Provider Newsletter October 2016

Working with HAP Midwest Health Plan

Contact Information

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<th>For</th>
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<td>• Claims questions</td>
<td>(888) 654-2200 and following the prompts</td>
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<td>• Changes in:</td>
<td>• Robin Owczarzak</td>
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<td>• Office addresses</td>
<td>Phone: (313) 664-8793</td>
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<td>• Demographic Changes</td>
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<td>• Leslie Linares</td>
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<td>• Other operational issues</td>
<td>Provider Services</td>
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<td>• Suzanne Kayner (313) 664-8763</td>
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Primary Care Physician Responsibilities

• Responsible for coordinating the care of assigned members to practice (e.g. arranging for referrals to specialists, ancillary providers and hospitals)
• Submit documentation of all encounters (visits) with assigned members and report any issues to assigned Provider Services Representative

Fee for Service Payment

• All providers are reimbursed at the prevailing Medicaid fee schedule for Medicaid members and the prevailing Medicare fee schedule for Medicare members
• Remittance advices will be posted at hap.org/midwest

Referrals and Authorizations

HAP Midwest Health Plan has a vast network of specialists and ancillary providers. A list of contracted providers can be found on our website. Referrals should be directed to in-network providers. For referrals out of network, please contact HAP Midwest’s Health Services department at (888) 654-2200, option 2, then option 1.

The following services require a referral and review:

• Anesthesia for Oral Surgery
• Bariatric Procedures
• In-Office Home Infusion Therapy
• Oxygen and Related Supplies
• Breast Reconstruction
• Breast Reduction
• Chemotherapy
• Chiropractic Services
• Cosmetic Surgeries
• Durable Medical Equipment
• Home Health Care
• Hospice Care
• Physical, Occupational and Speech Therapy
• Prosthetics and Orthotics
• Radiation
• Services with a non-contracted provider
• Skilled Nursing Facilities
• Therapy
• Transplant Services

**Obtaining a Referral**
1. Complete a Michigan Health Care Referral Form which can be found our website
2. Submit form and supporting clinical documentation via our online referral system, Clear Coverage

**Elective Hospital Admissions**
• Elective hospital admissions are reviewed retrospectively
• Authorization prior to the member’s admission to the hospital is not required
• The procedure or surgery may require prior approval/authorization
• A list of procedures (CPT codes) that require prior authorization can be found on our website
• The hospital UR department is responsible for obtaining the authorization the next business day after the admission
• Physicians and hospitals are subject to non-payment if procedures are deemed unnecessary
• HAP Midwest Health Plan reviews all hospital admissions using InterQual criteria

**Emergent Hospital Admissions**
• The hospital must submit clinical information on the day of admission or the next business day
• HAP Midwest Health Plan reviews all hospital admissions using InterQual criteria

**Ambulatory Services/Outpatient Authorizations**
• For a list of elective ambulatory surgeries and invasive procedures that require authorization, refer to the *Auth Grid* on our website
• The member’s primary care physician or the servicing provider must obtain the authorization
• We will notify both physicians of the authorization decision

**Healthy Michigan Plan Health Risk Assessment Completion Instructions**

Healthy Michigan Plan members are encouraged to complete an annual Health Risk Assessment (HRA) during their first PCP visit. This visit should be scheduled within 60 days of enrollment. Members are mailed the HRA with their welcome packet. The HRA also can be found on the HAP Midwest Health Plan website: hap.org/midwest
Sections 1-3 of the Health Risk Assessment form may be completed by the member. If Sections 1-3 have not already been completed, have the member complete it during their office visit.

