

# Provider Newsletter

## Partners in Health



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# 2016 Pay for Performance (P4P) Program

The **P4P** program provides our Primary Care Providers (PCPs) incentives that optimize quality by recognizing the outstanding efforts of physicians. Positive outcomes of the program include:

- A strong partnership between MHP and its contracted PCPs
- Improved health care services for members
- Physician awards of up to \$2 per member per month (pmpm)

In order for a PCP to be included in the P4P program, all general terms of the P4P must be met. If all general terms are met, the following measures for the 2016 P4P are as follows:

- **Open Access:** Open physician panels to new MHP Medicaid and Commercial members
- **Adult Access:** 95% of members, 20-44 years of age have one PCP visit in 2016
- **Well Child Visit:** 70% of members 3-4 years of age
- **Mammograms:** 71% of members 50-70 years of age
- **90%** annual generic prescribing rate and evidence of E-prescribing
- **Achieved Primary Care Medical Home (PCMH)** recognition through one of the following:
  - » Physician Group Incentive Program (PGIP)
  - » National Committee for Quality Assurance (NCQA); or
  - » Industry standard activity defined as extended hours and a patient disease registry

Any PCP with 50 or more members in January 2016 will automatically be entered in the 2016 P4P program. If you do not have enough assigned members, you must call your Network Development Coordinator to enroll. Please call (888) 327-0671 for more information.



## Congratulations Dr. Al-Harastani

McLaren Health Plan's Top Pay for Performance Provider for Calendar Year 2014!

Dr. Al-Harastani, a Pediatrician in Lapeer, has more than 1,700 assigned Commercial and Medicaid members.

Congratulations Dr. Al-Harastani. We look forward to working with you on your continued participation in the MHP Pay for Performance (P4P) Program!

# Care Coordination

## Keep Talking!

The coordination of medical care is essential to a member's overall state of health. MHP encourages providers to communicate with one another when co-treating a patient, including behavioral health issues.

Communication between providers is one of the best ways to successfully treat a patient.

The patient's Primary Care Physician (PCP) is the medical home of all health information regarding the patient's care. Therefore, it is important that all medical information be related back to the PCP by:

- Prompting patients to return to their PCP after a consultation or hospital stay
- Reminding specialists to send summaries of recommendations to the PCP
- Providing communication from pharmacy data identifying polypharmacy
- Notifying members of PCP terminations
- Improving the process for members to authorize sharing of behavioral health information with their PCP
- Promoting the sharing of information by the PCP to Behavioral Health Specialists when coexisting medical and behavioral health conditions exist
- Providing Behavioral Health Services in the primary care home

Remember to consider this question: What does the PCP need to know to treat the member in the safest and most efficient manner?

**It is the responsibility of each treating provider to adequately inform the patient's PCP of all recommendations and medical treatment being proposed.**

## E-Prescribing

You can access all of MHP's formulary information and prescribe through Sure Scripts®.

Take advantage of the benefits offered by E-prescribing, such as:

- Increased patient safety and higher quality care
- Avoiding drug-to-drug and drug allergy interactions
- Viewing patient medication history
- Increasing office efficiency due to fewer phone calls and faxes

E-Prescribing is part of MHP's 2016 P4P Program.



### Key Contact Numbers

#### Customer Service

Phone: (888) 327-0671

Fax: (877) 502-1567

#### Medical Management

Phone: (888) 327-0671

Fax: (810) 733-9647

#### Network Development

Phone: (888) 327-0671

Fax: (810) 733-9651

#### Utilization Management

Phone: (888) 327-0671

Fax: (810) 733-9647



## HEALTH PLAN

### **McLaren Health Plan is pleased to announce the MHP Outreach Team**

MHP is committed to assisting you to achieve:

- Higher Pay for Performance Payment
- Increased incentive payments to both you and your patients
- Better patient outcomes when preventive services are provided
- Increased positive relationships between the plan, your office, and your patients

MHP's Outreach Team of professionals is available to assist your office in scheduling your MHP assigned Commercial and Medicaid patients for preventive care visits and ancillary tests.

Utilizing gaps in care reports provided by the health plan or by your office, the team can assist your staff in contacting and scheduling your patients for these important visits.

The Outreach Team can assist with in-office or off-site scheduling and is trained in several electronic scheduling systems. During these patient contacts, MHP can assist your patients by:

- Discussing the importance of preventive care services
- Determining barriers to care and assisting with such barriers as transportation
- Offering member incentives

The Outreach Team can also assist you in submitting secondary claims and monitoring to ensure that you are billing and being paid for these essential services.

If you are interested in working with the Outreach Team, please contact MHP at (888) 327-0671 and ask to speak to an Outreach Representative.

McLaren Health Plan thanks you for the quality care you deliver!

