# ProviderPlus

HealthPlus

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A BI-MONTHLY NEWSLETTER PUBLISHED FOR HEALTHPLUS AFFILIATED PROVIDERS


## INSIDE



**NEW PROVIDER CUSTOMER SERVICE PHONE LINE:**
1-855-211-7766
See page 4.

# A Message from Erik Helms, Vice President, Provider Network Development and Business Intelligence

Health plans and physicians strive toward many common goals and they experience similar challenges in reaching those goals, such as difficulty getting our members and your patients to fully embrace the importance of scheduling consistent appointments with a Primary Care Physician (PCP). Unfortunately, many individuals view their health as something to which they should *react* rather than something to be protected.


**Erik Helms**

At HealthPlus, we understand the difficulty physicians experience attempting to keep track of patients who are not receiving annual exams, completing important tests and/or failing to fully utilize the expertise of their PCPs. In an effort to support our physicians in the management of their HealthPlus patients, we have designed various tools to eliminate the "guess work" and help PCPs easily identify individuals who require care.

### NEW - Reporting of Members with No Office Visits

This new reporting tool identifies HMO patients who have not received care from a PCP within the past 15 months. This report will be available to PCPs via their Provider Network Educators in May and June. We are confident this tool will be helpful to PCPs and their office teams who are working to identify and schedule patients for missing services.

### HEDIS® Gaps in Care Reporting

The *Gaps in Care* report highlights HMO patients who may have received care, but failed to receive specific HEDIS® medical services, in the last year. These include but are not limited to mammograms, hemoglobin A1C, immunizations and LDL screening. These reports are updated monthly and are available via HealthPlus' *Provider Report* portal. If you are not using this resource or if you require additional training and/or portal access, please contact your provider network educator for assistance.

### Physician Performance Plus (P3 Report)

The P3 Report is reviewed with PCPs by a provider network educator twice a year. This data highlights the utilization patterns

*Message ...*
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# HealthPlus Will Enter Health Insurance Exchange in 2015

HealthPlus is delaying its participation in Michigan's health insurance exchange until 2015. However, HealthPlus will continue to provide plans for both individual and small group markets, which the exchange is designed to serve, as well as large employer groups.

"HealthPlus has a tradition of providing quality care and services at competitive prices. That won't change as we continue to implement the provisions of the Affordable Care Act," said Bruce Hill, HealthPlus president and CEO. "Because quality and service are the principles that guide many of our decisions, we've elected to postpone participation in Michigan's exchange until 2015."

### HealthPlus based its decision on the following:

1. Many details regarding exchange requirements are undefined or uncertain, which makes it difficult to ensure a high-quality, positive member experience.
2. Exchange "go-live" deadlines may not provide sufficient time for needed processes and training. This compromises our ability to

*Exchange ...*
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# Enhanced Incentive Program a Win-Win-Win for Physicians, Patients and HealthPlus

HealthPlus is enhancing the incentive program targeted at increasing patient – PCP office visits. The objective of the program is to:

- Accurately capture and report acuity of the Medicare population
- Increase physician opportunities to earn incentives
- Improve disease state documentation through the comprehensive coding of ALL hierarchical condition categories (HCC), present during an office visit
- Improve the delivery of preventive services

### PCP Incentive(s)

PCPs will be reimbursed for a fully completed health assessment form (one per member, per current calendar year), as well as any additional E&M codes billed during the office visit.

### Two options for submission available:

- Completion of ONLINE assessment form: $150 per completed form
- Log in to the HealthPlus website, select *Provider Resources* (under the PROVIDER tab).
- Select the link *Annual Medicare Health Assessment Form*.
- The assessment form must be submitted via the web.
- Upon completion of submission, print a copy of the form for the patient medical record.
- Completion of PAPER assessment form: $100 per completed form received via fax

### Completion Instructions

- Select ALL conditions for which the patient is being treated, evaluated, monitored or assessed.
- Select diagnosis code(s) following ICD-9 CM guidelines for coding.
- The diagnoses reported must be supported through medical record documentation and are subject to CMS review.

