

Midwest Health Plan, Inc.

Provider Newsletter

November 2009



Medical Director's Report Dr. Mark Tucker

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.

H1N1 FLU VACCINE

The Michigan Department of Community Health has issued a policy bulletin, MSA 09-50, regarding coverage and reimbursement of the 2009 Influenza A (H1N1) monovalent vaccine. **The bulletin is provided as an attachment to this newsletter for information.**

EXCITING ANNOUNCEMENT

Midwest Health Plan and the Wayne State University - University Physician Group have joined together to provide services to all of the Midwest Health Plan membership. Because of this exciting agreement, plan approved authorizations are no longer required for members accessing care at the DMC Facilities. This includes our Medicaid product, ABW Product, Health Choice, and Medicare Advantage.

For members to obtain care with the WSU-UPG Physicians appointments can be made directly with the specialty office. To find a specialist access the Wayne State University Physician Group web site: <http://wsupg.med.wayne.edu/>. Click the "Find a Physician" tab and be directed to any specialty. Please follow the Authorization Grid for specific procedure requirements.

Attention All Primary Care Providers

We have updated the Pay for Performance Grid (Exhibit B to your contract) to include codes with QW. QW means it is a Clia waived test and when conducted in your office, we will pay the Fee for Service rate as well as the bonus money.

**Exhibit B
Attachment 2**

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

Effective 1/1/09 ; revised 8/5/09

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, 83655QW		
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, 87880QW	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, 83036QW, 83037QW		
LDL-C	Age 18 - 75	1 per year	80061, 83700, 83701, 83704, 83721, 80061QW, 83721QW		
Nephropathy screening	Age 18 - 75	1 per year	82042, 82043, 82044, 84156, 81002QW, 81003QW, 82044QW		
Diabetic eye exam	Age 18 - 75	1 per year	92002, 92004, 92012, 92014, 92225-92226, 92240, 92250, 92260	V72.0	

Bold & Italicized=Fee-for-service payment in addition to bonus to PCP for performing service in the office setting

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

AWARDS AND RECOGNITIONS

NCQA selects Midwest Health Plan for its 2009 *Recognizing Innovation in Multicultural Health Care Award*

Midwest Health Plan is pleased to announce it was one of five managed care plans recognized by the National Committee for Quality Assurance (NCQA), with support from The California Endowment, for its innovative efforts to improve health care access and quality for consumers facing language and cultural barriers that frequently impede their access to life-prolonging care.

The award was presented to Midwest Health Plan at an awards reception and poster session in Washington D.C. on October 15, 2009. Midwest was selected for this national recognition for its efforts to improve use of preventive health screening measures – pap smears, mammograms, and chlamydia screening, as well as pre- and post-natal care services – among its Spanish-speaking, African-American and Arabic (comprising 75% of service-area members) minority populations in Dearborn and Detroit. A concerted effort over two years led to increases from 13% to 42% in members’ timely use of these important preventive health services.



Midwest Health Plan Awarded “Excellent” Reaccreditation Status from NCQA

Midwest Health Plan is pleased to announce it has earned a three-year renewal of its accreditation from the National Committee for Quality Assurance (NCQA) with an “Excellent” rating. The renewed accreditation status is based on NCQA’s review of administrative standards and Midwest’s 2009 HEDIS and CAHPS scores. Midwest continues to demonstrate excellence in clinical care and customer service earning the highest level of accreditation from NCQA

Midwest Health Plan Selected to Present at NCQA’s HEDIS Update and Best Practices Program

Midwest Health Plan was selected by the National Committee for Quality Assurance (NCQA) to present at NCQA’s annual HEDIS® Update and Best Practices program in Washington D.C. in October 2009. Midwest will share a poster presentation highlighting quality improvement strategies and initiatives that led to significant improvements around adolescent well care and prenatal/post partum care measures.



Midwest Health Plan Wins Pinnacle Awards from the Michigan Association of Health Plans (MAHP)

Midwest Health Plan is pleased to announce it has been awarded two Pinnacle Awards from the Michigan Association of Health Plans. The awards were for the following projects: *Green Light Go!* in the category of Business/Operational Performance- Medicaid, and *Caring for Culture – Caring for Women* in the Clinical Service Improvement-Medicaid category.

Green Light Go! was initiated to improve member satisfaction with access to care and reduce the administrative burden of referrals. The goal was to streamline the health services authorization process by eliminating referral requirements for routine services within the Midwest network. A color-coded authorization grid was developed listing common procedures and the required plan authorization/ notification. Green services meant “Go!” requiring no referral or plan notification. Yellow services indicated “Proceed with caution” as some services might require plan notification. Red services meant “Stop” because they are not a benefit. *Green Light Go!* helped Midwest decrease access related complaints and increase member satisfaction with “Getting Care Quickly”. The plan realized a reduction in staff time in health services and claims departments, and eliminated printing costs for referral forms. Other benefits included a reduction in the “hassle factor” for getting services, and an increase in contracting with specialty and ancillary providers.

