

# Midwest Health Plan, Inc.

## Provider Newsletter

### March 2009



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

#### Primary Care Physician/Member Assignment

Midwest Health Plan members can now call to change their Primary Care Physician (PCP) and the new PCP will be effective the following day. All PCP offices should follow the eligibility verification process listed below:

- The PCP office should check the Midwest Health Plan eligibility roster each time a member seeks medical services at your office. This list is available each week on our website.
- If the member is not listed on the eligibility roster, the member can call from the PCP office and speak with a Midwest Customer Service Representative at 888-654-2200 to request a PCP change.

#### **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  
Effective 1/1/09**

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

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	83655, 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	<b>99381, 99391</b>	V20.2	
	Age 12 - 15 months	2 visits	<b>99381-99382, 99391-99392</b>	V20.2	
	Age 2 - 4	1 per year	<b>99382, 99392</b>	V20.2	
	Age 5 - 11	1 per year	<b>99383, 99393</b>	V20.2	
	Age 12 - 17	1 per year	<b>99384, 99394</b>	V20.2	
	Age 18 - 39	1 per year	<b>99385, 99395</b>	V70.0	
	Age 40 - 64	1 per year	<b>99386, 99396</b>	V70.0	
	Age 65+	1 per year	<b>99386, 99397</b>	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	
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

## **MIDWEST HEALTH PLAN'S WEBSITE**

Be sure to visit MHP's website at [www.midwesthealthplan.com](http://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](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.

### **COMMUNITY RESOURCES: 2-1-1**

2-1-1 is the health and human service equivalent of 9-1-1 to give or get help spearheaded by United Way. 2-1-1 is a free, easy-to-remember telephone number that connects people with resources that improve their lives. The 2-1-1 call specialists are available 24 hours a day, 7 a days a week, and are ready to provide information about a wide range of community services – including health care, job training, child care, mortgage foreclosure assistance and more. 2-1-1 is available in all of the MHP service area, including Wayne, Washtenaw, Oakland, Macomb, St. Clair, and Livingston counties.

Anyone can ask a 2-1-1 call specialist about resources for:

- Rent/Utility Assistance
- Food
- Legal Assistance
- Shelter
- Support Groups, and more

Help your patients get in touch with community resources by telling them about 2-1-1! For more information go to:  
<http://www.uwsem.org/gethelp/index.html>

## **HEALTH SERVICES**

Midwest Health Plan is please to announce their Preferred Providers.

These providers are to be used for all Midwest Health Plan Members. Referrals written to other providers may be re-directed to a preferred provider.

### **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></ul>	800-752-2273	313-271-0276

<ul style="list-style-type: none"> <li>• Oakwood Hospital Location</li> </ul>	313-271-3550	313-271-3755
Phoenix Medical Supply	888-699-4362	248-354-9638
J&B Medical Supply	800-737-0045	248-960-7985

**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

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.

## **Case Management**

Midwest Health Plan has in place a 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.

## **DISEASE MANAGEMENT**

### **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**.

### **SCREENING FOR DEPRESSION**

Primary Care practitioners play an important role in screening for and treating depression. Midwest Health Plan recommends the use of **PHQ-9 Questionnaire** as a depression screening tool. The Tool is available online as part of the MacArthur Initiative on Depression & Primary Care at Dartmouth and Duke at: [www.depression-primarycare.org](http://www.depression-primarycare.org).

You will find useful information and a Depression Management Tool Kit on their website that includes the following:

- Recognition and Diagnostic Information
- Patient Education Materials
- Treatment Information
- Monitoring and Follow-up Information
- Bibliography

Please remember to screen for depression in diabetic and post-partum patients and refer patients for behavioral health services if needed. You can find behavioral health providers in the Midwest Provider Directory which is online at [www.midwesthealthplan.com](http://www.midwesthealthplan.com). If you have questions about the depression screening tool, please call the Quality Improvement Department at 313-586-6065.

## **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.

### **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 Outreach Department at 313-586-6071. You may also fill out the Notification of Pregnancy form and fax it to 313-581-2780, Attention: Andrea Fogarty. Thank you for your help!

### **EPSDT/ WELL CHILD VISITS – DEVELOPMENTAL SCREENING**

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 will pay Medicaid fee screens (currently \$10) for developmental screening/testing.** Be sure to code your claims and encounters accurately so you can get paid!

## **Did you know?**

- 20% of all visits to the pediatrician's office are developmental or behavioral in nature.
- 80% of parental concerns are correct and accurate.

One of the primary goals of routine preventive health care is to ensure that a child is developing normally.