PCP’s will need to complete Section 4. Fill in the Member’s Results, select a Healthy Behavior in discussion with the member and complete the Primary Care Provider Attestation. **All three parts of section 4 must be filled out for the attestation to be considered complete.**

**HRA Submission and Incentives**

HAP Midwest Health Plan has implemented an incentive for providers who complete and return the Health Risk Assessment. Upon completion of the HRA PCP’s must:

- Give the member a copy of their completed Health Risk Assessment
- Return all 4 pages of the completed & signed HRA via fax to (248) 663-3775
- Bill the HRA completion using CPT code 99420 on a CMS1500 and submit it to HAP Midwest Health Plan-Claims Department
- CPT Procedure code 99420 will be processed by the claims department, reimbursed at a $0.00 fee, the transaction will be on the Remittance Advice and submitted to the Michigan Department of Community Health as an encounter
- The $25 HRA completion incentive will be paid as part of the Pay for Performance (P4P) bonus program

If you have any questions, please contact the Outreach & Disease Management Department at (248) 663-3794.

**Healthy Michigan Plan Health Risk Assessment Online Training**

HMP HRA online training is now available for providers and office staff at [www.michigan.gov/healthymichiganplan](http://www.michigan.gov/healthymichiganplan)

Click Healthy Michigan Plan Provider Information and then Health Risk Assessment to access the training. Select the courses.mihealth.org and choose course ID H0200.

**Community Resources: 2-1-1**

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

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

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

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

**HAP Midwest Health Plan’s Website**

Be sure to visit HAP Midwest Health Plan’s website at hap.org/Midwest

On HAP Midwest Health Plan’s website, providers will find the following information:

• PCP Member eligibility lists
• “Quick Reference Guide” that tells you when you need referrals and authorizations
• Obtain authorization via Clear Coverage
• How to request an appeal and the appeals process
• Privacy Notice on how we use member information
• Free educational programs for our members
• Every other Month provider newsletters
• HAP Midwest Health Plan’s QI program, QI plan and annual evaluation
• Pharmacy information, including the formulary and preferred drug list
• HAP’s entire Provider Administrative manual, (this includes our preventive health and clinical guidelines, policies and procedures on confidentiality, member’s rights and responsibilities, medical record documentation, fraud/abuse/false claims, safety information on area hospitals, our formulary, formulary updates and pharmacy procedures, affirmative statement regarding UM decision making, etc.)

This web site also includes information for our members such as our free educational programs, our policies and procedures and even the entire membership guide/handbook that tells the members what their MHP benefits are! Hope you visit our website. If you would like a hard copy of any of the information on our website or have any questions or comments please contact our Provider Representative Suzanne Kayner at (313) 664-8763.

**HAP Midwest Health Plan Provider Portal Registration**

To better serve you, please make sure you have registered on to our provider portal by logging on to [hap.org/midwest](http://hap.org/midwest) and click on registration. All HAP Midwest Health Plan Providers must FIRST register as a Provider Administrator (owner of the tax id) and then create a new user id and password in order to access our Provider Portal. Once a Provider Admin has successfully registered (obtaining access to all areas) an email will be sent confirming the registration has been successful. Then Provider users (office managers, biller users and referral coordinators) can register as “Provider Users” selecting access to only what is necessary for their role. Once a Provider User has successfully registered (obtaining access to select or all areas) an email will be sent to the Provider Administrator confirming the “provider users” registration and
selection. *Please note the same rules apply to the Biller Agency Administrator (3rd party billing agency). The Provider Admin must register first to open all approval for The Billing Agency Administrator as well as the provider users.

If you should have any questions Please contact our Provider Representative Suzanne Kayner at (313) 664-8763.

All Providers who are providing services to Members enrolled in HAP Midwest Health Plan MI Health Link are required to complete specific training. Michigan Department of Health and Human Services has developed the required course curriculum in an electronic Learning Management System. Below are the instructions on how to access the Learning Management System and take the required courses.

https://courses.mihealth.org/MIHealthLink/

- Create New User: Enter your information and create a password
- Regions: Select both Region 7 & Region 9
- ICO: HAP Midwest Health Plan
- Enter your Credentials from the drop down
- Primary Work Role: Choose the appropriate role from the drop down. (Primary Care Physician or Specialist)

After you have submitted this information, you will receive an email. Open the email and take the following courses:

- Introduction to MI Health Link
- Person-Centered Planning
- Cultural Competency
- Disability Awareness

Enter Authorization Online

Authorization online is available to improve the prior authorization process for our providers. Clear Coverage is available to our entire network. HAP Midwest Health Plan (HAP Midwest Health Plan) has implemented Clear Coverage, a web-based application that can be accessed by logging on to our website hap.org/midwest and entering your user id and password.

