

Midwest Health Plan, Inc.

Provider Newsletter

May 2009



Medical Director's Report

Dr. Mark Tucker

A retrospective review of radiology services was done during the 4th quarter of 2008. The most significant findings included the over use of imaging for the diagnosis of low back pain. MRI's and CT scans were ordered for members with no documentation of conservative treatment. In many cases MRI's were ordered for the member on the initial visit.

The Michigan Quality Improvement Consortium (MQIC) has published a guideline on Low Back Pain. Please review the guideline before ordering imaging studies and medications for your member.

Many other guidelines are available at: <http://www.mqic.org/> or by contacting Midwest Health Plan.



Michigan Quality Improvement Consortium Guideline

March 2008

Management of Acute Low Back Pain

The following guideline recommends assessment, diagnosis and treatment interventions for the management of acute low back pain in adults.

Eligible Population	Key Components	Recommendation and Level of Evidence			
Adults with low back pain or back-related leg symptoms for < 6 weeks	Patients with low risk of serious pathology (no red flags)	<p>Reassure patient that 90% of episodes resolve within six weeks regardless of treatment [C]. Advise that minor flare-ups may occur in the subsequent year.</p> <p>Therapy:</p> <ul style="list-style-type: none"> Stay active and continue ordinary activity within the limits permitted by pain. Avoid bedrest [A]. Early return to work is associated with less disability. Injury prevention (e.g. use of proper body mechanics, safe back exercises) Recommend ice for painful areas and stretching exercises [D]. McKenzie exercises [A] are helpful for pain radiating below the knee. <p>Referral:</p> <ul style="list-style-type: none"> If no improvement at 1-2 weeks, refer for goal-directed manual physical therapy, not modalities such as heat, traction, ultrasound, TENS. Surgical referral usually not required if no "red flags." <p>Medication Strategies:</p> <ul style="list-style-type: none"> Medication treatment depending on pain severity with acetaminophen or NSAIDs [A] COX-2 inhibitors and muscle relaxants have not been shown to be more effective than NSAIDs [A]. Opiate analgesics have not been shown to be more effective than NSAIDs in acute low back pain. <p>Testing:</p> <ul style="list-style-type: none"> Diagnostic tests or imaging usually not required. If no improvement after 6 weeks, consider imaging. 			
	Assessment to identify potential serious pathology	<p>Assess for "red flag" indications of serious disease:</p> <table border="0"> <tr> <td style="vertical-align: top;"> <p>Cauda Equina</p> <ul style="list-style-type: none"> Severe or progressive neurologic deficit Recent bowel or bladder dysfunction Saddle anesthesia <p>Cancer</p> <ul style="list-style-type: none"> Men and women age > 50 Cancer history Insidious onset No relief at bedtime or worsening when supine Constitutional symptoms (e.g. fever, weight loss) Male with diffuse osteoporosis or compression fracture </td> <td style="vertical-align: top;"> <p>Fracture</p> <ul style="list-style-type: none"> Traumatic injury or onset, cumulative trauma Steroid use history Women age > 50 <p>Infection</p> <ul style="list-style-type: none"> Steroid use history Diabetes Mellitus Immune suppression History UTI or other infection Constitutional symptoms (e.g. fever, weight loss) No relief at bedtime or worsening when supine </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> HIV Previous surgery Insidious onset IV drug use </td> </tr> </table>	<p>Cauda Equina</p> <ul style="list-style-type: none"> Severe or progressive neurologic deficit Recent bowel or bladder dysfunction Saddle anesthesia <p>Cancer</p> <ul style="list-style-type: none"> Men and women age > 50 Cancer history Insidious onset No relief at bedtime or worsening when supine Constitutional symptoms (e.g. fever, weight loss) Male with diffuse osteoporosis or compression fracture 	<p>Fracture</p> <ul style="list-style-type: none"> Traumatic injury or onset, cumulative trauma Steroid use history Women age > 50 <p>Infection</p> <ul style="list-style-type: none"> Steroid use history Diabetes Mellitus Immune suppression History UTI or other infection Constitutional symptoms (e.g. fever, weight loss) No relief at bedtime or worsening when supine 	<ul style="list-style-type: none"> HIV Previous surgery Insidious onset IV drug use
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	Patients with high risk of serious pathology (red flags)	<ul style="list-style-type: none"> Cauda Equina syndrome or severe or progressive neurologic deficit — Refer for emergency studies and definitive care [C] Spinal fracture or compressions — Plain LS spine X-ray [B]. After 10 days, if fracture still suspected or multiple sites of pain, consider either bone scan [C] or referral [D] before considering CT or MRI. Cancer or infection — CBC, urinalysis, ESR [C]. If still suspicious consider referral or seek further evidence (e.g. bone scan [C], other labs — negative plain film X-ray does not rule out disease). 			