**Note:** Providers MUST submit a claim(s) related to E&Ms, via the standard claim process. Completion of the assessment form does not circumvent claim submission. Physicians will receive reimbursement for completion of the health assessment form separately from the reimbursement related to the E&Ms.

Please contact Provider Network Management with any questions at 1-800-345-9956, ext. 2172.

## *Message ...* CONTINUED FROM PAGE 1

of a PCP's HMO patients and the health care services rendered outside of the PCP practice and/or health system, specifically, ER, non-emergent ER and urgent care services. The objective is to engage PCPs and build awareness of patient utilization patterns in an effort to redirect non-emergent services to the PCP office.

### Pay for Performance (P4P)

PCPs who are eligible for, or participate in, our P4P program will experience higher P4P rewards by utilizing the reports noted previously to help in the identification of members who require essential services.

### Extended Office Hours

To support PCPs in providing patients access to needed care, HealthPlus reimburses an additional $29.58 (in addition to the standard E & M reimbursement) to physicians offering extended office hours. This applies to procedure codes 99050 & 99051, is reimbursable in location 11 only and must be billed with modifier 59.

### Transportation Services

HealthPlus offers free transportation services to and from the physician's office for all HealthPlus Partners Medicaid HMO members. If you have a HealthPlus Partners Medicaid member who requires transportation assistance, please have him or her call the HealthPlus transportation line at 1-888-676-1783.

It is important to HealthPlus that physicians have the resources you need to offer and provide quality care and are adequately reimbursed to do so. If you have suggestions or recommendations on additional tools or resources you may find helpful, please contact the Provider Network Management Department at 1-800-345-9956 ext. 2172.

*Frequently Asked Questions*

# HealthPlus Cardiology Registration Program

**Q: What is the HealthPlus Cardiology Registration Program?**

A: HealthPlus has contracted with CareCore National (CCN), an NCQA and URAC accredited specialty benefits management company, to manage outpatient, non-urgent diagnostic cardiology services. The purpose of the program is to promote provider education related to medical necessity and conversation around the appropriate diagnostic (testing) option.

**Q: What cardiology procedures are included in the program?**

A: The following procedures require registration:
**93452-61** Diagnostic Heart Catheterization
**93350-1** Echo Stress Testing
**93303-4, 93306-8**
Transthoracic Echocardiography

***Note:*** Nuclear Stress test, Coronary Computerized Tomographic Angiography (CCTA), Cardiac MRI, Cardiac CT and Cardiac PET will continue to be prior authorized under the existing HealthPlus Advanced Imaging Program and are excluded from the Cardiology Registration Program.

**Q: Which HealthPlus products adhere to this program?**

A: All HealthPlus products adhere to the Cardiology Registration Program except the County Health Plan and supplemental Medicare lines of business.

**Q: Are there additional program exclusions?**

A: HealthPlus members under the age of 18 (at the time of the service) are excluded from registration.

**Q: Who is responsible for registering the procedure?**

A: The ordering provider (PCP or cardiologist) should complete the registration, to ensure provision of complete clinical information.

**Q: How do I register a procedure and how long will it take to receive a response?**

A: You may register a procedure in one of three ways:

**Web:** www.carecorenational.com

**Phone:** 1-800-792-8744

**Fax:** 1-866-466-6964

Registration approval will be immediate for web and phone submissions (provided all clinical criteria are provided during registration). Registrations submitted via fax may take as long as two days to approve.

**Q: What are CCN's hours and days of operation?**

A: 7 a.m. to 7 p.m. (Eastern Standard Time) Monday through Friday

***Note:*** CCN observes the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and the Friday following, and Christmas Day.

**Q: What information must I provide during registration?**

A: The following must be provided:

- Procedure
- Patient name
- Ordering provider
- Rendering site information
- Prior/ongoing cardiology treatments and their effects
- Current clinical condition and recent test results

***Note:*** For your convenience, criteria and modality worksheets are available at *carecorenational.com*, under *CareCore Solutions/Cardiology/Cardiology Tools and Criteria/HealthPlus of Michigan.*

**Q: Can I speak with a CCN cardiologist if I have questions related to the outcome of a registration determination?**

A: Yes. The review team is staffed by cardiac trained nurses and cardiologists. Upon request, a cardiologist can speak to you about your case and the outcome.