As a HAP Midwest Health Plan provider, you can enter a prior authorization service request and receive automatic authorization for some specific services. With Clear Coverage, you can provide clinical information, upload medical records as needed, view authorization status, and print proof of authorization. It is our expectation that automating this process will improve access to necessary specialty care to our beneficiaries and save valuable time for you and your office staff.
HAP Midwest Health Plan, is offering training on how to use Clear Coverage. For more information on training please contact our Provider Representative Suzanne Kayner at (313) 664-8763.

**Language Interpretation Services**

HAP Midwest Health Plan has language interpretation services available for all members and providers in both written and oral communication. HAP Midwest Health Plan employs bilingual speaking staff that speaks English, Arabic, and Spanish. HAP Midwest Health Plan also contracts with a vendor to assist when communicating with non-English speaking persons. Please contact the Customer Services department at (888) 654-2200 for assistance.

**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 HAP 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. If you need information on reporting or access please contact (888) 217-3900. Information on MCIR is easily found on their web site at 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.

**Vaccines for Children (VFC):** As a Medicaid provider, you are required to get your vaccines through the VFC program. The Alliance for Immunization in Michigan (AIM) tool kits 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. The Alliance for Immunization in Michigan Provider Tool Kit includes a helpful brochure titled “Table of Reportable Diseases in Michigan.” If you need an additional copy of this or any other information found in the AIM kit, it is found on the website at www.aimtoolkit.org.

**Health Services**

**Case Management**

HAP Midwest Health Plan has a telephonic case management program. Case Management Services include:

- Education on current disease process
- Coordination of services
- Referral to community agencies
• Support with adherence to plan of care

Claims, utilization reports, discharge planners and utilization review staff, disease management, providers and member/caregiver self-referral, may identify members who may benefit from case management services. The program is voluntary and requires the involvement of the member or caregiver.

The case manager will assess the needs of the member, develop a plan of care with the member and health team, establish mutual goals, and implement interventions. The case managers will contact members via phone to discuss goals and the plan to attain the goal.

Please contact HAP Midwest Health Plan Health Services Department (248) 663-3815 to initiate an evaluation for case management services.

**Screening for Depression**

Primary Care practitioners play an important role in screening for and treating depression. HAP Midwest Health Plan recommends the use of **PHQ-9 Questionnaire** as a depression screening tool. The Tool is available online as part of the MacArthur Initiative on Depression & Primary Care at Dartmouth and Duke at: [http://www.depressionprimarycare.org/clinicians/toolkits/materials/forms/phq9/](http://www.depressionprimarycare.org/clinicians/toolkits/materials/forms/phq9/).

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

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

Please remember to screen for depression in asthmatic, diabetic and post-partum patients and refer patients for behavioral health services if needed. You can find behavioral health providers in the HAP Midwest Health Plan Provider Directory which is online at [hap.org/Midwest](http://hap.org/Midwest). If you have questions about the depression screening tool, please call the Health Management department at (248) 663-3794.

**Free Glucometer Program**

HAP Midwest Health Plan provides glucometers FREE of charge to our diabetic members. The form that must be completed in order for members to receive the FREE glucometer is available on the Provider section of the website at: hap.org/Midwest

The glucometer can be shipped to your office for the member to pick up, or mailed directly to the member’s home.
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 Customer Service at (888) 654-2200.

**Can I balance bill a HAP Midwest member? NO.**

- Providers may not balance bill Medicaid members for Medicaid covered services. Please refer to MDHHS provider manual for details.
- Beneficiary cost sharing does not apply to MI Health Link members. Providers may not balance bill.

