

# Midwest Health Plan, Inc. Provider Newsletter May 2010



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

## **ANNOUNCEMENT!!**

To: MHP Primary Care Physicians

**Re: Physical Assessment Incentive**

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

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

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

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

**CPT codes: 99381-99387, 99391-99397**  
**ICD-9 codes: V20.2 and V70.0**

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

For questions, please contact your Provider Representative:

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

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

### **BILLING OF IMMUNIZATIONS: (VACCINES AND TOXOIDS)**

Immunizations are covered when given according to Advisory Committee on Immunization Practices (ACIP) recommendations.

- For Midwest Health Plan (MHP) Medicaid children 18 years and younger, the provider should utilize the Vaccine for Children (VFC) program which provides vaccines at no cost to the provider.
- MHP also covers vaccines for members 19 years of age and older.

An administration fee is covered separately for vaccines given to members, whether the vaccine is free or not, and without regard to other services provided on the same day.

**Due to MDCH’s HEDIS data reporting requirements and consistency in our claims adjudication process, MHP requires an immunization code be billed in conjunction to each administration code billed.**

### **CODING FOR OFFICE AND INPATIENT CONSULTATIONS**

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

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

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

## **PRIOR AUTHORIZATION – TAMIFLU & RELENZA**

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

## **PHARMACY UPDATE**

The Pharmacy and Therapeutics Committee continues its task of reviewing all drug classes to determine the following for each available drug in the drug class:

- Formulary Status – non-formulary or formulary
- Prior Authorization or Step Therapy requirements – if any
- Addition to or Deletion from the Preferred Drug List

As each drug class is reviewed, a summary of the review is posted to the Midwest Health plan website ([midwesthealthplan.com](http://midwesthealthplan.com)) under the Pharmacy Information tab. Each entry is identified by the drug class name and includes the date of the most recent review. The summary is in a table format with information on the status of the drug for each of the programs administered by Midwest Health Plan. A legend is provided below the table to help interpret the abbreviations utilized in the table. Special notes, if any, are noted below the table to help in understanding the logic behind some of the decisions.

Also, finally, Midwest Health Plan has posted to the website, under Pharmacy Information, the following summary documents that will be updated as necessary:

- Midwest Health Plan Formulary - lists all drugs available
- Preferred Drug List - lists all Preferred Drugs, by therapeutic class
- Step Therapy Table - drugs that require prior use of another medication, including the step 1 drug
- Prior Authorization (PA) Table - lists the PA requirements for those drugs that require PA

Questions can be directed to the Health Services Department toll free at 888-654-2200 or the Medical Director at 313-586-6060. To request a hard copy of the MHP formulary or other pharmacy documents, contact the Pharmacy Authorization Department toll free at 888-654-2200 or 313-586-6030.

## **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

## **PODIATRY SERVICES**

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

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

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

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

**Contact:**

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

**When:**

May 15, 2010, 8:00 AM – 5:00 PM

**Where**

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

Obesity is a growing concern for physicians caring for children and youth in Michigan and around the country. With the recent launch of First Lady Michelle Obama's Let's Move Campaign in partnership with the AAP, the nation is aware of the tremendous challenges and opportunities ahead to prevent and treat childhood obesity.

MIAAP is hosting its 2nd annual Obesity Management for the Primary Care Provider conference on Saturday, May 15, 2010 at Lansing Community College from 8am - 5pm. Continuing Medical Education credits have been applied for through the American Academy of Pediatrics.

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

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

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



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

### **Obesity Toolkit Resource Grid**



The Institute for Health Care Studies (IHCS) at Michigan State University has compiled a resource grid that contains information and Web site links to various Obesity Toolkits that are available on the internet. To access the "Obesity Toolkits for Providers" grid, please go to: <http://www.ihcs.msu.edu> and click on the grey "Obesity" tab on the home page. If you do not have internet access and would like a printed version of the Obesity resource grid, or if you have any questions, please call the Midwest Health Plan Quality Improvement Department at 313-586-6065.

### **PAY FOR PERFORMANCE 2010**

Midwest Health Plan has expanded and increased the funding for our Pay for Performance (P4P) Bonus program starting January 2010. We have added additional measures that are eligible for

bonuses and also included a bonus when your Diabetic member has received all their necessary services and for when a child has received all their necessary vaccines by age 2. Midwest is also continuing our CDPS/ABAD diagnosis reporting and percentage of members seen for visits bonus program in 2010. The Bonus programs for 2010 are attached.