**Q: How can I initiate the registration of a procedure outside of CCN's normal business hours?**

A: A physician can perform a clinically urgent request outside of CCN's normal business hours; however, the ordering provider must register the procedure within two business days. The ordering provider will need to submit the clinical indications for the test, including the reason it was deemed clinically urgent.

**Q: How do I indicate a service is clinically urgent?**

A: Upon calling CCN, notify the phone agent that the test is clinically "URGENT." You will be required to provide clinical documentation, supporting clinical urgency.

**Q: How will the ordering provider or the rendering provider know that a registration request has been completed?**

A: Depending upon the method used for submitting the registration request, the response may be immediate. However, a registration status also can be verified at carecorenational.com under "Authorization Lookup." Information available includes:

- Registration /Case Number
- Status of Request
- CPT Code
- Procedure Name
- Member Name
- Member ID
- Site Name and Location
- Registration Date
- Registration Expiration Date

Providers who do not have web access can contact CCN directly at 1-800-792-8744.

**Q: Will my patient receive notification of the registration?**

A: Members will be notified by letter of all registration determinations.

*Q & A ...*

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## *Q & A ...* CONTINUED FROM PAGE 3

**Q: What will happen if I do not register a required procedure?**

A: Failure to complete the registration process will result in non-payment of the technical (facility) and professional components of the claim. Providers will receive the following message:

"PROVIDER CALL CCN 1-800-792-8744 WITH CLINICALS TO REGISTER-THEN REBILL."

**Q: Can I do a retrospective registration?**

A: You are strongly encouraged to obtain the registration prior to services being rendered. However, a retrospective registration may be completed in the following manner:

- The ordering provider must call CCN at 1-800-792-8744 with the clinical information.
- The member may contact CCN at 1-800-792-8744 and CCN will reach out to the ordering provider to obtain the required clinical information.

**Q: How long will the registration approval be valid?**

A: The approval is valid for 45 calendar days from the date of the approval. After 45 days, if the test has not been performed, or if the recommended test has changed, a new registration approval is needed.

**Q: If a registration is valid for 45 days and a patient comes back within that time for follow up and needs another test, will a new test registration be required?**

A: Yes. Registration approvals are procedure code-specific and for one-time use.

**Q: Is a referral still required from HealthPlus for a member to see a specialist performing the diagnostic test?**

A: Yes, all applicable referral requirements to obtain access to a specialist are still in effect. A completed registration does not mitigate the need for a referral to the specialist.

**Q: How do I bill for an urgent diagnostic cardiac catheterization performed in the observation setting (LOC 22)?**

A: Please include the modifier "ET."

**Q: Do add-on procedures require registration?**

A: No. Add-on procedures (e.g. 93320) are payable and reviewable under the primary procedure when registration for the primary procedure is in place.

## *Exchange ...* CONTINUED FROM PAGE 1

provide superior customer service.

3. It is uncertain how many people will purchase from the exchange in 2014.
4. A systematic implementation of a complex and detailed exchange strategy, which a delayed market entry allows, is a win/win for HealthPlus members and providers.

### Be assured that HealthPlus will:

- Continue efforts to become a qualified plan offering products for 2015 effective dates.
- Continue to offer individual purchasers our individual suite of products.
- Provide Michigan businesses, large and small, with effective group solutions that meet reform requirements.
- Continue serving Medicare and Medicaid members.
- Be compliant with ACA regulations, both current and those taking effect Jan. 1, 2014, including rating reforms and required essential health benefits, for all lines of business.

"HealthPlus believes in reform's promise of greater access, a continuation of current choices and affordability. And while the new law has challenges, we will continue working with policymakers to enhance health care reform in an effort to keep coverage affordable, maintain choice and competition, and sustain a strong safety net for the most vulnerable populations," said Mr. Hill.

# New HealthPlus Provider Customer Service Phone Line Ready for Your Calls

To better serve our customers, HealthPlus is pleased to announce the installation of a newly dedicated *Provider Customer Service* phone line. The purpose of the new number is to ensure that both providers and members receive immediate and superior customer service during each and every encounter. The implementation of an additional customer service number will allow providers and members to be directed to the area best suited to support their needs.