Levels of Evidence for the most significant recommendations: A = randomized controlled trials; B = controlled trials, no randomization; C = observational studies; D = opinion of expert panel

This guideline lists core management steps. It is based on several sources, including the ICSI Adult Low Back Pain Guideline, Institute for Clinical Systems Improvement, 2006 (www.icsi.org). Individual patient considerations and advances in medical science may supersede or modify these recommendations.

Approved by MQIC Medical Directors 03/08

www.mqic.org

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

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.
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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
Childhood Immunization					\$10.00 per vaccine
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		
Lead Screening					\$15.00 per test
Blood lead test	Before age 2	1 per year	83655 , 25459-9, 5671-3, 5674-7, 10368-9, 10912-4, 14807-2, 17052-2, 27129-6, 32325-3		
Adolescent Immunization					\$10.00 per vaccine
Tdap	Age 11 - 12	1 dose	90715		
MCV4	Age 11 - 12	1 dose	90734		
Testing for Pharyngitis					\$10.00 per test
Strep test at time of diagnosis	Age 2 - 18	Each event	87070-87071, 87081, 87430 , 87650-87652, 87880	462, 463, 034.0	
Preventative Medicine Services					\$15.00 per visit
	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	
Woman's Health					\$25.00 per service
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, Q0091	
Chlamydia screening	Age 16 - 24	1 per year	87110, 87270, 87320, 87490-87492, 87810		
Diabetic Care					\$25.00 per service
HbA1c	Age 18 - 75	1 per year	83036, 83037		
LDL-C	Age 18 - 75	1 per year	80061, 83700, 83701, 83704, 83721		
Nephropathy screening	Age 18 - 75	1 per year	82042, 82043, 82044 , 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 or 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. Some examples of member fraud include using someone else’s Medicaid card to obtain services, altering a prescription, and using transportation services for purposes other than what is considered a medical appointment. Some examples of provider fraud include falsification of provider credentials, billing for services not provided, up-coding, and underutilization-not ordering medically necessary tests. If you suspect any type of member, MHP employee or provider fraud and abuse, please contact Kathy Harkness, Compliance Official at toll free #1-888-622-8980 or send a letter/memo to Midwest Health Plan 5050 Schaefer Road, Dearborn, MI 48126 or you may call contact the Programs Investigation Section

at toll free #1-866-428-0005 or send a letter/memo to the Medicaid Integrity Program Section, Capitol Commons Center Building, 400 South Pine, Lansing, MI 48909. Reporting to any person, department or entity may be done anonymously.

UPDATES: MCIR, VFC, and REPORTING COMMUNICABLE DISEASES

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

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.

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.

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>

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 of www.Midwesthealthplan.com, in the provider section under Administrative Manual for this information as well as additional information on member benefits, rights and responsibilities.

HEALTH SERVICES

Preferred Providers

Midwest Health Plan has added an additional business to our list of Preferred Providers. Please utilize the preferred providers listed below when requesting services.

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.

Approvals will not be given to non-contracted providers.