**MI Health Link (MMP) Contract Update Announcement**

In an effort to remain compliant with Center for Medicare and Medicaid Services (CMS) and Michigan Department of Health and Human Services (MDHHS) provider contract language requirements, we have updated our MI Health Link (MMP) Amendment/Addendum to include the required CMS language and updates for 2017. A copy of your updated Amendment/Addendum will be sent to your mailing address for notice provisions. The updated MMP Amendment/Addendum will be posted on the HAP Midwest Health Plan website and shall constitute written notice as outlined in your provider agreement.

If you have any questions regarding this notice, please contact us at (313) 664-8793 or (313) 664-8529 and a representative will be available to assist you.

**Health Management**

**MQIC Mobile App**

The Michigan Quality Improvement Consortium (MQIC) now features an app for all Android and iOS smartphones that features evidence based clinical practice guidelines and useful tools. Download the application to be up-to-date on the most recent announcements and news. There are different categories you may select from on the home screen that are best suited for your practice.
ROSEBUD® Pregnancy Education Program

HAP 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 provider’s plan of care as well as provides ongoing education to the expectant mother and her family.

You may refer members to this program, by calling the Health Management Department at (248) 663-3794. You may also fill out the Notification of Pregnancy form and fax it to (248)-663-3775, Attention: Health Management Department. Thank you for your assistance!

The Notification of Pregnancy form can be found on our website at hap.org/Midwest

Smoking Cessation Program

HAP Midwest Health Plan’s Smoking Cessation Program can help members quit smoking. This is a telephone health coaching program. The program includes 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 Smoking Cessation Program or to refer any of your patients to the program, call the Michigan Tobacco Quitline at 1-800 QUIT NOW (784-8669).

Disease Management

**Diabetes Program:** When enrolled, members will receive information on how to take care of their diabetes. Call (248) 663-3812 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 Program:** When enrolled, members will receive educational information in the mail. To refer your patient into this program, call (248) 663-3812. After joining, the member will be sent information on asthma triggers, use of medications, an asthma action plan to complete with PCP, information on stopping smoking, and much more.

**Hypertension Program:** When enrolled, members will receive educational information in the mail. To refer your patient into this program, call (248) 663-3812. After joining, the member will be sent information on lowering blood pressure, healthy diet and exercise, and medication adherence.
Flu Vaccination

The leaves are turning, football season is beginning, and children are going back to school. That can only mean one thing: Autumn is arriving. Along with autumn, the 2016-2017 flu seasons is also quickly approaching. There are several changes to this year’s flu vaccines:

- The CDC recommends the inactivated influenza vaccine (IIV), or the recombinant influenza vaccine (RIV) during this year’s flu season. The live attenuated influenza vaccine (LAIV) should not be used during the 2016-2017 flu season.
- There will be a quadrivalent influenza vaccine available this year for people 4 years of age or older (previous vaccines were trivalent). All cell culture and intradermal vaccines will be quadrivalent this season.
- There will also be a new vaccine available to those who are 65 and older called FLUAD, ™ which contains an adjuvant.
- The egg allergy recommendations have been updated to indicate that anyone with an egg allergy can receive any licensed flu vaccine, but the vaccine should be administered in an inpatient or outpatient medical setting and they should be supervised by a health care provider who is able to recognize and manage severe allergic reactions. Those with egg allergies no longer will be required to wait in the office for 30 minutes after their vaccines are administered.
- Some children 6 months through 8 years old will require two doses of the flu vaccine this season. The current recommendation is that children 6 months through 8 years of age need only one dose of 2016-2017 seasonal influenza vaccine if the child has previously received two or more total doses of trivalent or quadrivalent influenza vaccine before July 1, 2016. The two doses don’t need to have been given during the same season or consecutive seasons.

When talking about the flu vaccination with your patients who are reluctant to be vaccinated, remind them that some serious complications from influenza can include pneumonia, myocarditis, encephalitis, sepsis, or even multi-organ failure. You can also let them know that in receiving the influenza vaccine, they are not just protecting themselves. They are potentially protecting people who they encounter who may not be able to receive the vaccine, such as infants younger than 6 months of age, those with life-threatening reactions to the vaccine or one of its components, or those with a history of Guillain Barre Syndrome. The above information was taken from the Centers for Disease Control's Morbidity and Mortality Weekly Report (MMWR) dated August 26, 2016. More detailed information can be found here: http://www.cdc.gov/mmwr/volumes/65/rr/rr6505a1.htm?s_cid=rr6505a1_w
HAP Midwest Partners with ProgenyHealth to Manage Neonatal Services

Effective Oct. 1, 2016, HAP and HAP Midwest are partnering with ProgenyHealth to manage the neonatal services we cover. ProgenyHealth specializes in neonatal care management throughout the first year of life.