# 2016 PCP Incentive Summary

Line of Business	Effective Date	Initiative	Incentive	How
Commercial/ Medicaid	Jan. 2016 Ongoing	Pay for Performance Program	PCMH Recognition and up to \$2.00 ppm for eligible PCP assigned membership <i>Measures:</i> - Open Access - Adult Access - Well Child 3-4yrs - Mammogram Screening - E-Prescribing and Generic Prescribing Rates	Annual payout based on prior year's performance measures
Medicaid	Oct. 2011 Ongoing	Club 101	Reimburse \$101.00 for well visits age 1-11	Based on billed claim
Medicaid	Jan. 2012 Ongoing	Expanded Access Award	99050 & 99051 reimburse \$17.38	Based on billed claim
Medicaid	Aug. 2012 Ongoing	Lead Screening	36416 reimburses \$15.00 83655 reimburses \$ 25.00	Based on billed claim
Medicaid	Jun. 2013 Ongoing	Chlamydia Screening	\$25.00 per eligible member screened	Based on billed claim
Commercial/ Medicaid	Jun 2013 Ongoing	Mammogram	\$50.00 per eligible member screened	Based on billed claim
Commercial/ Medicaid	Oct. 2013 Ongoing	Diabetic Screenings 5 for \$5.00	\$5.00 per Diabetic core measure performed	Based on billed claim and report received
Healthy Michigan Plan	Apr. 2014 Ongoing	Healthy Michigan HRA	\$50.00 per completed HRA for Healthy Michigan plan members	Based on billed claim and HRA received within 150 days of enrollment
Medicaid	Nov. 2014 Ongoing	Healthy Michigan 4 x 4	\$5.00 for each test completed (BMI, BP reading, LDL and Glucose Level)	Based on billed claim and report received
Commercial/ Medicaid	Sept. 2015 Ongoing	Healthy Child Incentive	\$15.00 Total Incentive (\$5.00 for each annual component) Weight Assessment, Counseling for Nutrition and Physical Activity for Child/Adolescents	Based on billed claims, with appropriate codes
Medicaid	Jan. 2016 Ongoing	Adult BMI	\$5.00 for each member	Based on billed claims
Medicaid	Jan. 2016 Ongoing	Developmental Screening	\$20.00 per annual screening	Based on billed claims, with appropriate codes

\* Please visit our website [MclarenHealthPlan.org](http://MclarenHealthPlan.org) for more information regarding these incentives.

# Referral Process



Certain outpatient services/procedures will be reimbursed without an authorization when performed in the outpatient setting at an in-network facility.

You can view a listing of all CPT codes\* that require an authorization from MHP when provided in the outpatient setting. This list is available on our website, [MclarenHealthPlan.org](http://MclarenHealthPlan.org), and is titled **Preauthorization Program Guidelines**. This list is reviewed quarterly and may be revised and updated as appropriate.

The Provider Referral Form is available on our website. In addition, you now have the capability of filling out the MHP Referral Form online! Go to our website, [MclarenHealthPlan.org](http://MclarenHealthPlan.org), click on the provider tab, go to Referrals/Requests for Preauthorization, and go to the MHP Electronic Referral Request. You may print a copy of your completed outline referral request for your patient's medical record.

MHP continually reviews our referral requirements in an effort to streamline processes for our participating practitioners and members. MHP remains committed to the Primary Care Physician as the care coordinator, and the medical home for our members. Ongoing coordination of care remains the Primary Care Physician's responsibility. MHP will continue to educate our members on the importance of discussing all health care needs with their Primary Care Physician.

Please contact MHP at (888) 327-0671 with any questions.

\* Any of these procedures, when performed in the inpatient setting or at an out-of-network facility, still require an authorization/referral. All services/procedures billed to MHP must be both medically necessary and coded appropriately. MHP reviews paid claims to ensure compliance and accuracy.

# Adolescent Immunizations

The Michigan Care Improvement Registry (MCIR) is an important tool that records and tracks a child’s immunization history. The tool, located at [www.MCIR.org](http://www.MCIR.org), can save time and money, and ensures that vaccines are not missed.

The secure website includes immediate patient immunization history and what’s due, future dose dates, reminder and recall notices for due or overdue immunizations, printable official immunization records and batch reports. All MHP providers are required to submit vaccination information to MCIR.



Both McLaren Health Plan and MCIR are sending reminders to your patients encouraging them to receive these important immunizations. **Your McLaren Health Plan patients are eligible to be entered into a quarterly iPod® drawing if they receive all of their adolescent immunizations by their 13<sup>th</sup> birthday.**

VACCINE	AGE
Human Papillomavirus Vaccine (HPV)	11-12 years old (3 doses)
Menigococcal (MCV)	11-13 years old
Diphtheria-Tetanus-Pertussis (DTAP)	11-13 years old

## Well Child Visits — Increased Reimbursement!

MHP is committed to appropriate health screenings that aid in the promotion of healthy lifestyles. MHP frequently contacts our members’ parents through newsletters, outreach telephone calls, and mailings to remind them of the importance of such screenings.

**Did you know that you can easily turn a sick visit into a well child visit? When you have a MHP member in your office for a sick visit who is also due for a well child visit, simply incorporate the elements of a well child exam into the visit, and bill MHP for both the sick and well child services performed. You can do this by adding modifier 25 to the sick visit and you will be reimbursed for both services.**

Well child visits must include physical, mental, developmental, hearing, and vision components, and other tests to detect potential problems.

Please bill age-appropriate well child codes as indicated below. When these services are provided to a MHP Medicaid member, MHP reimburses you at a higher rate than the Medicaid fee schedule. These well child visit codes are now reimbursed at **\$101.00** per visit.