We continue to enhance our “Opportunities Reports” on our website to notify you of the members who are due for bonus payment services so that you can increase your revenue. If you have any questions, please contact your Provider Services Representative:

Linda Abdelghani #313-586-6013

Nehya Moslimani #313-586-6055

Gena Neault #313-586-6039

Brian Flemming #313-586-6069

**Exhibit B  
Attachment 2**

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

**Effective 1/1/10**

SERVICE	TIME FRAME	LIMITATION	CPT CODES	ICD-9 CODES	BONUS
<b>Childhood Immunization</b>			<b>Additional \$100 bonus for completing all P4P Childhood Immunizations by age2!</b>		
DTaP	Before age 2	4 doses	90698/ 90700/ 90721/ 90723	99.39	<b>\$10 per vaccine</b>
IPV	Before age 2	3 doses	90698/ 90713/ 90723	99.41	<b>\$10 per vaccine</b>
Hepatitis B	Before age 2	3 doses	90723/ 90740/ 90744/ 90747-90748	070.2/070.3/V02.61	<b>\$10 per vaccine</b>
Hib	Before age 2	2 doses	90645-90648/ 90698/ 90721/ 90748		<b>\$10 per vaccine</b>
MMR	Between age 1 & 2	1 dose	90707/ 90710	99.48	<b>\$10 per vaccine</b>
VZV	Between age 1 & 2	1 dose	90710/ 90716	052/053	<b>\$10 per vaccine</b>
Pneumococcal conjugate	Before age 2	4 doses	90669		<b>\$10 per vaccine</b>
Hepatitis A	Before age 2	2 doses	90633	070.0/070.1	<b>\$10 per vaccine</b>
Rotavirus	Before age 2	2 or 3 doses	2 doses=90681/3 doses=90680		<b>\$10 per vaccine</b>
Influenza	Between 6 mos & 2 yrs	2 doses	90655/90657/90661/90622	99.52	<b>\$10 per vaccine</b>
<b>Lead Screening</b>					
Blood lead test	Before age 2	1 per year	83655/ <b>83655QW</b>		<b>\$15 per test</b>
<b>Adolescent Immunization</b>					
MCV4	Age 11 - 12	1 dose	90733/90734		<b>\$10 per vaccine</b>
Tdap/ Td	Age 10 - 12	1 dose	90715/90714/90718	99.39	<b>\$10 per vaccine</b>
Tetanus & Diphtheria	Age 10 - 12	1 dose each	90703 & 90719	99.38/99.36	<b>\$10 per vaccine</b>
<b>Testing for Pharyngitis</b>					
Strep test at time of diagnosis	Age 2 - 18	Each event	87070-87071/ 87081/87430/87650-87652/87880/ <b>87880QW</b> & dx code 462/463/034.0		<b>\$10 per test</b>
<b>Preventive Medicine Services</b>					
	Age 0 - <12 mos	6 visits	<b>99381/99391</b>	V20.2	<b>\$15 per visit</b>
	Age 12 mos – 35 mos	2 per year	<b>99382/99392</b>	V20.2	<b>\$15 per visit</b>
	Age 3 - 11	1 per year	<b>99382/99392/99383/99393</b>	V20.2	<b>\$15 per visit</b>
	Age 12 – 17	1 per year	<b>99384/99394</b>	V20.2	<b>\$15 per visit</b>
	Age 18 - 65+	1 per year	<b>99385-99387/99395-99397</b>	V70.0	<b>\$15 per visit</b>
<b>Woman's Health</b>					
Mammogram screening	Age 38 – 69	1 per year	77055-77057	V76.11/V76.12	<b>\$25 per service</b>
Pap test	Age 18 – 64	1 per year	HCPCS Q0091	V72.32/V76.2	<b>\$25 per service</b>
Chlamydia screening	Age 16 – 24	1 per year	87110/87270/87320/87490-87492/87810		<b>\$25 per service</b>
<b>Diabetic Care (250.xx/648.0)</b>			<b>Additional \$100 bonus for completing all P4P Diabetic Care in CY 2010</b>		
HbA1c	Age 18 - 75	1 per year	83036/83037/ <b>83036QW/83037QW</b>		<b>\$25 per service</b>
LDL-C	Age 18 - 75	1 per year	80061/83700/83701/83704/83721/ <b>80061QW/83721QW</b>		<b>\$25 per service</b>
Nephropathy screening	Age 18 - 75	1 per year	82042/82043/82044/84156/ <b>81002QW/81003QW/82044QW</b>		<b>\$25 per service</b>
Diabetic eye exam	Age 18 - 75	1 per year	92002/92004/92012/92014/92018-92019/92225-92226/92230/92235/92240/92250/ 92260	V72.0	<b>\$25 per service</b>