DME Preferred Providers

<u>Name</u>	<u>Phone</u>	<u>Fax</u>
Advanced Medical Solutions <ul style="list-style-type: none"> • Howell Office • Brighton Office • Ann Arbor Office 	800-248-2229 517-548-1443 810-225-7701 734-528-2522	800-552-9443 517-548-1588 810-225-8062 734-528-2312
Motor City Medical	800-929-0160 248-545-4520	800-411-7993 248-414-7352
Oakwood Home Medical Equipment <ul style="list-style-type: none"> • Allen Park Location 	800-752-2273	313-271-0276

• Oakwood Hospital Location	313-271-3550	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

All Home Care, Infusion, P&O and DME requests require plan approval.

DISEASE MANAGEMENT

MAY IS ASTHMA AWARENESS MONTH:

Celebrate World Asthma Day

When: Tuesday, May 5, 2009

Where: Wellness Plan, *Gateway Health Center*, located at 2888 W. Grand Blvd., Detroit, MI

Time: 4:00 pm-7:30 pm

Open and Free to the public/Education/Raffles/Free Food

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**.

Improving Control of Hypertension and Hyperlipidemia

Midwest Health Plan was recently awarded a grant from the Michigan Department of Community Health for a quality improvement project called ***Improving Control of Hypertension and Hyperlipidemia in Health Plans***. The purpose of the project is to reduce cardiovascular morbidity for those patients at risk by improving adherence to evidence based guidelines. Midwest Health Plan has targeted health plan members with a diagnosis of diabetes, heart disease, and hyperlipidemia. These members will receive educational information throughout the year related to the importance of diabetes and lipid control. By the conclusion of the project, we hope to increase the use of evidence-based guidelines and treatment, increase knowledge among health plan members, and improve clinical outcomes.

Educational information on diabetes and hyperlipidemia will be sent to all patients identified with these co morbidities. In addition, MHP enrolls persons identified with diabetes and hyperlipidemia in MHP's diabetes management program called "Healthy at Heart."

If you would like to enroll patients in Midwest's Diabetes program please call the Disease Management Department at 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 .

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 . If you have questions about the depression screening tool, please call the Quality Improvement Department at 313-586-6065.

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.

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 2nd or 13th birthday. If you have any questions about our immunization incentives, please call the Health Outreach Department at (313) 586-6071.

DEVELOPMENTAL SURVEILLANCE AND SCREENING

Recently, Michigan Department of Community Health (MDCH) participated in a Commonwealth Fund-supported national consortium, Assuring Better Child Health and Development (ABCD) Screening Academy, to improve early identification of young children with developmental problems. The Michigan initiative was accomplished through a partnership between MDCH and the Michigan chapter of the American Academy of Pediatrics.

During this initiative, ABCD teams worked with Medicaid pediatric practices to implement standardized developmental screening according to American Academy of Pediatrics (AAP) policy recommendations.

The 2006 AAP *Identifying Infants and Young Children with Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening* policy, recommends developmental surveillance be incorporated at every well-child visit and that practitioners promptly address concerns that occur during surveillance. The policy additionally recommends standardized developmental screening tests be administered at the **9, 18, and 30* month visits**. According to the policy:

- ***Developmental surveillance*** is defined as the process for recognizing children who might be at risk for developmental delays;
- ***Developmental screening*** is the use of a standardized validated tool to identify and refine the recognized risk; and
- ***Developmental evaluation*** is a complex process aimed at identifying specific developmental disorders that are affecting a child.

The Michigan Medicaid Early and Periodic Screening, Diagnostic, and Treatment (**EPSDT**) policy also requires developmental surveillance and screening. The policy suggests providers' use a standardized developmental instrument, such as the PEDS, PEDS: DM or Ages and Stages Questionnaire (ASQ) and Ages and Stages Questionnaire Social-Emotional (ASQSE). The policy further states "Developmental screening using an objective, standardized screening tool must be performed following the AAP's 2007 Periodicity Schedule at 9, 18 and 30 months, and any other time there are indications of need."