Providers are encouraged to begin using the new number immediately; however full implementation will not be required until June 1.

**NEW Provider Customer Service phone line: 1-855-211-7766 (toll free)**

### Use of the IVR Phone Prompts

#### For member eligibility or PCP verification – Press 1

- The password is the Provider's Tax ID number.

#### For claims mailing address or website information – Press 2

- A recorded message provides an address for claims submission and the HealthPlus website address.

* If you press 0 (zero) while utilizing either of the above prompts, your call will be transferred to a Customer Service Representative.

#### For all other questions – Press 3

- Transfers the caller to a Customer Service Representative

For security verification/efficiency purposes, please have your HealthPlus Provider number or Tax ID number available.

**The former customer service number 1-800-332-9161, will be used by members only.**

# Mandatory Two Percent Payment Reductions for Medicare

Implementation Date: April 1, 2013

The Budget Control Act of 2011 requires mandatory across-the-board reductions in Federal spending, also known as sequestration. As required by law, President Obama issued a sequestration order on March 1, 2013.

Medicare FFS claims with dates-of-service or dates-of-discharge on or after April 1, 2013, will incur a two percent reduction in Medicare payment.

Claims for durable medical equipment (DME), prosthetics, orthotics and supplies, including claims under the DME Competitive Bidding Program, will be reduced by two percent based upon whether the date of service, or the start date for rental equipment or multi-day supplies, is on or after April 1, 2013.

The claims payment adjustment shall be applied to all claims after determining coinsurance, any applicable deductible, and any applicable Medicare secondary payment adjustments.

Beneficiary payments for deductibles and coinsurance are not subject to the two percent payment reduction. However, Medicare's payment to beneficiaries for unassigned claims is subject to the two percent reduction.

The Centers for Medicare & Medicaid Services is encouraging Medicare physicians, practitioners and suppliers who bill claims on an unassigned basis to discuss with beneficiaries the impact of sequestration on Medicare's reimbursement.

If you have any questions, please contact the Provider Network Department at: 1-800-345-9956, ext. 2172



# County Health Plans News Update

## FORMULARY ADDITIONS

As of Feb. 1, 2013, these medications have been added to the County Health Plan formulary. For further information, use the HealthPlus provider links to access the updated County Health Plan formulary.

- Plavix
- Singulair
- Pravachol
- Risperda
- Lamictal
- Imitrex
- Celexa
- Protonix
- Levaquin l

## DIABETIC SUPPLIES

As of Apr. 1, 2013, Genesee, Saginaw and Bay Health Plans will partner with J&B Medical Supply as a preferred DME provider for specific items related to diabetic supplies. This will not be an exclusive DME arrangement for all DME – only a preferred arrangement for certain supplies.

J&B will be contacting physician offices for new prescriptions for the diabetic supplies.

### Who is J&B Medical Supply?

Established in 1994, J&B Medical Supply is a family-owned mail-order DME provider located in Wixom, Mich., with distribution centers around the world.

**The preferred relationship means:**

Diabetics will be supplied via mail-order and supplies will be delivered within 24-48 hours by FedEX- in Michigan.

**J&B Medical provides:**

- Brand name, medical grade supplies
- Shipments right to your patient's door

## J&B MEDICAL CONTACT INFORMATION

**Phone:** 1-800-737-0045
**Fax:** 1-800-737-0012
**Web:** www.jandbmedical.com
**Email:** info@jandbmedical.com

## IMMUNIZATIONS

County Health Plans are encouraging adult vaccination as part of their quality improvement program for 2013.

The following immunizations are covered for all County Health Plan members:

**90632** Hepatitis A
**90746** Hepatitis B
**90649** HPV
**90658** Influenza
**90707** Measles/Mumps/Rubella
**90734** Meningococcal Meningitis
**90732** Pneumococcal Polysaccharide
**90713** Polio
**90714** Td (Tetanus)
**90715** Tdap (Tetanus, Pertussis)
**90716** Varicella (Chickenpox)

Genesee Health Plan has contracted with the Genesee County Health Department for the administration of adult immunizations.


credits

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*ProviderPlus* is the bi-monthly newsletter for health care professionals published by HealthPlus of Michigan, HealthPlus Partners and HealthPlus Insurance Company.
If you have questions or comments e-mail sboenema@healthplus.org.