ProgenyHealth’s care management program:

- Promotes a proactive and collaborative relationship with the hospital. Regular communications will ensure we’re all on the same page regarding the level of care.
- Ensures families receive ongoing support. Discharge planning begins on day one to ensure the family understands their infant’s medical issues and that all necessary medications, equipment and supplies are in the home prior to discharge.

Under our agreement, ProgenyHealth’s neonatologists, pediatricians and neonatal nurse care managers will work closely with HAP members – as well as attending physicians and nurses – to promote healthy outcomes for premature and medically complex newborns.

As HAP’s liaison to our contracted hospitals, ProgenyHealth will provide inpatient review services and assist with discharge planning to ensure a smooth transition to the home setting. **There is no change to your current process for notifying HAP of infants admitted to a NICU or special care nursery.** HAP will notify ProgenyHealth of admissions and their neonatal nurses will contact your designated staff to conduct utilization management and discharge planning throughout the inpatient stay.

The ProgenyHealth team will also support you by:

- Working to reduce infant mortality and improve health outcomes
- Providing supportive services to families and providers throughout the baby's first year
- Educating families regarding their infant's medical care needs
- Coordinating member transportation and appointment scheduling

Your patients will benefit from:

- A dedicated case manager who will provide support and education to members in the program
- On-call staff who are available 24/7
- Access to an extensive online library of educational material

To learn more about ProgenyHealth’s programs and services, call (888) 832-2006 or visit progenyhealth.com.

Thank you for your partnership in caring for HAP Midwest members.
2016 MQIC Guidelines for Prenatal and Postpartum Care

Receiving prenatal care regularly throughout the pregnancy helps to increase good outcomes for both the mother and baby. The health of the mother and baby is monitored regularly at these visits and interventions, if needed, can be provided earlier rather than later as they are discovered. Also, the mother can be provided support and education as needed throughout her regular prenatal visits as well as her postpartum visits. For further details regarding these guidelines and recommendations, please see MQIC (Michigan Quality Improvement Consortium): website: www.mqic.org

The Michigan Quality Improvement Consortium, (MQIC), has published on their website a guideline with recommendations for routine prenatal and postpartum care for low risk patients.

Recommendations per MQIC are as follows:

- Assessment and interventions to be provided at 6-8 weeks, 32 weeks, and 3-8 weeks postpartum: Cultural/religious beliefs, medical and OB history, history of preterm labor, nutritional health, childbirth education, genetic risk factors, medications, alcohol and drug abuse, tobacco use, physical and sexual activity, mental health (especially depression screening), domestic abuse (screen once per trimester), transportation, seatbelt use, infant car seat use, adequate social support, coping skills, knowledge of available resources, ability to comprehend information or care provided, activities of daily living (including use of durable medical equipment), environment.

- Psychosocial status and update to be assessed and updated at 6-8 weeks, 14-16 weeks, 24-28 weeks, 32 weeks, 36 weeks, 38-41 weeks, and 3-8 weeks postpartum.

- Education and counseling to be provided at 6-8 weeks, 36 weeks, and 3-8 weeks postpartum. To include: need for early/consistent prenatal care, healthy weight gain, benefit of regular exercise, selection of primary care physician for newborn, safety and importance of dental care for mother and newborn, caries transmission (refer if indicated), benefits and methods of breastfeeding, “safe sleep”, assessment and referrals for ongoing parenting education and early childhood care, postpartum visit 3-8 weeks after delivery, prevention of unintended pregnancy, i.e. immediate post-partum LARC, and risks of next pregnancy within 18 months.