Midwest Health Plan is encouraging you to implement developmental surveillance and screening in your office to be in compliance with the recommendations from Michigan's EPSDT policy.

Suggestions for successful practice implementation are to:

- Identify and implement a standardized tool for screening in your practice.
- Implement developmental surveillance and screening practice policies and procedures.
- Communicate with office staff and colleagues about the importance of implementing developmental surveillance and screening.
- Screen all children during well child checks and use the standardized developmental screening tool at the 9, 18, and 30* month visits.

- Refer identified children to Michigan’s *Early On*[®] program if developmental delays are found. You may make a referral online at www.1800earlyon.org or call the statewide line at 1-800-Early-On (1-800-327-5966)
- Contact Michigan 2-1-1 for referral resources in your community for children who don’t qualify for *Early On*[®]
- Communicate with parents about the importance of developmental surveillance and screening
- Communicate the desire to learn about and discuss parental concerns regarding their child’s development.
- Bill appropriately for developmental screening services (see below) and

Services for developmental screening to Medicaid members are payable using the following CPT codes: see Medicaid fee screen link at http://michigan.gov/documents/mdch/Practitioner_January_2009_Final_261623_7.pdf

The Centers for Disease Control has information about developmental screening along with tools and resources on its website at: <http://www.cdc.gov/ncbddd/actearly/index.html>

CPT Code	Category	Notes
96110	Developmental Screening	Screening tool completed by parent or non physician staff and reviewed by the physician
96111	Developmental/Medical Evaluation	If objective development testing is performed by the physician as an outpatient office visit

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 or your 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. 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. 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.

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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

Follow-Up Care for Children Prescribed ADHD Medication

Midwest Health Plan uses this HEDIS measure to monitor the percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who have at least three follow-up care visits within a 10-month period, one of which is within 30 days of when the first ADHD medication was dispensed. Two rates are reported:

1. **Initiation Phase.** The percentage of members 6 to 12 years of age with an ambulatory prescription dispensed for ADHD, who had one follow-up visit with a prescriber during the 30-day Initiation Phase.

2. **Continuation and Maintenance Phase.** The percentage of members 6-12 years of age with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

HEDIS 2008 Follow-Up Care for Children Prescribed ADHD Medication Results

Measure	Denominator	Numerator	MHP 2008 HEDIS	2007 NCQA 50 th	2007 NCQA 75 th
Initiation Phase	326	112	34.4%	32.1%	38.7
Continuation and Maintenance Phase	55	25	45.5%	34.2%	46.3

HEDIS 2008 results show that 326 children between the ages of 6-12 were identified as being prescribed ADHD medication. 112 of those children had evidence of a follow-up visit to a practitioner for a 34.4% compliance rate. Only 55 of the children identified in the initiation phase continued medication treatment for at least 210 days. Of those who continued treatment, 25 had a follow-up visit during the continuation phase for a 34.2% compliance rate.

When compared with 2007 NCQA benchmarks, MHP performance met the 2007 NCQA 50th percentile but fell below the 75th percentile.

According to literature, major causes of noncompliance and nonadherence to continue follow-up may be that patients do not understand why they were taking the medication or that treatment could prevent severe consequences later in life. It is important that PCPs and behavioral health providers stress the importance of follow-up visits for children being prescribed ADHD medications. Midwest Health Plan will continue to monitor initiation and continuation for children prescribed ADHD medication.

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

	BMI
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/

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

Diagnosis/service	ICD-9-CM Diagnosis Code
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

WIN CANDY

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

C A Murphy Family Center
Hollywood Pediatric Clinic
Kamala Vanaharam, M.D.
My Family Doctor
Park Family Health Center –Main
Park Family Health Center-Roseville
Park Family Health Center Lincoln Park
St. John Managed Care Dept – Mohammad Bitar
Stephen Swetech, D.O.
Young Adults Health Center

Answers for April 2009 Candy Contest

1. **True** Electronic prescribing or “E-Prescribing” is the use of computer-based systems to generate, transmit, and fill patient prescriptions, replacing paper and faxed prescriptions.