Age	New Patient	Established Patient
Early childhood (1-4 Years)	99382	99392
Late childhood (5-11 Years)	99383	99393

As another way of ensuring that our members receive this important well child exam, MHP will reimburse you for one well child visit each calendar year. You don’t have to wait a full calendar year to perform a well child visit.

# Coping with Chronic Illness and Depression



For millions of people, chronic illnesses and depression are facts of life. A chronic illness is a condition that lasts for a very long time and usually cannot be cured completely, although some illnesses can be controlled through diet, exercise, and certain medications. Examples of chronic illnesses include diabetes, heart disease, arthritis, kidney disease, HIV/AIDS, lupus, and multiple sclerosis.

Many people with chronic illness experience depression. In fact, depression is one of the most common complications of chronic illness. It is estimated that up to one-third of individuals with a serious medical condition experience symptoms of depression. It is not hard to identify the cause and effect relationship between chronic illness and depression.

Serious illness can cause tremendous changes in lifestyle and limit an individual's mobility and independence. Chronic illness may make it impossible to pursue the activities one enjoys, and can undermine self-confidence and a sense of hope in the future. It is not surprising, then, that people with chronic illness often experience a certain amount of despair and sadness. In some cases, the physical effects of the illness itself or side effects of medication may also lead to depression.

## What Chronic Conditions Trigger Depression?

Although any illness can trigger depressed feelings, the risk of chronic illness and depression increases with the severity of the illness and the level of life disruption it causes. The risk of depression is generally 10-25% for women and 5-12% for men. However, those with chronic illness face a much higher risk — between 25-33%. Depression caused by chronic illness often aggravates the condition, especially if the illness causes pain and fatigue, or limits a person's ability to interact with others. Depression can intensify pain as well as fatigue and sluggishness. The combination of chronic illness and depression also can cause people to isolate themselves, which is likely to exacerbate the depression.

## What Are the Symptoms?

In people with chronic illness and depression, patients and their family members often overlook the symptoms of depression, assuming that feeling sad is normal for someone struggling with disease. Symptoms of depression are also frequently masked by other medical problems, resulting in treatment for the symptoms but not the underlying depression. When both chronic illness and depression are present, it is extremely important to treat both at the same time.

## Treatment Options

Treatment of depression in chronically ill patients is similar to treatment of depression in other people. Early diagnosis and treatment can reduce stress as well as the risk of complications and suicide for those with chronic illness and depression. In many patients, depression treatment can produce an improvement in the patient's overall medical condition, a better quality of life, and a greater likelihood of sticking to a long-term treatment plan.

If the depressive symptoms are related to the physical illness or the side effects of medication, treatment may need to be adjusted or changed. When the depression is a separate problem, it can be treated on its own. More than 80% of people with depression can be treated successfully with medicine, psychotherapy, or both. Antidepressant drugs usually begin to have a positive effect within a matter of weeks. It is important for patients to work closely with their physician or psychiatrist to find the most effective medication.

Source: <http://www.webmd.com/depression/guide/chronic-illnesses-depression>



# Chlamydia Screening

## The Most Often Missed Preventive Screening

The ability to screen for Chlamydia using a urine sample has simplified the recommended preventive screening; however, less than 50% of women actually receive this important screening. How does your practice assure all sexually active women between 16-24 years of age and sexually active men ages 16-18 years of age are screened for Chlamydia?

- Is it assessed during an adolescent well exam?
- Is it included as a component of annual Pap smear for women?

Answering “No” to one of the above questions may indicate potential gaps within your practice as well as opportunities to provide this important preventative screen.

Also, remember that when a patient tests positive for Chlamydia, they should inform their previous sexual partners. Expedited Partner Therapy should be provided for the partners of patients with a clinical or laboratory diagnosis of Chlamydia. Additional information can be found at the following MDHHS website: [michigan.gov/documents/mdch/EPT\\_for\\_Chlamydia\\_and\\_Gonorrhea\\_Guidance\\_for\\_Health\\_Care\\_Providers\\_494241\\_7.pdf](http://michigan.gov/documents/mdch/EPT_for_Chlamydia_and_Gonorrhea_Guidance_for_Health_Care_Providers_494241_7.pdf)

# Communication

## How Well Do You Communicate with your Patients?

Explaining things in a way that is easy for a patient to understand can be difficult. It is imperative that patients understand what their physician is telling them.

The Annual Consumers Assessment of Health Plans Survey (CAHPS) measures the member’s overall satisfaction with their treating physician. All health care providers should focus on ensuring the “service encounter” is a positive experience for their patients.

Here are some tips to follow when communicating with your patient:

- Speak slowly
- Use plain language
- Make eye contact
- Use the patient’s name during conversation
- Use pictures if necessary
- Encourage your patient to ask questions
- Repeat the information back
- Always ask, “Do you understand?”
- Ask if patient has been to an ER, Urgent Care or seen a specialist since their last visit. (Counsel if necessary.)



## HEDIS — Measuring the Quality of Care

HEDIS measures are developed and defined by the National Committee for Quality Assurance (NCQA), which evaluates health plans for accreditation. HEDIS measures address a wide span of services and facilitate improved outcomes for members. MHP realizes that your focus is to provide high-quality, appropriate health care, and sometimes the HEDIS specifications can be confusing. We hope the brief reference of HEDIS measures we have listed will help. If you would like in-depth information regarding administrative specifications, eligible populations, exclusions from measure, or other details, please contact Medical Management at (888) 327-0671 or visit our website at [MclarenHealthPlan.org](http://MclarenHealthPlan.org), select “Are you a Provider?”

