected that referrals for services are made to in-network providers whenever possible. A list of contracted providers and specialists is available on line. If there is a question regarding the status of a provider or if it is felt a referral out of network is necessary, the Plan should be contacted. Questions can be directed to your Provider Services Representative or the Health Services Department at 313-586-6072.

#### **REFERRALS**

MHP has redefined the word referral.

*A referral can be written on a prescription, a Michigan Health Care Referral Form, or any other form of paperwork. Many PCPs write the referral on a prescription, FAX the signed prescription to the referral specialist and give the original to the patient. A referral may be a verbal statement from the PCP for the member to see a referral specialist. The member's chart should reflect the PCP's desire for the member to be seen by a referral specialist.*

Referrals are provided by the PCP to the member. Members are still to receive a “referral” from their PCP to seek treatment with a contracted specialist. MHP need not be notified of a referral to a contracted specialist. Only specified procedures require MHP notification and approval. Please refer to the Midwest Health Plan Web site for specific information.

## **MICHIGAN HEALTH CARE REFERRAL FORM**

The Michigan Health Care Referral form was developed by the Michigan Association of Health Plans to simplify the PCP’s duties in requesting services from all of the Michigan Health Plans. Midwest Health Plan accepts the Michigan Health Care Referral Form for services requiring plan notification. Midwest Health Plan expects the Referral form to be complete, timely, and legible. For further information or instructions on completing the referral form contact the Health Services Department at 313-586-6072.

## **SERVICES REQUIRING PLAN NOTIFICATION / APPROVAL**

### (PRIOR AUTHORIZATION)

If there is a question regarding the need for Plan Notification / Approval (prior authorization) please contact the Health Services Department at 313-586-6072.

Plan notification and approval must occur prior to a member receiving the following services\*\*:

- Services with a Non-Contracted Provider
- All Elective In-patient Admissions
- Nursing Home Care (Non-Custodial)
- Home Care
- Transplant Services
- Hospice Care
- Bariatric Procedures
- Oxygen and Related Supplies
- Cosmetic Surgery (Example: blepharoplasty, scar revision, breast reconstruction)
- Anesthesia for Oral Surgery
- Prosthetics and Orthotics
- In-Office Infusion Therapy
- Durable Medical Equipment
- Speech Therapy
- Occupational Therapy
- Physical Therapy

Prior Authorization from the Plan for the above services must be obtained by the member's PCP. Plan authorizations will be issued directly to the Provider of Service. Providers requesting direct authorization from the Plan will be referred to the Member's PCP. The Plan may contact the Member's PCP or Specialist for information prior to issuing the authorization.

**Elective Procedures and Elective Admissions must be reported to the Plan 72 hours in advance.**

The following **in-network** services do not require plan notification:

- Outpatient Specialty Physician Consults and Services
- Allergy Testing
- Routine Radiology Services
- Outpatient Diagnostics
- Chemotherapy
- Radiation Therapy
- Chiropractic Services (limited to 18 visits)
- Outpatient Mental Health Visits
- Obstetrics / Gynecology
- Ophthalmology

Per the terms of the Plan contract with the Michigan Department of Community Health, Members may access any of the following services directly, without prior authorization or referral from the PCP or MHP.

- Emergency Room Services - Facility and Professional Components
- Family Planning Services at any provider
- STD Services at any provider
- Well-Women exams with a contracted provider
- Well-Child exams with a contracted Pediatrician

- Emergency Transportation
- Services provided by Federally Qualified Health Centers
- Services provided by Public Health Departments

## **InterQual Criteria**

The Health Services Department of Midwest Health Plan utilizes InterQual Care Criteria® for making clinical decisions. The criteria are evidence based and utilized as a guideline. The criteria assist with managing care processes and resources in a way that fosters evidence-based practice and ensures patient safety while controlling medically unnecessary care.

InterQual Care Planning Criteria helps Midwest Health Plan to evaluate the appropriateness of care-related interventions including diagnostic testing and procedures.