# Diabetes Self Management Programs Make a Difference

As a health care provider, you realize how difficult it is to help your patients manage diabetes. Diabetes management requires lifestyle changes for many people. These changes, which sound so simple, may be huge hurdles for your patients to put into everyday practice. The clinical practice guidelines, adopted by HealthPlus of Michigan, aim to assist the health care provider with well-accepted clinical treatments appropriate for specific conditions. Because managing diabetes can be such a daunting task, and it is has been documented that education improves outcomes in people with diabetes, this aspect of diabetes care has been included in the clinical practice guidelines for diabetes followed by HealthPlus.

This component of member education, counseling and risk factor modification is sometimes overlooked in the urgency of titrating medication dosages, following up on potential complications of diabetes and monitoring blood glucose and cholesterol levels. However, encouraging our members to attend a *Diabetes Self-Management Education* program may be just the answer we need to motivate patients into those healthier lifestyles. Patients benefit by setting goals with the help of a certified diabetes educator and receiving dietary instruction that is specific to their needs and daily routines. They also benefit from observing other people with diabetes and the strategies they use to become successful in overcoming some of these challenges.

HealthPlus believes that providing access to this knowledge is important and therefore provides coverage for *Diabetes Self-Management Education* as a member benefit. This "benefit" could be the one that benefits all of us with patients who are better able to manage diabetes! For assistance in locating a *Diabetes Self Management* program in your area contact the HealthPlus chronic care team 1-800-345-9956, ext 850, or dismgmt@healthplus.org., and observe the difference it can make for your patients!

*"The diabetic who knows the most, lives the longest."*
— E.P. Joslin

# Point of Care Tests in Your Office

HealthPlus will reimburse physicians for point of care hemoglobin A1C (HbA1C) and cholesterol (LDL) tests performed in the physician office for members who have a diagnosis of diabetes and/or cardiovascular disease.

**Covered by:**

Commercial HMO and PPO

Medicare Advantage HMO and PPO

Medicaid

County Health Plans

**Excludes:**

HealthPlus Options

To receive payment, the following CPT category II codes must be submitted to HealthPlus on a CMS HCFA-1500 claim:

**3044F** – Most recent hemoglobin A1C (HbA1c) level less than 7.0% (DM)

**3045F** – Most recent hemoglobin A1c (HbA1C) level 7.0-9.0% (DM)

**3046F** – Most recent hemoglobin A1C level greater than 9.0% (DM)

**3048F** – Most recent LDL-C less than 100 mg/dl (CAD), (DM)

**3049F** – Most recent LDL-C 100-129 mg/dl (CAD), (DM)

**3050F** – Most recent LDL-C greater than or equal to 130 mg/dL (CAD), (DM)

HealthPlus highly recommends that you use a CLIA waived test by the FDA to perform the HbA1c and LDL tests.

NOTE: Any other CPT codes submitted for these tests will not be accepted.

Please contact the Provider Network Department with questions at 1-800-345-9956, ext. 2172.



# HealthySolutions Is Going Green

It's good to be green! Stop using paper and complete the HealthySolutions Treatment Plan Form online.

**Log in to your provider portal**

- Go to the *Provider tab/ Provider Resources/ HealthySolutions Treatment Plan Form.*
- Enter the member's HealthPlus ID and date of birth.
- Confirm the member and complete their form.
- Be sure to submit a claim for completing the form using billing code 99401.

It's quick, it's simple and delivered securely to HealthPlus.

**COMING SOON**

**HealthPlus is preparing to require the electronic submission of all claims. Additional information will be released once finalized.**

*Prior Authorization*

# Changes for Compounded Medications

Effective June 4, 2013, HealthPlus will require prior authorization for ALL non-sterile compounded prescriptions for HealthPlus Commercial, Medicaid (HealthPlus Partners) and PPO members. HealthPlus recognizes that there are certain circumstances when drug compounding may be required, but also wants to help ensure that medications covered by HealthPlus are safe and effective. HealthPlus will use established criteria to review all prescription requests for compounded medications.