### Low Back Pain

Use of Imaging Studies for Low Back Pain (18–50 years) Expectation: Adults between the ages of 18 and 50 with the primary diagnosis of low back pain are not to have any imaging studies (X-ray, MRI, CT scan) within 28 days of the diagnosis. (Exclusions include: cancer, recent trauma, IV drug use or neurological impairment).

### Upper Respiratory Tract Infections (URI)

Annually, MHP measures the rate at which our members are diagnosed with a URI (diagnosis codes J00, J06.0, J06.9) indicative of a viral URI and are not prescribed antibiotics. Coding or billing a viral URI diagnosis (code J00) or acute nasopharyngitis (common cold) diagnosis (code J069) where antibiotics are prescribed is inconsistent with evidence-based medicine or correct coding. Sneezing, runny nose, nasal congestion, and headache are the common symptoms of viral URIs. A viral URI (common cold) occurs with great frequency.

While there is no curative treatment for this type of URI, there are numerous OTC cold remedies that provide symptomatic relief. A bacterial URI can also develop. Many factors, including duration and severity of symptoms as well as underlying respiratory diseases, are considered when deciding whether to prescribe antibiotics in the treatment of URI. In contrast to viral URIs, prescription antibiotics do provide effective treatment for bacterial URIs.

When a patient presents with a bacterial URI that requires prescription antibiotics, please ensure that you are documenting the appropriate diagnosis for the bacterial URI and your billing staff is submitting appropriate codes on claims to MHP.

## HEDIS — Measuring the Quality of Care

### Avoiding Antibiotic Treatment for Adults with Acute Bronchitis

Avoidance of antibiotic treatment in adults with acute bronchitis looks at patients 18–64 years of age who had a diagnosis of acute bronchitis and were not dispensed an antibiotic prescription within three days of the visit date.

#### What You Need to Know:

- » Less than 10% of acute cough/bronchitis are bacterial
- » Use antibiotics wisely to prevent antibiotic resistance
- » Encourage smoking cessation and avoidance of secondhand smoke
- » If no relief, encourage a follow-up in three days
- » Educate patients on self-help measures, such as:
  - Drinking extra fluids, getting rest, using antitussive agents for cough, and proper hand washing techniques

Remember, prescribing antibiotics for acute bronchitis (diagnosis codes J20.3-J20.9) is inconsistent with evidence-based medicine unless a co-morbid diagnosis or other bacterial infection exists.



#### You can improve your HEDIS scores by:

- » Submitting diagnosis codes for co-morbid conditions, such as disorders of the immune system or other disease of the respiratory system that exist
- » Submitting diagnosis codes for bacterial infections, if identified, such as sinusitis (J01.90), otitis media (H66.90), acute lymphadenitis (L04.9), etc.
- » Coding and billing for all diagnoses based on your patient evaluation
- » Submitting claims for MHP members including secondary (COB) claims

# Tobacco Cessation

McLaren Health Plan is committed to helping our members stop smoking and assisting our providers in this endeavor. McLaren Health Plan members have several benefits available to them to help with tobacco cessation.

As a McLaren Health Plan Provider, you have several options to assist your patients in tobacco cessation including:

- Stop Smoking Quit Line (800) 784-8669: All McLaren Health Plan Members are entitled to this free program. McLaren Health Plan receives monthly utilization reports from the Quit Line and will send you information to let you know if your member is participating in the Quit Line program.
- Tobacco Cessation Counseling: CPT codes 99406 and 99407 are covered benefits for McLaren Health Plan members and can be used when you are counseling your patients on tobacco cessation. Both codes are reimbursable services and should be billed to McLaren Health Plan when the service is rendered. Code descriptions are listed below:
  - 99406 – Smoking and tobacco use cessation counseling visit; intermediate (more than 3 minutes up to 10 minutes)
  - 99407 – Smoking and tobacco use cessation counseling visit; intensive (more than 10 minutes)

Tobacco Cessation Medications: Non-nicotine prescription medications; prescription inhalers and nasal sprays; over the counter agents such as the patch, gum, lozenge. The use of combination therapy is also covered. These covered medications do not require prior authorization.

# Diabetes

Diabetes and diabetes-related illnesses are the fastest growing health concern in the United States. Per the American Diabetes Association, as of 2014, an estimated 387 million people have diabetes worldwide, with type 2 diabetes making up about 90% of the cases. This is equal to 8.3% of the adult population, with equal rates in both women and men. The prevalence of diabetes in the United States is increasing and currently estimated to be 8.3% of the population. Several tests are recommended that may reduce the risk of diabetes-related health problems. The following tests are recommended on an annual basis:

- Hemoglobin Alc Test
- Dilated Eye Exam
- Urine Microalbumin Test
- Physical examination including a foot exam at least twice a year

Please help our diabetic members get these important annual tests by contacting the member and scheduling an office visit.