Caring for Culture – Caring for Women was initiated in 2007 to address low rates in a number of female health HEDIS measures. With a culturally diverse membership, Midwest focused on reducing cultural and linguistic issues and barriers to improve rates.

Midwest promoted evidence based guidelines among its provider network and redesigned its pay for performance program to align with HEDIS measures. MHP hired a dedicated nurse to send mailings, make courtesy calls to women and to enroll pregnant women in Rosebud, a program that assigns a nurse to work patients. MHP also promoted preventive health in the community by holding its annual health fair. To reduce cultural barriers, MHP hired additional Arabic and Spanish speaking customer services representatives, and MHP also worked with providers in the Dearborn area to ensure the practices had female Arabic Medical Assistants (MA) and office staff.

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">• 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• Oakwood Hospital Location	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

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.

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/
 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>

Miscellaneous:

- Midwest looking at adding PCMH to the bonus program in 2010
- Midwest staff will conduct preliminary PCMH assessments to determine areas of opportunities for improvement (This takes about 2 hours of the PCP and the office staff time and can be conducted in one or two sessions)

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.

BALANCE BILLING MEMBERS

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

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. To refer your patient into this program **1-313-586-6071**. 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.

GLAUCOMA SCREENING

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

CONTROLLING HIGH BLOOD PRESSURE

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

HEALTH OUTREACH

IMMUNIZATION INCENTIVES FOR MEMBERS

Midwest Health Plan would like to remind you that we offer a \$5 gift card to members who have completed all of the recommended immunizations by age 2 or age 13. To be eligible, the member must *currently* be 2 or 12 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.

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 (attached at end of newsletter) and fax it to 313-581-2780, Attention: Andrea Fogarty. 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**.

QUALITY IMPROVEMENT

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

Appropriate Use of Antibiotics - Stemming the tide of antibiotic resistance

Overuse of antibiotics to treat viral infections increases antibiotic resistance among bacterial pathogens and costs billions of dollars annually. Midwest monitors three HEDIS measures that seek to promote appropriate use of antibiotics. Midwest also has adopted the MQIC clinical guidelines for Acute Pharyngitis in Children and Acute Bronchitis. Please refer to the MQIC website at www.mqic.org for information about diagnosis and treatment, including when to avoid and when to prescribe antibiotics, for these conditions. In general, antibiotics should be avoided for viral infections. If you are prescribing for a bacterial infection, please be sure to code the diagnosis correctly so it is not counted as an inappropriate use of antibiotics. Similarly, if you are prescribing an antibiotic because of multiple diagnoses, be sure to code and bill all diagnoses.

HEDIS Effectiveness of Treatment for Children with Upper Respiratory Infection (URI): measures the percentage of children who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription.

Coding and billing a viral URI diagnosis (code 465) or acute nasopharyngitis (common cold) diagnosis (code 460) where antibiotics are prescribed is either inconsistent with evidence based medicine or correct coding. Codes that would be consistent with a bacterial infection of the upper respiratory tract, and which would warrant the use of antibiotics, are listed below.

DIAGNOSES INDICATIVE OF A BACTERIAL INFECTION OF THE UPPER RESPIRATORY TRACT	DIAGNOSIS CODES
Bacterial infection unspecified	041.9

Acute sinusitis	461
Acute pharyngitis (verified with strep test)	034.0, 462
Chronic sinusitis	473
Infections of pharynx, larynx, tonsils, adenoids	464.1-464.3, 474, 478.21-478.24, 478.29, 478.71, 478.9

HEDIS Appropriate Testing for Children with Pharyngitis: measures the percentage of children who were diagnosed with pharyngitis, dispensed an antibiotic and received a Group A streptococcus (strep) test for the episode. A higher rate represents better performance (i.e., appropriate testing). If the patient has multiple diagnoses which would indicate the presence of a bacterial infection that would warrant use of an antibiotic, please be sure to code all diagnoses that are present.

Midwest will reimburse offices a \$10 P4P bonus for a Group A strep test to our 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 87881QW

HEDIS Inappropriate Antibiotic Treatment for Adults with Acute Bronchitis: measures the percentage of adults with a diagnosis of acute bronchitis who were dispensed an antibiotic prescription. This misuse measure assesses if antibiotics were inappropriately prescribed for healthy adults with acute bronchitis. A lower rate represents better performance.