- General physical and pelvic exam at 6-8 weeks and 3-8 weeks postpartum.

- Blood pressure, weight, BMI, fundal height, weeks’ gestation to be assessed at 6-8 weeks, 14-16 weeks, 24-28 weeks, 32 weeks, 36 weeks, 38-41 weeks and 3-8 weeks postpartum.

- Routine urinalysis, culture, confirms pregnancy by testing at 6-8 weeks.

- Confirm EDD, gestational age using ultrasound at 13 weeks.

- Fetal heart tones assessed at 14-16 weeks, 24-28 weeks, 32 weeks, 36 weeks, and 38-41 weeks.
- Fetal presentation recommended to be assessed at 36 weeks and 38-41 weeks.
- D (Rh) type, blood type, antibody screen to be assessed at 6-8 weeks. (If D (Rh) negative, repeat antibody screen at 28 weeks).
- Pap smear at 6-8 weeks, (If 21 years or > and indicated clinically prior to delivery).
- HIV counseling and testing, assess at 6-8 weeks, 26-28 weeks, and 36 weeks. Use rapid HIV testing during labor for women without HIV status. Anti-retroviral if HIV positive.
- STD screening (GC, chlamydia, VDRL) at 6-8 weeks, 24-28 weeks (if at high risk, rescreen in 3rd trimester), 40 weeks (VDRL only).
- Hepatitis B, rubella, and HCV (if high risk) screening at 6-8 weeks.
- Hemoglobin and hematocrit at 6-8 weeks, 24-28 weeks (repeat if appropriate), and 36 weeks.
- Screening for gestational diabetes at 24-28 weeks and 3-8 weeks postpartum (6-12 weeks postpartum). Test on first visit if high risk of Type 2 diabetes.
- Offer screening for Down Syndrome and Neural Tube Defects at 11-20 weeks.
- Screen at 18-24 weeks for short cervix using ultrasound, treat if positive.
- Elective/non-medically indicated induction prior to 39 weeks is contraindicated.
- Folic acid (1.0 mg daily one month prior to conception through 1st trimester), 6-8 weeks and 14-16 weeks.
- Influenza vaccine at 6-8 weeks (intranasal vaccine not for use in pregnant women).
- Tdap vaccine 6-8 weeks (To maximize antibody response, optimal timing is 27-36 weeks gestation).
- Group B strep cultures (vaginal and rectal) 35-37 weeks.

Quality Management

Clinical and Preventive Health Guidelines

HAP Midwest’s Clinical and Preventive Health Guidelines include:

- Adolescent Health
- Advance Care Planning
- Asthma
- Attention-Deficit/Hyperactivity Disorder
- Back Pain
- Bronchitis
- Cancer
- Cerebral Palsy
- Cystic Fibrosis
- Depression
- Diabetes
- Heart Failure
- Hypercholesterolemia
- Hypertension
- Kidney Disease
- Office Based Surgery
- Osteoarthritis
- Osteoporosis
- Otitis Media
- Overweight and Obesity
- Pharyngitis
Chlamydia

According to the Centers for Disease Control, chlamydia is the most commonly reported bacterial sexually transmitted infection (STI) in the United States. Most new cases of chlamydia infections occur in young people: almost 2/3 of new diagnoses are in individuals aged 15-24 years. According to the Michigan Department of Health and Human Services (MDHHS), there were a total of 47,702 cases of chlamydia diagnosed in 2015.

Testing for chlamydia in sexually active persons is important for a number of reasons. First of all, it is known as the “silent infection,” because most infected people do not show symptoms, and may also have normal examination findings. Untreated chlamydia in women can also result in significant health complications for them or children born to them.

MDHHS has adopted the guidelines on Expedited Partner Therapy (EPT) from the CDC. EPT is the practice of writing a prescription for the partner(s) of a patient who has tested positive for chlamydia without examining them. This is especially important for partners who may be unlikely to seek care or who experience barriers to care such as under insurance, no insurance, or lack of reliable transportation.