**Prior authorization may be approved for:**

- Compounds that include only active ingredients that are FDA-approved. The active ingredient(s) must be FDA-approved for the specified route of administration (e.g., a compound mixture of two commercially available FDA-approved prescription creams for topical administration)
- Compounded medications for patients who cannot swallow or have trouble swallowing and require administration with an oral liquid, or administration by topical, rectal or other appropriate non-oral routes (when a commercially available FDA-approved product is not available)
- Compounded medications for patients who have sensitivity to dyes, preservatives or fillers in commercially available products and require allergy-free medications as documented in the medical record
- Compounded medications for children who require prescription medications when there is no liquid formulation available

**Prior authorization will not be approved for:**

- Compounds that do not contain a FDA-approved prescription ingredient otherwise covered by HealthPlus
- Compounds that contain a non-FDA-approved or non-HealthPlus-covered prescription ingredient (i.e., bio-identical hormone replacement, topical pain creams)
- Compounded formulations that contain any bulk powders that are not FDA-approved or HealthPlus-approved
- Compounded formulations that are using prescription ingredients for non-FDA-approved indications or purposes that are not supported by peer-reviewed literature
- Compounded formulations that may be considered investigational or experimental
- Compounded formulations that use drugs withdrawn or removed from the market for safety reasons

HealthPlus is mailing a notification letter to members who are currently receiving any compounded medications to explain the prior authorization/coverage process. If a compounded medication does not meet the established criteria for prior authorization for coverage, the patient has the option to pay out-of-pocket for the entire cost of the compound. Members may contact you to discuss alternatives.

Thank you for your support of the safe and effective use of prescription medications.

# Please Note: Suboxone Sublingual Tablet Market Withdrawal

Please be advised that Reckitt Benckiser Pharmaceuticals Inc. has discontinued the sale of brand SUBOXONE® Tablets (buprenorphine and naloxone) Sublingual (CIII) and ceased distribution effective March 18, 2013. SUBOXONE Film Sublingual and SUBOXONE generic tablets are still available and will remain on the market.

Reckitt Benckiser Pharmaceuticals formally announced in September 2012 that the company is voluntarily discontinuing SUBOXONE Tablets after receiving an analysis based on U.S. Poison Control Centers data that found consistently and significantly higher rates of accidental pediatric exposure with SUBOXONE Tablets than seen with SUBOXONE Film. The different rates of pediatric exposure are not related to the active ingredient found in both SUBOXONE Tablets and SUBOXONE Film.

**Important notes about this announcement:**

- SUBOXONE (buprenorphine and naloxone) Film has the same active ingredient and is approved for the same indication as Suboxone (buprenorphine and naloxone) Tablets.
- There is a sufficient supply of SUBOXONE Film to meet patient needs once SUBOXONE Tablets are discontinued.
- In addition to the 2 mg and 8 mg dosage strengths, SUBOXONE Film is now available in 4 mg and 12 mg dosage strengths.

For additional information regarding this announcement, please contact Reckitt Benckiser Pharmaceuticals Medical Information unit at 1-877-SUBOXONE (1-877-782-6966) or visit www.suboxone.com.

## Dr. Essak

According to patients of Baha David Essek, MD, he is extremely reliable, accessible and knowledgeable about medications. Based on this feedback from Dr. Essek's satisfied customers, he is recognized as a *HealthPlus Great Doc*.

Dr. Essak, an affiliate of Professional Medical Corporation, has been treating HealthPlus members out of his Lapeer practice for 17 years. Today, about 70 HealthPlus members rely on Dr. Essak to provide them with quality care and service.

Dr. Essak received a plaque and a gift certificate to SageBrush Cantina in Lake Orion from HealthPlus for his *Great Doc* recognition.

## Dr. Robinson

Donald Robinson, MD has been a member of the HealthPlus provider network for 14 years and nearly 500 HealthPlus members have selected him as their primary doctor. Why? The following statement from one of the members sums it up well…

"[Dr. Robinson] takes the time to listen to all of your problems. I've had few doctors in my lifetime and I can honestly say that he's the best."