Antidepressant Medication Monitor

Midwest Health Plan uses the “Antidepressant Medication Management” HEDIS measure to evaluate pharmacological management of members with major depression. The measure assesses two different facets:

- *Effective Acute Phase Treatment:* The percentage of members 18 years of age and older as of April 30 of the measurement year who were diagnosed with a new episode of major depression, **were treated with antidepressant medication and remained on an antidepressant drug during the entire 84-day** (12-week) Acute Treatment Phase.
- *Effective Continuation Phase Treatment:* The percentage of members 18 years of age and older as of April 30 of the measurement year who were diagnosed with a new episode of major depression and treated with anti-depressant medication and who **remained on an antidepressant drug for at least 180 days**.

HEDIS results are provided below. As indicated, Midwest HEDIS 2009 rates for Antidepressant Medication Management measures fell below NCQA benchmarks.

Treatment Outcome Category	HEDIS 2007 N=199	HEDIS 2008 N= 181	HEDIS 2009 N=226	Benchmark NCQA 75th 2008
Antidepressant Medication Management				
Category II: Effective Acute Phase Treatment	47.3%	45.3%	42.0%	48.3%
Category III: Effective Continuation Phase Treatment	34.7%	29.8%	23.9%	31.3%

If you are prescribing medications for patients with depression, please be sure to follow the clinical guidelines for effective pharmacological management. Be sure to **schedule at least 3 follow-up visits in the first 12 weeks, one of which can be telephonic**. If you have patients that are being treated by a behavioral health care provider for depression, be sure to remind the patient to follow-up with their behavioral health provider and to take their antidepressant medications. Keep in mind that **“depression is the chief reason for patient non-adherence with physician chronic care management treatment plans, resulting in increased hospitalization and ER utilization.”** Furthermore, **“people who get treatment for depression often experience an improvement in their overall medical condition, better compliance with general medical care and a better quality of life.”** (Les C. Meyer, MBA, Health Integrated, MAHP 18th Annual Summer Conference, July 2003).

Clinical Guidelines for Management of Adults with Major Depression and screening tools can be found on Midwest Health Plan’s website and on the Michigan Quality Improvement Consortium (MQIC) website. Go to www.midwesthealthplan.com or www.mqic.org for more information. If you would like copies or have questions, please contact the Quality Improvement Department at #313-586-6063.

PROVIDER SERVICES

PROVIDER MEETING

Midwest Health Plan will be having the Primary Care Provider Meeting on **Wednesday, November 11, 2009 at the Hyatt Regency in Dearborn**. Please see the attached invite and fax back to 313 581 2780. If you have any questions please contact Nehya Moslimani at 313 586 6055. We look forward to seeing you there!

WIN CANDY

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

Beaumont Urogynecology Associates
Eastpointe Physicians
Hollywood Pediatric Clinic
IHA of Ann Arbor Central Billing Office
Family Medicine Center
My Family Doctor
Park Family Health Center Roseville
Park Family Health Center Lincoln Park
Kamala Vanaharam, M.D.

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

2009/2010 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.

For all Primary Care providers 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.

Answers for October 2009 Candy Contest

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Green Light Go
Caring for Culture-Caring for Women

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

E-Refills
Eligibility Check
Formulary Download

November 2009 Candy Contest

1. When is the next Primary Care Provider Meeting _____ and where is it held _____?
2. Midwest will reimburse you \$____ for every lead test conducted. What are the Codes to Identify Lead Tests: _____.
3. **True or False** *Effective Acute Phase Treatment*: The percentage of members 18 years of age and older as of April 30 of the measurement year who were diagnosed with a new episode of major depression, **were treated with antidepressant medication and remained on an antidepressant drug during the entire 84-day** (12-week) Acute Treatment Phase.
4. **For all Primary Care providers** 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 _____-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



October 21, 2009

Dear Primary Care Physician:

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

Wednesday, November 11, 2009 from 6 P.M. to 8 P.M. at **The HYATT Regency Dearborn** located at **600 Town Center Drive, Dearborn, Michigan 48126, 313-593-1234**. Dinner will be served promptly at 6 P.M. For directions please refer to the website at: www.dearbornhyatt.com

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

NAME (please print) _____

OFFICE NAME / PIN NUMBER _____

TELEPHONE # _____ *FAX #* _____

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

We look forward to seeing you there!

Sincerely,
Midwest Health Plan



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

Patient name: _____

Parent's/Guardian's Name: _____

Patient's date of birth: _____

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

Address of Patient: _____

Telephone number of Patient: _____

Provider's/Doctor's name: _____

Provider's Address: _____

Provider's Telephone number: _____

Contact at office: _____

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



Notification of Pregnancy Form 2009

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

Maternal:			
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.