InterQual Level of Care Criteria aid in recommending the right level of clinical care or setting for patients—from acute through outpatient treatment.

Using information found in the medical record or supplied by healthcare providers, the Midwest Health Plan reviewer determines whether a patient’s clinical status matches the criteria for a specific intervention or placement at a specific level of care. When there isn’t a match, a reviewer or physician advisor can work with the attending physician to decide on an appropriate course of action.

If you would like to review or discuss the InterQual Criteria, please contact your Provider Services representative or the Director of Health Services.

Specific InterQual Criteria is available upon request.

## **Influenza**

The Influenza season is here. Hopefully, this year there will not be issues with either quantity or quality of Influenza vaccine. The bi-weekly bulletins from the CDC do not, to date, give any indication of problems with quality or quantity.

Influenza vaccine is a covered benefit for “at risk” Midwest Health Plan (MHP) members. The CDC recommendations should be utilized to identify “at risk” individuals.

MHP has surveyed each manufacturer of influenza vaccine for the retail price of a multi-dose vial. MHP has revised the fee schedule for Influenza vaccine. The intent of the revised fee is to cover the acquisition cost of the vaccine material. A table containing the revised fee schedule can be found in this issue of the Provider Newsletter.

If you have any questions about Influenza vaccine, please let me know via E-mail ([mtucker@midwesthealthplan.com](mailto:mtucker@midwesthealthplan.com)) or telephone (313.586.6060).

## **DISEASE MANAGEMENT**

### **Diabetes Microalbuminuria Screening and Management**

A chart from the National Kidney Foundation diagrams care management for people with diabetes who test positive for microalbuminuria, or microscopic protein in the urine. The chart walks health care providers through the recommended screening and monitoring tests for people with microalbuminuria and includes notations for when to refer them to a nephrologist. Different colors help elucidate the decision-making grid. The laminated card is available from the National Kidney Foundation Medical Department, 30 East 33rd Street, New York, NY 10016, 1-800-622-9010, 212-689-9261 (fax).

For more resources about diabetes, visit the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) Reference Collection at <http://catalog.niddk.nih.gov/resources>. This free, online, searchable database helps health care professionals, health educators, patients, and the general public find educational materials not typically referenced in most databases.

### **Asthma and Diabetes Disease Management Programs**

Midwest Health Plan recently implemented McKesson's Disease Monitor module to support its Disease Management Program. The system provides automated support for the identification of members with Asthma and Diabetes who are overdue for screenings, have abnormal lab values, have atypical pharmaceutical patterns, or who have been to the ER or hospital for asthma or diabetes. Using McKesson, Midwest sends members and providers targeted mailings based on members' utilization and pharmacy patterns. Examples of letters that are being mailed on a monthly basis include the following:

#### Diabetes:

- Diabetic missing services letter (if member is missing HbA2c, LDL-C, Eye Exam, office visit)
- Lapse in medicine letter to PCP (if member has not filled medicine)
- Letter informing PCP of members who had more than 3 oral hypoglycemic prescriptions in the past 45 days.
- Referral to MHP case management for members hospitalized 3 or more times in last 90 days.

#### Asthma:

- No reported use of a corticosteroid after hospitalization
- Chronic oral corticosteroid use letter to PCP
- Lack of transition to inhaled corticosteroids letter to PCP
- Beta-agonist Bronchodilator overuse letter to PCP

- Lack of annual influenza vaccination letter to member
- Lack of follow-up after ER visit letter to member
- Referral to MHP case management for members hospitalized 3 or more times in last 90 days.

Members are automatically enrolled in our disease management programs based on the rules defined within McKesson. You may also enroll members in the Diabetes or Asthma program by calling Midwest at **1-313-586-6071**.