Coverage for Diabetic Testing Supplies		
Plan	Test Strips/Lancets	Insulin Pump Supplies
MHP Commercial HMO/POS <b>with</b> Pharmacy Coverage	Pharmacy Benefit	DME Supplier
MHP Commercial HMO/POS <b>without</b> Pharmacy Coverage	DME Supplier	DME Supplier
MHP Medicaid HMO MHP Healthy Michigan	Pharmacy Benefit	DME Supplier
McLaren Health Advantage	Pharmacy Benefit	DME Supplier

# HEDIS — Measuring the Quality of Care

## Obesity and BMI Documentation

MHP reviews obesity issues and BMI documentation during the annual HEDIS review. A review of chart documentation will be done annually to see if obesity was addressed, BMI was calculated, and healthy lifestyle habits were encouraged. Please be advised that the obesity measures are different for children and adults.

### Children

For members 3-17 years of age who have had an office visit with a PCP or OB/GYN during the measurement year, MHP looks for the following documentation:

- **BMI percentile:** Simply recording the member's height and weight or BMI number will not meet the criteria. BMI percentiles must be used, as BMI norms will vary with age and gender for children
- **Counseling for nutrition:** Documentation with the date of the visit should include one of the following:
  - » Discussion of eating habits
  - » Counseling or referral regarding nutrition education
  - » Providing anticipatory guidance for nutrition
- **Counseling for physical activity:** Documentation with the date of the visit, should include one of the following:
  - » Discussion of current physical activity behaviors
  - » Counseling or referral regarding physical activity
  - » Providing anticipatory guidance for physical activity



### Adults

For members ages 18-74 who had an office visit during the measurement year, MHP looks for the following documentation:

- **BMI value:** Must include the date and documentation of the BMI number including height and weight

Resource materials for **children** are available at [www.cdc.gov/growthcharts](http://www.cdc.gov/growthcharts), (contains growth charts, training modules, and a BMI calculator for children & teens). Resource materials for **adults** are available at [www.cdc.gov/nccdphp/dnpa/healthyweight/assessing/index.htm](http://www.cdc.gov/nccdphp/dnpa/healthyweight/assessing/index.htm).

## Treatment of Children & Adolescents with Acute Pharyngitis

MHP follows the Michigan Quality Improvement Consortium (MQIC) Guidelines in reference to the recommended assessment, diagnosis, and treatment of acute pharyngitis in children and adolescents.

Assessment to identify **high risk patients:**

- A past history of rheumatic fever (especially carditis or valvular disease)
- Household contact with a history of rheumatic fever

A **high risk** patient should start antibiotics immediately.

If a throat culture is obtained and is negative, stop antibiotics.

Assess the likelihood of strep pharyngitis using the following:

- Sudden onset
- Sore throat
- Fever
- Patchy discrete exudate
- Severe pain on swallowing
- Absence of cough

- Inflammation of pharynx and tonsils
- Tender, enlarged anterior cervical nodes
- Patient ages 5-15 years
- Presentation in winter or early spring
- History of exposure

Children with a low probability of GABHS need no testing, require no antibiotics and need to be advised of symptomatic treatment only. Those at intermediate or high risk should have either a throat culture or rapid strep screen.

**Preferred Treatment for Strep Pharyngitis:**

- Penicillin V
- Amoxicillin
- Benzathine Penicillin
- If allergic to Penicillin, use Cephalexin or Azithromycin

If the throat culture is **positive**, antibiotic treatment is **indicated**; negative throat culture indicates symptomatic treatment only, avoid antibiotics. If the rapid strep screen is **positive**, antibiotic treatment is **indicated**; if the rapid strep screen is **negative**, culture and use antibiotics only if the throat culture is positive.

# HEDIS — Measuring the Quality of Care

## Access to Care for All Members

MHP is committed to appropriate health screenings that aid in the promotion of healthy lifestyles. In an effort to promote annual exams and preventive services, we want to help you identify MHP members that have NOT received services in 2015.

- MHP has an Outreach Team that can assist you in contacting and scheduling your patients for preventive care services. Please contact MHP at (888) 327-0671 if you are interested in participating with this service.
- MHP will also be contacting its members (according to claims submission) that have not been seen by a PCP during 2015-2016 and encouraging them to contact your office for an appointment
- You can contact Customer Service at (888) 327-0671 for assistance with the address and telephone numbers of members that have not yet established a relationship with your office

In addition, both the National Committee for Quality Assurance (NCQA) and the Michigan Department of Health and Human Services (MDHHS) monitor the access rates (may consist of both well and/or sick visits) of health plans.

The measurement requires:

- Children and adolescents be seen at least once per year by a PCP
- Adults age 20 and older have at least one outpatient ambulatory visit per year

## March is Colorectal Awareness Month

### Online Preventive Screening Resources Available

#### **How to Increase Colorectal Screening Rates in Practice: A Primary Care Clinician's - Evidenced Based Toolbox and Guide**

Created by clinicians for clinicians, this toolbox can help improve colorectal cancer screening in actual practice. It provides state-of-the-science information, advice to help make screening practices more efficient, and tools for use in the practice. Also available in a web-based format. This is available at <http://nc crt.org/about/provider-education/crc-clinician-guide/>

