

Midwest Health Plan, Inc.

Provider Newsletter

September 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.

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

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:

- Interested in attending seminar on “How to Facilitate Patient Centered Medical Home Recognition: A Hands on Approach”? It is an all day conference on September 10, 2009 at the Genoa Woods Conference Center in Brighton. If interested, contact Kathy Harkness at #313-586-6063.
- 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

COLORECTAL CANCER SCREENING

The Michigan Cancer Consortium (MCC) has published guidelines for the Early Detection of Colorectal Cancer. Please remember to screen all members over the age of 50 or those identified in a risk category. The guidelines are attached at the end of this newsletter. Also, we have an MCC order form for providers that include early detection materials for colorectal, breast, and cervical cancer.

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

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 12. 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 12th birthday. If you have any questions about our immunization incentives, please call the Health Outreach Department at (313) 586-6071.

QUALITY IMPROVEMENT

HEDIS UPDATE

Appropriate Testing for Children with Pharyngitis

This administrative measure is taken from claims/encounter data. It's the percentage of children age 2-18 who were diagnosed with pharyngitis, dispensed an antibiotic, **and** received a group A streptococcus (strep) test for the diagnosis. Midwest Health Plan was at 19% for 2008. Midwest has had the lowest of all the health plans for the past 2 years. The lowest rate among all Medicaid health plans in the State. We reimburse offices \$10 for a Group A strep test. This includes primary care providers for the Medicaid members only.

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Codes to Identify Pharyngitis: ICD-9-CM: acute pharyngitis 462, acute tonsillitis 463, streptococcal sore throat 034.0.

Codes to Identify Visit Type: CPT: Outpatient 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99382-99385, 99392-99395, 99401-99404, 99411, 99412, 99420, 99429, 99499.

Codes to Identify Group A Streptococcus Test: CPT: 87070, 87071, 87081, 87430, 87650-87652, 87880.

Lead Screening

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

Codes to Identify Lead Tests: CPT 83655

New HEDIS Measure: Adult BMI Assessment

The Adult BMI Assessment measures the percentage of members 18-74 years of age who had an outpatient visit and who had their body mass index (BMI) documented during the measurement year or the year prior to the measurement year. Midwest will be measuring Adult BMI Assessment as part of its HEDIS 2009 reporting.

In light of the alarming rate of obesity among Americans, and the related increased risks of developing many diseases and health conditions from being overweight, it is important that as part of every health assessment, the patient's BMI be calculated and the patient advised if the BMI indicates he or she is overweight. This is a simple calculation based on the patient's height and weight and there simple tools that can be used for the calculation.

Midwest Health Plan will be distributing BMI calculation grids to provider offices during the upcoming month. We suggest you tape the grids to your scales so that whenever a patient is weighed and measured, the nurse or office staff member can look up the patient's BMI and record it in the medical record along with the height and weight measurements. You should

advise the patient if the BMI is out of normal range and encourage a weight loss program. Refer to the table below for various ranges for BMI.

Table 1: Ranges for BMI

	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 **August** office winners include.

**Beaumont Dialysis Center
Dexter Internal Medicine & Peds
Everingham Clinic, PC
Hollywood Pediatric Clinic
IHA of Ann Arbor
My Family Doctor-**

Park Family Health Center Main
Park Family Health Center Roseville
Park Family Health Center Lincoln Park
Stephen Swetech, D.O.
The Corner Health Center
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.

SEPTMEBER 2009 CANDY CONTEST

1. What is Patient Centered Medical Home?
2. True or False - Wayne State University Physician Group have joined together to provide services to all of the Midwest Health Plan membership?
3. True or False- 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?
4. Effective _____, 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.

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

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

Answers for August 2009 Candy Contest

1. **True** 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 including the Medicaid product, ABW Product, Health Choice, and Medicare Advantage.
2. Please list three (3) of Midwest Health Plan's preferred providers.

Motor City Medical
Phoenix medical Supply
J & B

3. Beginning January 1, 2009 Midwest Health Plan established a Pay for Performance Incentive program for Primary Care Physicians. Please list three (3) of the services that qualify under this program
Lead Screening
Women's Health
Diabetic Care

1

4. **True** Midwest Health Plan's Provider Meeting will be on Wednesday, August 19, 2009 at 6 P.M. to 8 P.M. at The HYATT Regency Dearborn.



**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!!



Michigan Cancer Consortium
 Early Detection Guidelines and
 Family Health History Poster

Please Send the Following Materials:

Title	Cost	Quantity
Michigan Cancer Consortium Guidelines for the Early Detection of Cervical Cancer (<i>revised December 2007</i>)	No charge	
Michigan Cancer Consortium Recommendations for Providers on Breast Cancer Early Detection (<i>revised May 2007</i>)	No charge	
Michigan Cancer Consortium Recommendations for Providers on Colorectal Cancer Early Detection (<i>revised February 2009</i>)	No charge	
<i>Get to Know Your Family Health History</i> Poster	No charge	

Ship To/Contact Information:

Name _____

Organization _____

Shipping Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____

How to Place Your Order:

By Fax	By Mail
517-333-4656	American Cancer Society Great Lakes Division, Inc. 1755 Abbey Road East Lansing, MI 48823-1907