***Bold & Italicized codes will be paid Medicaid FFS rates***

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

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

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

## Pay For Performance

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

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

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

#### ABAD Categories

<a href="#">AIDS -</a>	<a href="#">Hematological -</a>
<a href="#">Cancer -</a>	<a href="#">Infectious -</a>
<a href="#">Cardiovascular -</a>	<a href="#">Metabolic -</a>
<a href="#">Central Nervous System -</a>	<a href="#">Psychiatric -</a>
<a href="#">Cerebrovascular -</a>	<a href="#">Pulmonary -</a>
<a href="#">Developmentally Disabled</a>	<a href="#">Renal -</a>
<a href="#">Diabetes -</a>	<a href="#">Skeletal -</a>
<a href="#">Eye -</a>	<a href="#">Skin</a>
<a href="#">Gastrointestinal -</a>	<a href="#">Substance abuse -</a>
<a href="#">HIV -</a>	

The entire list of diagnoses and categories is found on our website in the secure login section. Remember, we still request that you report EVERY diagnosis the patient has at EVERY visit.

### 2. Member's Non Visit Percentage\*:

Less than 35% \$40 per ABAD Member**	(See 65 -74.9 % of your ABAD members during the year)
Less than 25% \$60 per ABAD Member**	(See 75-84.9 % of your ABAD members during the year)
Less than 15% \$80 per ABAD Member**	(See 85% or more of your ABAD members during the year)

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

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

## **PREFERRED PROVIDERS**

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

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

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

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

#### **DME Preferred Providers**

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

### **Home Care Preferred Providers**

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

### **Infusion Preferred Provider**

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

### **Prosthetics and Orthotics Preferred Provider**

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

### **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 at 313-586-6072 or toll free at 888-654-2200. As always you may discuss specific cases with the Midwest Health Plan Medical Director. Copies of specific InterQual Criteria are available upon request.

### **PATIENT CENTERED MEDICAL HOME (PCMH)**

The Patient Centered Medical Home is a health care setting that facilitates partnerships between individual patients and their personal physicians and, when appropriate, the patient’s family. Care is facilitated by registries, information technology, health information exchange and other

means to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.

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

#### Resources:

- Registry Examples:
  - Wellcentive : #877-692-6180 Wellcentive is offering many incentives to IPAs and PHOs
  - Cielo: #734-827-1000
- Blue Cross Blue Shield Physician Group Incentive Program (PGIP): <http://www.bcbsm.com> (provider site/value partnerships/PGIP) or call #248-448-3306
- Improving Performance in Practice (IPIP): <http://ipip.aiag.org>
- American College of Physicians: [http://www.acponline.org/running\\_practice/technology/](http://www.acponline.org/running_practice/technology/)  
This site has updated information on the American Recovery and Reinvestment Act of 2009
- National Committee for Quality Assurance (NCQA) Physician Practice Connections® - Patient Centered Medical Home™: <http://www.ncqa.org/tabid/631/Default.aspx>

### **E-PRESCRIBING**

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

E-Prescribing can benefit your patients and practice by:

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

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

- **E-Prescribing New Prescriptions** – prescription information is sent directly to the pharmacy’s computer through a secure network.
- **E-Refills** – the pharmacy sends refill requests to the prescriber’s prescribing application, eliminating the need to fax or call.

- **Eligibility Check** – allows the prescriber to electronically check what plan a member is eligible for and what formulary code is attached to the plan. It takes about two seconds to get eligibility information through E-Prescribing.
- **Formulary Download** – allows the prescriber to view health plan formularies to assure minimal impact to the patient when filling a prescription.
- **Medication History** – allows the prescriber to electronically retrieve the patient’s previous medication therapies from the plan or pharmacy. Safeguards are in place to block all sensitive drug information.