#### **How to Increase Colorectal Screening Rates in Practice: An Action Plan**

A shorter version of the toolbox above, this brief guide pulls together the most important material from the full action plan, including charts, templates and sample materials that clinicians can put to use. As the guide above, the tools are applicable to all types of clinical screening. This is available at <http://www.cancer.org/healthy/informationforhealth-care-professionals/colonmdcliniciansinformation-source/cancerscreeningactionplan/index>



#### **Steps for Increasing Colorectal Cancer Screening Rates: A Manual for Community Health Centers**

This is a more up-to-date toolkit for increasing screening rates. While it focuses on colorectal cancer screening and was designed for Community Health Centers, the principles apply to all primary care practices. It provides field-tested tools, templates, and resources. This is available at <http://nc crt.org/about/provider-education/manual-for-community-health-centers-2/>

# How Medical Management Helps You

MHP has a Referral to Case Management form for you to use when you need help with your high-risk members. This form can be found on our website **McLarenHealthPlan.org** by clicking the Provider tab, selecting Health Management Tools, selecting Health Management and then selecting Case Management.

When a member is referred to our case management department, a nurse begins an assessment of the member and a proactive approach to managing the health care needs of that member. To promote the well-being of each member, we have programs that focus on preventive health management, disease management, general and complex case management, and CSHCS case management.



MHP Preventive Health Management helps by:

- Informing our members of preventive testing and good health practices
- Mailing reminders about immunizations, well child visits, and lead screenings
- Highlighting ways to stay healthy and fit in our Member Newsletters
- Targeting preventive care measures just for females in our Member Newsletters
- Initiating call programs to assist members with scheduling annual checkups and screenings
- Keeping track of members who are due for annual checkups and screenings and sending that list to the PCP's office

MHP's Medical Management Department has nurses to help support all members with access to high quality, cost-effective care. Each PCP's office and its assigned members have their own MHP nurse case manager. This enables a circle of communication that promotes continuity of care, member understanding of their health care, support for the PCP, and promotes our PCP offices as the medical home. If you do not know who your nurse is, call Customer Service at (888) 327-0671.

## Our program goals are:

**Empower** members to understand and manage their condition

**Support** your treatment plan

**Encourage** patient compliance

## Chronic Care Improvement Program (CCIP)

McLaren Health Plan has a Chronic Care Improvement Plan for our Medicare Advantage members who have cardiovascular disease. The members are in case management with registered nurses, and receive educational mailings as well as education from their case manager. If you would like to refer any of your MHP Medicare Advantage members to our CCIP please call (888) 327-0671.

# Disease Management

MHP has programs for **Asthma, Diabetes, Depression, Hypertension, Obesity, CSHCS Case Management, and Complex Case Management**. Members receive educational mailings, ongoing nurse contacts, and pharmacy management. **McLaren Moms**, MHP's maternity management program, works to ensure members receive timely prenatal and postpartum care.

*If you have a member you would like in our case management or disease management programs, please call us (888) 327-0671.*

# Clinical Practice Guidelines

MHP utilizes Clinical Practice Guidelines to assist practitioners and members in making decisions about appropriate health care for specific clinical circumstances. New and revised guidelines are developed and updated through collaborative efforts of the Michigan Quality Improvement Consortium (MQIC) and other evidence based resources.

Clinical practice guidelines are distributed to practitioners in an effort to improve health care quality and reduce unnecessary variation in care. Documentation in your medical record should indicate you used the appropriate Clinical Practice Guideline in your practice decisions. Guidelines are made available through individual mailings to appropriate providers, and on our website or **www.MGIC.org**.

The Clinical Practice Guidelines were recently reviewed, updated, and approved in September 2015 by MHP's Quality Improvement Committee.

Please review these guidelines on our website, **McLarenHealthPlan.org** or go to **www.mgic.org** to view the most recent guidelines. If you have any questions, please contact Medical Management at (888) 327-0671. If you do not have access to our website and would like to have these guidelines mailed to you, please contact us at (888) 327-0671.

# Weight Management Program

MHP has a weight management program called "**Taking It Off**." There are two types of Taking it Off programs, one specifically designed for adults and one for children. Each member enrolled in the program will be offered:

- Personal phone contacts from their own nurse
- Educational materials
- Assistance and support
- Discounts on healthy foods at Meijer for Commercial members

MHP members can refer themselves to the program by calling Customer Service at (888) 327-0671.



# Lead Screening

In a recent report from the Michigan Department of Health and Human Services (MDHHS), 17% of our two year old MHP children did not receive a blood lead test, but had a documented well child visit.

In an effort to assure that children being seen in your office for any reason have easy access to lead screening, MHP will assist you in obtaining **FREE** lead testing supplies from the State of Michigan. These kits are to be used for Medicaid-eligible children receiving an in-office blood lead screening. Your office will be provided with:

- All of the supplies and instructions needed to complete the lead screen test
- Prepaid envelopes to mail test samples



**As an incentive for your cooperation in this lead screening endeavor, McLaren Health Plan will reimburse you \$15 for procedure code 36416 and \$25 for procedure code 83655 when you provide a lead test to a McLaren Health Plan Medicaid member.**

If you need information on how to obtain the lead testing kits, or if you would be interested in hosting a lead clinic, please call your Outreach Representative at (888) 327-0671.

The percentage of children found in Michigan with elevated blood lead levels is higher than the national average. Michigan currently ranks as the sixth highest state for estimated population of children with lead poisoning.