## **HEALTH OUTREACH**

### **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 13. To be eligible, the member must *currently* be 2, 12 or 13 years old and have completed all of the immunizations needed before their 2<sup>nd</sup> or 13<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**

### **CLINICAL AND PREVENTIVE HEALTH GUIDELINES**

MHP's Clinical and Preventive Health Guidelines include:

- Diabetes
- Asthma
- Tobacco Control
- Substance Use Disorders
- Osteoporosis
- Osteoarthritis
- Hypertension
- Hyperlipidemia
- Heart Failure
- Deep Venous Thrombosis
- Major Depression
- Cancer
- Stroke
- Otitis Media
- Obesity
- Chronic Kidney Disease
- Pharyngitis
- Prenatal/Postpartum Care

- Preventive Health Guidelines from birth to over age 65
- Acute Bronchitis in Adults
- Chronic Heart Failure
- Acute Low Back Pain
- Prevention of Unintended Pregnancy in Adults

These guidelines are found on our website of [www.midwesthealthplan.com](http://www.midwesthealthplan.com). Please review these guidelines. These guidelines are developed based on nationally recognized sources—each guideline lists the sources. These guidelines were endorsed by the Medical Directors of the Michigan Quality Improvement Consortium (MQIC) and/or the Michigan Association of Health Plans Medical Directors. You can also find the guidelines along with physician tools on the MQIC website at [www.mqic.org](http://www.mqic.org). If you would like a hard copy of these guidelines, or have any comments or suggestions for revisions, please contact Diane Lecerf at #313-586-6065.

## ACCESS TO CARE STUDY

During July and August of 2008, 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

Tables 1 and 2 provide Midwest Health Plan appointment access and wait time standards and results.

Table 1: 2008 Appointment Wait Times Survey Results

Appointment Type	Standard	Results	Percentage Compliant	Goal Met?
<b>Urgent Care</b>	Within 48 hours	1.20 hours	98%	Yes
<b>Routine primary care for non-urgent, asymptomatic conditions</b>	Within 14 days	.8 days	100%	Yes
<b>Preventive Care</b>	Within 14 days	3.4 days	98%	Yes

Table 2: 2008 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%	Yes
<b>Answering phone</b>	Within 3 rings	90%	77%	No
<b>Member directed appropriately</b>	Direct access to physician, contact number or beeper provided, information about accessing care provided.	90%	97%	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, 3% of providers surveyed could not be reached. 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. 23% of provider offices surveyed did not meet 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.

### **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.

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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/)

A copy of a BMI grid is provided at the end of this newsletter.

## **PROVIDER 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](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 November office winners include.

**Everingham Clinic**  
**Park Family Health Center – Roseville**  
**Park Family Health Center-Lincoln Park**  
**Henry Ford GYN**  
**Hollywood Pediatric Clinic**  
**Kamala Vanaharam, M.D.**  
**C.A. Murphy Family Health Clinic**  
**Marcia Vanderbroek, D.O., P.C.**  
**My Family Doctor**  
**Orthopedic Surgery Associates**

**Stephen Swetech, D.O.**  
**Thorrez Medical Practice**  
**Wright & Filippis**

**December 2008 Candy Contest**

1. **True or False** (circle one) Under the new authorization policy members are still to receive a “referral” from their PCP to seek treatment with a contracted specialist and Midwest does not need to be notified of this referral to a contracted specialist.
2. The Health Services Department of Midwest Health Plan utilizes \_\_\_\_\_ Criteria® for making clinical decisions.
3. **True or False** (circle one) Influenza vaccine is a covered benefit for “at risk” Midwest Health Plan (MHP) members.
4. The \_\_\_\_\_ recommendations should be utilized to identify “at risk” individuals.
5. Please indicate which BMI range is Underweight, Normal and Overweight on the chart below:

	<b>BMI</b>
	Below 18.5
	18.5 – 24.9
	25.0 – 29.9

**Your Name:** \_\_\_\_\_  
**From the office of Doctor:** \_\_\_\_\_ **PIN** \_\_\_\_\_  
**Office Site Name:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_

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

## Answers for November 2008 Candy Contest

1. **True** “A referral can be written on a prescription, a Michigan Health Care Referral Form, or any other form of paperwork.”
2. Plan notification and approval must occur prior to a member receiving the following services. Please list four services