To learn more about E-Prescribing refer to the E-Prescribing Fact Sheet provided as an attachment to this newsletter or visit [www.GetRxConnected.com](http://www.GetRxConnected.com) or [www.RxSuccess.com](http://www.RxSuccess.com).

### **OB CODING**

Midwest does not accept global OB billing (Global Codes such as 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622). Midwest requires that you “bill individual component codes”. Also, please note that when billing for the prenatal services, please note the from and to dates should be FROM-the first date of service and TO-the last date of service. Please put the individual dates in Box 19. Claims will be rejected if not submitted correctly.

### **MANAGEMENT OF ASTHMA: Increase or over-use of short-acting inhaled $\beta_2$ -agonists may indicate the need for long-term control therapy**

Current guidelines for the diagnosis and management of asthma from the National Heart, Lung, and Blood Institute (NHLBI) acknowledge that persistent asthma is most effectively controlled with daily long-term control medication, specifically, anti-inflammatory therapy. Currently, the most potent and consistently effective inhaled anti-inflammatory agents available are orally inhaled corticosteroids. Use of short-acting inhaled  $\beta_2$ -agonists on a daily basis, or increasing use, may indicate the need for additional long-term control therapy. Taking long-acting inhaled  $\beta_2$ -agonists does not eliminate the need for continued treatment with an anti-inflammatory agent.

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

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

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

## **DISEASE MANAGEMENT**

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

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

**Asthma Focus:** When enrolled, members will receive educational information in the mail. To refer your patient into this program, call **1-313-586-6071**. After joining, the member will be sent information on asthma triggers, use of medications, peak flow meter use, an asthma action plan to complete with PCP, information on stopping smoking, and much more.

### **HELP FOR PATIENTS WITH CHRONIC DISEASE: THE PATH PROGRAM**

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

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

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

## **HEALTH OUTREACH**

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

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

### **ACIP Recommendations for Use of 13-Valent Pneumococcal Conjugate Vaccine (PCV13) Among Infants and Children**

ACIP Provisional Recommendations on PCV13 are now posted at <http://cdc.gov/vaccines/recs/provisional/downloads/pcv13-mar-2010-508.pdf>

The ACIP recommends PCV13 for all children 2 through 59 months of age and for children 60 through 71 months of age who have underlying medical conditions that increase their risk of pneumococcal disease or complications. A single supplemental dose of PCV13 is recommended for all children 14 through 59 months of age who have received 4 doses of PCV7 or other age-appropriate, complete PCV7 schedule. (fully vaccinated with PCV7)

Single dose of PCV13 may be administered for children 6 through 18 years of age who are at increased risk for invasive pneumococcal disease because of sickle cell disease, HIV-infection or other immunocompromising conditions, cochlear implant or cerebrospinal fluid leaks, regardless of whether they have previously received PCV7 or PPSV23.

#### Additional information

- The PCV13 Vaccine Information Statement is available at: <http://www.cdc.gov/vaccines/pubs/vis/default.htm>
- Details of the routine pneumococcal conjugate vaccination schedule are available at: <http://www.cdc.gov/vaccines/recs/schedules/default.htm#child>
- MMWR: Licensure of a 13-Valent Pneumococcal Conjugate Vaccine (PCV13) and Recommendations for Use Among Children -- Advisory Committee on Immunization Practices (ACIP), 2010 (March 12, 2010 / 59(09);258-261) <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5909a2.htm>

## **ROSEBUD PREGNANCY EDUCATION PROGRAM**

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

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

You may refer members to this program, by calling the Health Management Department at 313-586-6071. You may also fill out the Notification of Pregnancy form (attached at end of

newsletter) and fax it to 313-581-2780, Attention: Health Management Department. Thank you for your help!