## Assuring Better Child Health and Development (ABCD)

Developmental Screening should be included at every well-child visit and can be billed in addition to the well child visit (see below). It is recommended that standardized developmental screening tests be administered at the 9, 18, 24, or 30 month visits.

CPT Code	ICD Code	Category	Notes	Incentive
96110	Z13.4	Developmental Screenings	Screening tool completed by parent or non-physician staff and reviewed by the physician	\$20.00 one per member (age 0-3) per year

The Michigan Medicaid Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) policy requires developmental surveillance and screening, and recommends providers use a tool, such as the PEDS, PEDS: DM or Ages and Stages Questionnaire (ASQ) and Ages and Stages Questionnaire Social-Emotional (ASQSE). You are encouraged to implement developmental surveillance and screening in your office to be in compliance.

**For our contracted MHP network practitioners, MHP has purchased the rights to the ASQ screening tool. If you would like a copy of this material, please contact your Network Development Coordinator at (888) 327-0671.**

Suggestions for successful practice implementation include the following:

- Utilize a standardized screening tool such as ASQ (which McLaren Health Plan will provide )
- Communicate with office staff, colleagues, and parents about the importance of developmental surveillance and screening
- Screen all children during well child checks at the 9, 18, and 30 months (or 24 month) visits
- Discuss any developmental concerns with the child's parents
- Refer children to Michigan's Early On program if developmental delays\* are found. You may make the referral online at [www.1800earlyon.org](http://www.1800earlyon.org) or call the statewide line at (800) EARLY-ON (327-5966)

\*Should the screening indicate developmental delays, additional objective developmental testing may be performed by the physician at an outpatient office visit using CPT code 96111.



# Credentialing Hot Spot

Please be sure to complete the following to avoid delays in the credentialing process:

- Update and/or reattest your CAQH application quarterly
- Leave no gaps in the most recent five years of work history. Please be sure to include leaves of absences, maternity leaves, moves, etc.
- Ensure there is a copy of your liability insurance attached to your application and that it is current
- Provide an accurate credentialing contact

Completing these steps will provide you with a smooth credentialing process and reduce interruptions to you and/or your staff

***Utilization decision-making is based only on appropriateness of care and service and existence of coverage. We do not specifically reward practitioners or other individuals for issuing denials of coverage, service or care. Nor are there financial incentives for utilization decision makers to encourage decisions that result in under utilization***

## The Importance of Utilizing In-Network Providers

Remember, McLaren Health Plan HMO members must use providers that participate/are In-Network with McLaren Health Plan for their health care needs. Please visit our website or contact customer service for a complete list of participating/In-Network providers when referring a member. Members with Point of Service (POS) plans do have an Option B that allows self-referral and the use of non-participating/Out-of-Network providers. However, they will have higher copayments and/or deductibles and will be responsible for any balance bill from the provider.

## HEDIS - 2016 Measures

Please note that the requirements in the 2016 HEDIS Measures include the following:

- Human Papillomavirus Vaccine - Female adolescents who turn 13 during the measurement year
  - Breast Cancer Screening - Women age 50-74 years
  - Cervical Cancer Screening - Women age 21-64 years
- A complete list of the 2016 HEDIS Measures can be found under the “Quality and Medical Management” section of the Provider tab on our website.