Chlamydia screening is in the HAP Midwest 2016 Pay for Performance Bonus Program. Practices who screen females between 16-24 years of age will receive $25 per test. The Michigan Quality Improvement Consortium (MQIC) recommends screening patients starting at 11 years old, then yearly if sexually active. This recommendation follows the American Academy of Pediatrics’ “Bright Futures” guideline for well child visits. Bright Futures also has a number of excellent resources that can help with the discussion of sexuality and other sensitive topics.
Lead Screening

Michigan State law states that all Medicaid-enrolled children, between the age of 12 and 24 months or 36 and 72 months if not tested previously, must have a blood lead test. **NO EXCEPTIONS OR WAIVERS EXIST!** The HEDIS lead screening measure requires that children receive a blood lead screening on or before their second birthday. Medical record documentation needs to include the DOS and the result of the blood lead screen. PCP offices may also enter the results of blood lead screening into MCIR to reduce onsite medical record review.

HAP MHP has had Lead Testing in Children as a Preventive Health Indicator for several years and continues to monitor it on a monthly basis. HAP MHP ensures all new members receive health guidelines for lead testing. Reminder mailings are sent to parents on a monthly basis. Providers are notified of children due for lead screening via the Opportunities Reports, which are updated each month. All new moms receive lead poisoning and testing information.

With the finding of lead in the water in Flint, HAP MHP has also focused efforts on getting information on lead testing and safety to the members in that area. Initiatives in Flint include:

- Outreach to all members in Flint to provide health counseling and encourage testing of children under the age of 6 years old
- Encouraging providers to expand hours and encourage testing and follow-up through their offices
- Educating provider networks in the Flint area that all children exposed to Flint water should be suspected of elevated blood lead levels and followed closely even if a current test is normal; how to prevent lead exposure, the potential effects of exposure, importance of nutritious foods for children exposed to lead and the continued role they play in following and monitoring their patients.

- Offering case management to families served by Flint water as appropriate based on risk through telephonic care management or community health workers

Michigan Department of Health and Human Services (MDHHS) has a link on their website for the residents of Flint to find water resources, water testing kits, filters, and the latest news related to the water situation in Flint. The link can be found here: [http://www.michigan.gov/flintwater](http://www.michigan.gov/flintwater)
Strategies to Improve Medication Adherence

Medication adherence is a complicated, multifactorial issue. Medication adherence can be defined as the patient’s conformance with the provider’s recommendation with respect to timing, dosage, and frequency of medication taking during the prescribed length of time. By 2020 the World Health Organization estimates the number of Americans affected by at least one chronic condition requiring medication therapy will grow to 157 million.

There is a significant gap between prescriptions written and how the patient actually uses the prescription. For every 100 prescriptions written:

- 50-70 are taken to a pharmacy,
- 48-66 come out of the pharmacy,
- 25-30 are taken properly &
- 15-20 are refilled as prescribed.

Below are some suggestions on how health care providers help empower patients to take their medications as prescribed. This is called the SIMPLE method:

- **S**implify the regimen. Encourage use of adherence tools like day-of-the-week pill boxes or various mobile apps. Consider combination medications when appropriate.
- **I**ncorporate the action of taking the medication with the patient’s already existing routine. (e.g., with meals, at bedtime, etc.)
- **M**odify the patient’s beliefs and behavior by providing positive reinforcement when patients take their medication correctly. Address patients concerns or fears.
- **P**rovide communication and trust by allowing patients to speak freely. Research shows most patients will talk no longer than 2 minutes when given the opportunity. Using simple language when talking to patients is helpful. Remind patients they can contact the office with questions that may come up later. Communication is key!
- **L**eave the bias. Ask patients questions about attitudes, beliefs, and cultural norms related to taking their prescribed medications.
- **E**valuate adherence by asking patients simply and directly if they are taking their medications as prescribed.

The importance of completing medication reconciliation at each office visit is extremely important. If patients are not taking their medication as prescribed, ask them what might help them become compliant. This is also a great opportunity to evaluate medication side effects patients may be experiencing leading them to not take their medication as prescribed.

Thank you for all of your efforts in helping our members adhere to their medications!