To acknowledge the quality care and service he provides to his patients, HealthPlus has recognized Dr. Robinson as a *Great Doc*. He attended a University of Michigan basketball game as a guest of HealthPlus and received a plaque for his Flint office.

## Dr. Kamaraju

For the past nine years, HealthPlus members in the Bay City area have chosen to receive primary medical care from Praveen Kamaraju, MD. The quality care and service he provides to nearly 200 HealthPlus members today is reflected in these patient comments…

"[Dr. Kamaraju] treats me with respect. I always feel cared for and about. He always remembers our last visit which makes things flow and more comfortable. He greets me with a handshake and ends the visit with one. He is kind and cares about me. This makes him great."

As a result of the satisfaction expressed by his patients, Dr. Kamaraju has earned *HealthPlus Great Doc* recognition. He received a plaque and a gift certificate to Olive Garden in Bay City.

**Roy Small, DO**

**Baha David Essek, MD; Todd Hachigian MD; HealthPlus Vice President Erik Helms; and Donald Robinson, MD**

**Praveen Kamaraju, MD and staff**

## Dr. Hachigian

"Dr. Hachigian is a great doctor!"

HealthPlus agrees with this comment from a patient of Todd Hachigian, MD, which is why he has been recognized as a *HealthPlus Great Doc*. The patient went on to share the following thoughts about Dr. Hachigian:

"He stays current on the latest medical advancements and treatment plans related to my health. He always explains what he is doing and why in a way that I can understand. He even provided me with advice and tips for buying a good heart monitor. Dr. Hachigian is everything you would want in a doctor!"

In recognition of the quality care and service he provides to his patients, Dr. Hachigian accompanied other *HealthPlus Great Docs* to the University of Michigan vs. Michigan State basketball game at Crisler Arena March 3 and he received a plaque for his Rochester Hills office.

## Dr. Small

Roy Small, DO, a Memorial Medical Associates/Memorial Healthcare doctor, joined the HealthPlus provider network in 1996. Today he provides quality care and service to nearly 300 HealthPlus members out of his Chesaning office. He was recognized as a *HealthPlus Great Doc* based on patient nomination.

"Dr. Small stays on top of everything related to my health," said one satisfied patient. "He uses his computer and looks at my past health history. I don't have to worry about my health because Dr. Small watches over me and takes excellent care of me."

To thank and recognize Dr. Small for his outstanding service, HealthPlus invited him to the University of Michigan vs. Michigan State basketball game at Crisler Arena March 3 and presented him with a plaque for his office.

**Congratulations and thank you to all of these *Great Docs* and their teams!**

# *Helping you with HEDIS®...*

# Comprehensive Diabetes Care

*Comprehensive Diabetes Care* looks for your patients 18-75 years of age with diabetes (type 1 and type 2) who had each of the following: HbA1c testing, HbA1c (poor control) > 9.0%, eye exam (retinal) performed, LDL-C screening, LDL-C control (<100 mg/dl), medical attention for nephropathy, BP control (< 140/80 mm Hg)

## WHAT YOUR PROVIDER OFFICE NEEDS TO KNOW

There are two ways to identify patients with diabetes for the HEDIS® measure:

- pharmacy data and/or
- claim/encounter data

Patients who were dispensed insulin or oral hypoglycemics/ antihyperglycemics are included, as well as patients who have had *two* face-to-face encounters with a diagnosis of diabetes on different dates of service in an outpatient setting or non-acute inpatient setting, or one face-to-face encounter in an acute inpatient or ER setting. Some common codes include:

ICD-9: 250, 357.2, 362.0, 366.41 and 648.0

HbA1C Control > 9% = Poor Control

| < 7% | 9% > |
|---|---|
| Lower/Better | Higher/Not Controlled |

## "HOW CAN I IMPROVE MY HEDIS® SCORES?"

- Address diabetes standards of care at each patient office visit
- Order lab work prior to patient appointments
- Yearly HbA1c tests for all patients with diabetes
- Yearly cholesterol screenings for all patients with diabetes
- Yearly microalbumin measurements for all patients with diabetes
- Monitor blood pressure at each office visit
- Yearly dilated eye exams for all patients with diabetes
- Ongoing adjustments in treatment plans to achieve HbA1c < 7%
- Adjust therapy to improve A1c, LDL, and blood pressure control
- Implement standing orders for all patients with diabetes

## IS A READING OF 140/80 CONSIDERED CONTROLLED?

NO. The reading must be <140/80. A target of <130/80 is preferred for optimal control in the diabetic population per the American Diabetes Association.