# Patient Registries

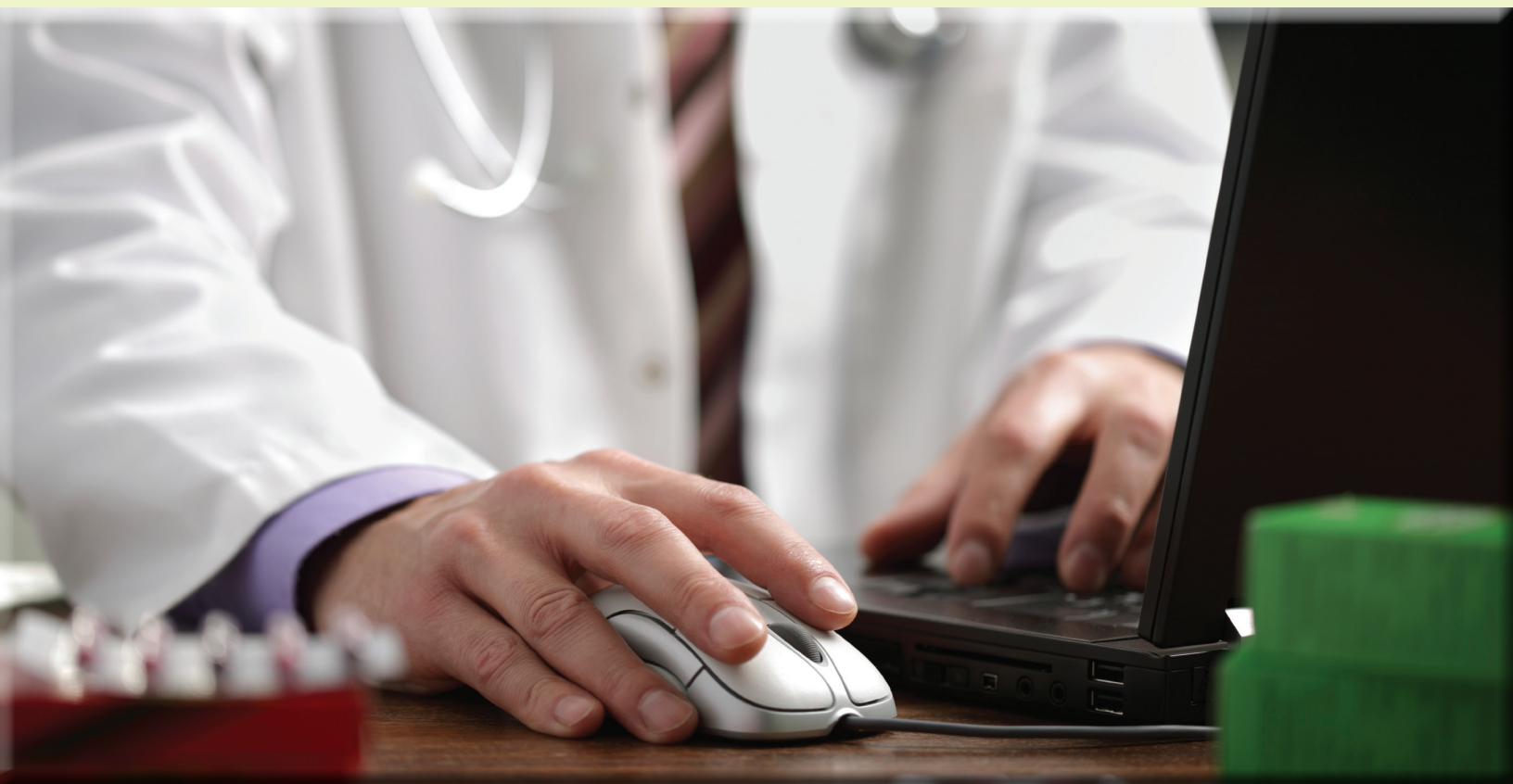
A patient registry is an electronic or manual system that compiles and manages information on a practice's patient population by disease state (e.g. diabetes).

By using a patient registry a physician can, for example, monitor the course of chronic diseases and observe the condition of patients before and after medical interventions.

Ideally, a patient registry can:

- Track patients' appointments
- Classify patients according to the severity of their disease
- Generate reminders for patients and/or physicians and office staff to perform certain tasks
- Identify opportunities for possible quality improvement

Source: <http://www.ama-assn.org/ama/pub/physician-resources/practice-management-center/health-insurer-payer-relations/clinical-integrity/care-coordination/patient-registries.page>



# Interpretation and Translation Services

Interpretation and translation services are FREE to members in any setting (ambulatory, outpatient, inpatient, etc.). If MHP members need help understanding MHP's written materials or need interpretation services, they can call Customer Service at (888) 327-0671.

If a member is deaf, hard of hearing, or has speech problems, oral interpretation services are available to MHP members who require this service. Please call Customer Service at (888) 327-0671 for assistance.



## Report Fraud, Waste, & Abuse

MHP is committed to preventing health care fraud, waste, and abuse, as well as complying with applicable state and federal laws governing fraud and abuse.

Examples of fraud & abuse by a member include:

- Altering or forging a prescription
- Altering medical records
- Changing or forging referral forms
- Allowing someone else to use their MHP member ID card to obtain health care services

Examples of fraud & abuse by a provider include:

- Falsifying his/her credentials
- Billing for services not performed
- Billing more than once for same services
- Upcoding and unbundling procedure codes
- Over-utilization, performing inappropriate/unnecessary services
- Under-utilization, not ordering services that are medically necessary
- Collusion among providers

Examples of fraud and abuse by a MHP employee include:

- Altering provider contracts or forging signatures
- Collusion with providers or members
- Inappropriate incentive plans for providers
- Embezzlement or theft
- Intentionally denying services or benefits that are normally covered

Federal law prohibits an employer from discriminating against an employee in the terms and conditions of his/her employment because the employee reports or otherwise assists in a false claims action.

To Report a possible violation contact McLaren Health Plan's Compliance Officer by:

- Mail - McLaren Health Plan, Attn: Compliance Officer, G-3245 Beecher Rd, Flint, MI 48532
- Email - [MHPFraudPrevention@mclaren.org](mailto:MHPFraudPrevention@mclaren.org)
- Phone - Compliance Hotline at (866) 866-2135

Report Medicaid Fraud, Waste, and Abuse by contacting McLaren Health Plan as above, or:

- Mail - Office of Inspector General, P.O. Box 30062, Lansing, MI 48909
- On-line - [michigan.gov/fraud](http://michigan.gov/fraud)
- Phone - Hotline at (855) MI-FRAUD (643-7283)

Report Medicare Fraud, Waste, and Abuse by contacting McLaren Health Plan as above, or:

- Mail - U.S. Department of Health and Human Services, Attn: Hotline, P.O. Box 23489, Washington, DC 20026
- On-line - [oig.hhs.gov/fraud/report-fraud](http://oig.hhs.gov/fraud/report-fraud)
- Phone - Hotline at (800) HHS-TIPS (447-8477)

Information provided will be kept confidential but you can remain anonymous by calling the Hotline numbers or through the U.S. Mail.