2. Please list 3 of the types of E-Prescription transactions:

New Prescription
Eligibility
Formulary

3. Please list 3 of the Preferred Providers designated by Midwest Health Plan:

Motor City Medical
Oakwood Home Medical
Phoenix Medical Supply

4. **True** Developmental Surveillance and Screening policy additionally recommends standardized developmental screening tests be administered at the ***9, 18, and 30* month visits.***

MAY 2009 CANDY CONTEST

1. **True or False:** By our contract with the State of Michigan, Midwest Health Plan members are allowed 20 out-patient mental health visits per calendar year
2. **True or False:** 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.
3. Give three examples of letters that are being mailed on a monthly basis:

4. Fill in the blanks: 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 _____ be calculated and the patient advised if the _____ indicates he or she is overweight

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

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

Procedure Code	Description	Age <19	AGE ≥19
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!!

Fact Sheet

Benefits of ePrescribing

ePrescribing can reduce medical errors, decrease pharmacy costs, and increase efficiency. The eHealth Initiative reports that ePrescribing could reduce the nation's healthcare costs by \$2.9 billion.¹ The benefits of ePrescribing are spread across all participants in the healthcare system, including physicians, office staff, patients, pharmacies, and health plans.

Providers benefit from ePrescribing by:

- Obtaining real-time information about potential drug-drug and drug-allergy interactions. This minimizes calls from pharmacies and reduces potential adverse drug events.
- Reducing handwriting interpretation errors, estimated to cause 9% of all medication errors.²
- Seeing plan formulary requirements (prior authorization, quantity restrictions, non-covered drug, and drug tier) at the point of care, giving the patient faster access to cost-effective care.
- Seeing a patient's dispensed drug history, thereby enabling the prescriber to make clinically appropriate decisions at the point of care.
- Knowing when an FDA Safety Alert has been issued, and allowing them to generate a report of all patients on the drug without needing to pull patient charts.
- Having access to clinical decision support tools.
- Increasing the convenience and efficiency of the prescription-writing process.

Office staff benefit from ePrescribing by:

- Reducing calls from pharmacies regarding non-covered medications and handwriting questions.
- Speeding the prescription renewal process by reducing the need to pull patient charts. Case studies suggest a savings of 1-2 hours/day for office staff.³
- Eliminating calls from patients who are requesting an alternative covered medication or need the prescriber to request prior authorization.

Patients benefit by:

- Having lower out-of-pocket costs when prescribers respond to ePrescribing formulary messages
- Saving time at the pharmacy by having prescriptions sent prior to patient arrival, and reducing the potential for two trips because prescribers more frequently adhere to health plan requirements.
- Reducing potential for adverse drug events caused by drug-drug or drug-allergy interactions, mistaken handwriting, or incorrect dosage.
- Increasing compliance with prescribed treatment because care is cost-effective and convenient.

Pharmacies benefit by:

- Reducing phone calls to physicians regarding handwriting interpretation, non-covered drugs, and prior authorization requirements.
- Improving customer relationships by speeding the time it takes patients to obtain prescriptions.
- Reducing data entry when prescriptions are received electronically.
- Reducing potential errors caused by handwriting misinterpretation and keystroke errors.

Payers/Employers benefit by:

- Maintaining affordability by increasing utilization of generic and preferred brand drugs.
- Reducing costs associated with adverse drug events.
- Increasing patient compliance with prescribed treatment plan.
- Increasing provider efficiency by allowing providers to spend more time on patient care.

¹ The eHealth Initiative: "Electronic Prescribing: Toward Maximum Value and Rapid Adoption", April 2004.

² California Healthcare Foundation, July 2001

³ Case studies of eRx Collaborative participants conducted by Surescripts, presented in June, 2005