## **SMOKING CESSATION PROGRAM**

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

## **HEDIS UPDATE**

### **Lead Screening**

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

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

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

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

### **Developmental Surveillance**

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

- Eliciting and attending to the parents' concerns about their child's development
- Documenting and maintaining a developmental history
- Making accurate observations of the child
- Identifying the risk and protective factors
- Maintaining an accurate record and documenting the process and findings

### **Developmental Screening**

Developmental screening is the administration of a brief standardized tool aiding the identification of children at risk of a developmental disorder. Developmental screening that

targets the area of concern is indicated whenever a problem is identified during developmental surveillance. For more information please visit:

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

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

FREE  
GLUCOMETER PROGRAM

**ATTENTION PROVIDERS:**

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

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

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

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

# Midwest Health Plan

## BAYER HEALTHCARE LLC, DIABETES FAX Order Form

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

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

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

Telephone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Instrument to be shipped directly to the following patient address:

Patient Name: \_\_\_\_\_

Health Plan Member ID: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

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

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

- BREEZE<sup>®</sup> 2 System**
- CONTOUR<sup>®</sup> System**  
*(Please check only one meter)*

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

## **PROVIDER SERVICES**

### **AUTHORIZATION FOR SERVICES – ADULT BENEFIT WAIVER**

As a reminder to our Primary Care Physicians (PCP) participating in the Adult Benefit Waiver (ABW) programs, please refer the ABW members to an ABW contracted providers. When an ABW member is referred to a non-contracted provider, please submit the request for a plan authorization to Midwest Health Plan, prior to the appointment. The fax number is 313-586-6045.

Please refer to our website at [www.midwesthealthplan.com](http://www.midwesthealthplan.com), click on the Provider link, Authorization/Referrals for the Authorization Grid that lists the services that can be done at a contracted provider office without an authorization from Midwest Health Plan. If you need an Adult Benefit Waiver Provider Directory, please contact your Provider Services Representative.

### **PROVIDER MEETING**

Midwest Health Plan will be having the Primary Care Provider Meeting on **Wednesday, May 5, 2010 at the Hyatt Regency in Dearborn**. Please see the attached invite and fax back to 313 581 2780. We look forward to seeing you there!

### **BASICARE NO LONGER PRINTING ID CARDS**

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

### **WIN CANDY**

Your office will have the chance each month to win a free box of candy. All you have to do is answer the questions on the last page of the newsletter and fax the page to us at 313-581-2780. If your answers are correct, the candy will be mailed to your office. Please refer to our website at [www.midwesthealthplan.com](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 **April** office winners include:

**Basel Khatib, MD, PC**  
**Beaumont Outpatient Clinic**  
**Urogynecology Associates, Beaumont**  
**My Family Doctor, Southgate**  
**Hollywood Pediatric Clinic, Dr. Shah**  
**Kamala Vanaharam, MD, Shelby/Utica**  
**Park Medical Clinic, Roseville**  
**Park Medical Clinic, Lincoln Park**  
**Wright & Filippis – Rochester Hills**

## MAY 2010 CANDY CONTEST

1. To receive the Physical Assessment Incentive, members must be new to Midwest Health Plan between \_\_\_\_\_, 2010 and \_\_\_\_\_, 2010.
2. **True or False (circle one)** Due to MDCH's HEDIS data reporting requirements and consistency in our claims adjudication process, MHP requires an immunization code be billed in conjunction to each administration code billed.
3. **True or False (circle one)** When an Adult Benefit Waiver (ABW) member is referred to a non-contracted provider, a request for a plan authorization to Midwest Health Plan is required.
4. Midwest Health Plan will be having the Primary Care Provider Meeting on **Wednesday**, \_\_\_\_\_, **2010 at the Hyatt Regency in Dearborn.**

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

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

## Answers for April 2010 Candy Contest

1. **True** Case management services are arranged through the Health Services Department.

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

**BREEZE<sup>®</sup> 2 System**  
**CONTOUR<sup>®</sup> System**

3. **True** Developmental screening is the administration of a brief standardized tool aiding the identification of children at risk of a developmental disorder.

4. How many days should Midwest Health Plan members be active with their PCP to be considered eligible for our **Physical Assessment Incentive**?

90 days



April 1, 2010

Dear Primary Care Physician:

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

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

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

*NAME (please print)* \_\_\_\_\_

*OFFICE NAME / PIN NUMBER* \_\_\_\_\_

*TELEPHONE #* \_\_\_\_\_ *FAX #* \_\_\_\_\_

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

*We look forward to seeing you there!*

Sincerely,  
*Midwest Health Plan*



## Notification of Pregnancy Form 2010

Phone number: 313-586-6071

Fax number: 313-581-2780

### MEMBER DATA

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

### HEALTHCARE PROVIDER DATA

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

### PERINATAL INFORMATION

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

### *RISK FACTORS / COMMENTS*

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