Services with a Non-Contracted Provider, All Elective In-patient Admissions, Nursing Home Care (Non-Custodial), Home Care, Transplant Services, Hospice Care, Bariatric Procedures, Oxygen and Related Supplies, Cosmetic Surgery (Example: blepharoplasty, scar revision, breast reconstruction), Anesthesia for Oral Surgery, Prosthetics and Orthotics, In-Office Infusion Therapy, Durable Medical Equipment, Speech Therapy, Occupational Therapy, Physical Therapy

3. List four of the following in-network services that do not require plan notification:

Outpatient Specialty Physician Consults and Services, Allergy Testing, Routine Radiology Services, Outpatient Diagnostics, Chemotherapy, Radiation Therapy, Chiropractic Services (limited to 18 visits), Outpatient Mental Health Visits, Obstetrics / Gynecology, Ophthalmology

4. **True** “A referral may be a verbal statement from the PCP for the member to see a referral specialist. The member’s chart should reflect the PCP’s desire for the member to be seen by a referral specialist.”

**MIDWEST HEALTH PLAN  
FLU VACCINE COVERAGE AND BILLING INSTRUCTIONS**

**2008/2009 FLU SEASON**

**PROCEDURE CODES AND CORRESPONDING FEES**

<b>Procedure Code</b>	<b>Description</b>	<b>Age &lt;19</b>	<b>AGE ≥19</b>
90669	Pneumococcal Vacc, PED<5 years old	0.00 (VFC* covered code)	Not Applicable
90655	Flu Vaccine no preserv 6-35 months old	0.00 (VFC covered code)	Not Applicable
90656	Flu Vaccine no preserve 3 years and older	0.00 (VFC covered code)	\$15.82
90657	Flu Vaccine, 3 years old IM	0.00 (VFC covered code)	Not Applicable
90658	Flu Vaccine, 3 years and older IM	0.00 (VFC covered code)	\$12.06
90660	Flu Vaccine, Nasal	0.00 (VFC covered code)	\$21.18
90732	Pneumococcal Vacc, age >5 years old	(VFC covered code)	\$27.03

\*VFC is Vaccine for Children. If the grid lists “VFC covered code”, that means you must obtain this vaccine from the Vaccines for Children program. VFC is for children less than 19 years old.

Fee For Service providers can bill for the administration of the vaccine,  
For Capitated providers the administration fee is part of your capitation.

**For all providers:** As of **1/1/2007** an administration charge of \$7.00 can be billed for the administration of any of the above vaccines using the appropriate procedure code for separate reimbursement **except** procedure code 90660-Nasal Flu vaccine.



## Members With Completed Immunizations By Age 2 or 12 & 13

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 13 years old)**

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

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

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

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

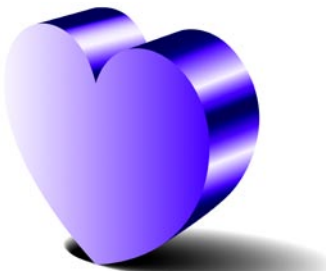
Provider's Address: \_\_\_\_\_

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

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!!**



**MIDWEST**  
HEALTH PLAN

## Notification of Pregnancy

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

<b>Maternal:</b>			
LMP		Date last Pap test	
EDC		Date Chlamydia screen	

### RISK FACTORS / COMMENTS

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

## Body Mass Index Table

Normal

Overweight

Obese

BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
Height (inches)	Body Weight (pounds)																
<b>58</b>	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167
<b>59</b>	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173
<b>60</b>	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179
<b>61</b>	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185
<b>62</b>	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191
<b>63</b>	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197
<b>64</b>	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204
<b>65</b>	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210
<b>66</b>	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216
<b>67</b>	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223
<b>68</b>	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230
<b>69</b>	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236
<b>70</b>	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243
<b>71</b>	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250
<b>72</b>	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258
<b>73</b>	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265
<b>74</b>	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272
<b>75</b>	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279
<b>76</b>	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287