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.

## **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 so you can be paid Medicaid fee screen (currently \$10) for this important screening.**

## **QUALITY IMPROVEMENT**

### **QI PROGRAM AND EVALUATION**

Midwest Health Plan's QI Program, Work Plan, and Annual Program Evaluation are available to you on our web site at [www.midwesthealthplan.com](http://www.midwesthealthplan.com) or you may request a paper copy. While we continue to meet the majority of our goals set for last year, we still have areas that need improvement. Our CAHPS and HEDIS scores need to improve. We are enhancing our disease management/health outreach programs. We are striving to become more proactive and are sending you the lists of your patients that are due for services (instead of lists of patients that are overdue for services). We like to keep you informed of our goals and progress in meeting our goals through the newsletter (i.e. results of audits and surveys). We will be glad to share with you our QI program, plan and progress in meeting our goals—just ask!!

### **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 the Quality Improvement Department at #313-586-6065.

### **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>
Adult BMI	V85.0 – V85.5
Child BMI percentile	V85.5
Child counseling for nutrition	V65.3
Child counseling for physical activity	V65.41

## **PROVIDER SERVICES**

### **PROVIDER SATISFACTION SURVEY**

#### **We want to hear from you!**

Midwest Health Plan listens to you. Each year we conduct a Provider Satisfaction Survey to learn what you like about Midwest Health Plan and how we can improve our services. Some of the changes we made this year to our referral process and pay for performance program came from your suggestions.

This year we have once again contracted with an independent survey firm, The Myers Group, to conduct our annual Provider Satisfaction Survey. You will be receiving the survey form soon. Please complete and return the survey to The Myers Group. If you have questions about the survey or if you misplaced the survey form and need another copy please call The Myers Group toll free at 1-877-901-8432.

### **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 February office winners include.

**Advanced Medical Center  
Everingham Clinic, PC  
Hollywood Pediatric Clinic**

**Kamala Vanaharam, M.D.**

**Marcia Vanderbroek, D.O.**

**My Family Doctor**

**Park Family Health Center –Main**

**Park Family Health Center – Roseville**

**Park Family Health Center – Detroit**

**Park Family Health Center-Lincoln Park**

**St. John Managed Care Dept**

**Stephen Swetech, D.O.**

**Westland Quality Health Care**

**Wright & Filippis – Rochester Hills**

**Wright & Filippis – Lincoln Park**

**Young Adults Health Center**

### Answers for February 2009 Candy Contest

1. How many drug classes are reviewed by the Pharmacy and Therapeutics Committee? **3** (number)
2. Please list 2 of the 4 pharmacy summary documents that can be found under the Pharmacy Information tab on our website, [www.midwesthealthplan.com](http://www.midwesthealthplan.com).
  - **Midwest health Plan Formulary**
  - **Preferred Drug List**
3. **True** Members and Practitioners of Midwest Health Plan have a right to contact Midwest Health Plan staff to discuss UM Issues
4. **True** ROSEBUD® is a telephonic case management and education program for pregnant members and their infants.
5. Midwest Health Plan's Provider Meeting will be on **2/11/2006** (date) at 6 P.M. to 8 P.M. at **HYATT Regency Dearborn** (location)

## March 2009 Candy Contest

1. **True or False** Midwest Health Plan members can now call to change their Primary Care Physician (PCP) and the new PCP will be effective the following day.
2. 2-1-1 is the health and human service equivalent of 9-1-1 to give or get help spearheaded by United Way. List three out of the 5 resources anyone can call for.

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3. What are the two types of glucometers available?

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4. **True or False** 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.

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

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



*Midwest Health Plan*



MIDWEST HEALTH PLAN

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. Effective March 1, 2006, MHP only pays for 50 test strips per month. If your patient needs more than 50 test strips per month, you must complete a pharmacy prior authorization request.

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

Midwest Health Plan  
Glucometer Order Form

**Please complete this form and FAX to: Bayer Healthcare**  
**Customer Order Services Department Diabetes Care Division**  
**1-800-876-2243**

Date: \_\_\_\_\_

Physician or Group Practice Name: \_\_\_\_\_

Office Contact Person: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

Ship to the following address:

Member Name: \_\_\_\_\_

Member ID #: \_\_\_\_\_

Member Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

BREEZE 2 ®                      or                       Contour ®

Check Box if instructional DVD should be included:

Bayer Healthcare  
Customer Order Services Department – Diabetes Care Division  
Phone: 1-877-229-3777  
FAX: 1-800-876-2243

**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 you'll receive a \$5 gift card to Target!!



### 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	
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**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