Refer patients to the HealthQuest Disease Management Program at 1-800-345-9956, ext 8050.

If you find that our records do not reflect the information you have and your patient does not have a diagnosis of diabetes, please contact Marilyn Legacy, Manager, Clinical Performance Improvement, at (810) 720-8185 or mlegacy@healthplus.org.



***Billing and medical record documentation should always support the level of service provided at that visit.***



*www.healthplus.org*

HealthPlus™ The Right Plan for a Healthier You™

# HealthPlus Corporate Compliance Program

(Commercial, Medicaid, MIChild, County Health Plan, and Medicare product lines and their respective products e.g., HMO, PPO, TPA, and Medicare Part D).

The purpose of the HealthPlus Compliance Program is to prevent, detect, and correct illegal, improper, and unethical conduct, and to protect HealthPlus and the public from misconduct. Our compliance program acts as an oversight mechanism to assure that all applicable laws, regulations, and internal policies and procedures are appropriately being followed. Establishing a compliance program confirms our commitment to honest and responsible conduct by providing guidance and education to employees, members, providers, employer groups, contractors, and first-tier, downstream, and related entities, identifying and preventing criminal and unethical conduct, and improving the quality, efficiency, and consistency of services. Issues are thoroughly and quickly reviewed and appropriate action is taken in a timely manner. HealthPlus encourages employees, members, providers, practitioners, and first-tier, downstream, and related entities to report any potential compliance issue. You can report issues anonymously, and HealthPlus cannot retaliate against you for reporting violations to us or to the government.

## Examples of Fraud, Waste & Abuse

As partners in providing quality health care, HealthPlus relies on its employees, members, providers, employer groups, and agents to report potential fraud, waste, and abuse (FWA) issues. Below are examples of fraudulent behavior. If you suspect any of the following, please report it immediately to the HealthPlus Compliance & Privacy/Security Official.

Examples of FWA by a member include the following:

- Altering a prescription
- Altering medical records (services/prescriptions)
- Prescription diversion /inappropriate use
- Altering referral forms
- Identify theft
- Prescription stockpiling
- Misrepresentation of eligibility status
- Resale of medications on the black market
- Letting someone else use their HealthPlus insurance card to get medical services
- Using transportation services to do something other than going to the doctor
- Doctor shopping (seeing various doctors to obtain additional services or medications)

Examples of FWA by a provider/prescriber include the following:

- Lying about credentials such as a college degree
- Billing for services that were not done
- Billing a balance that is not allowed
- Double billing, upcoding, and unbundling
- Collusion among providers – providers agreeing on minimum fees they will charge and accept
- Underutilization-not ordering medically necessary covered services
- Script mills – provider writing unnecessary prescriptions or to patients who are not theirs.
- Falsifying information (not consistent with medical record) submitted through a prior authorization or other formulary oversight mechanism in order to justify coverage
- Payment for prescription drug-switching

Examples of FWA by a pharmacy include:

- Inappropriate billing practices
- Billing for:
  - multiple payers for same Rx
  - non-covered items as covered
  - brand when generic is dispensed
  - prescriptions not picked up
- Inappropriate use of "dispense as written" codes
- Drug diversion
- Dispensing expired/adulterated prescription drugs
- Prescription drug-shorting
- TrOOP manipulation (True Out-of-Pocket costs)

Examples of FWA by an employee of HealthPlus include the following:

- Lying about a provider's credentials or provider network
- Forging a signature on a contract
- Intentionally submitting false claims
- Rigging bids – collusion between state employees and HMO employees
- Excessive salaries and fees to close associates of HMOs
- Plan intentionally denies covered benefits
- Inappropriate incentive plans
- Inappropriate cost-shifting to carved out services
- Embezzlement or theft
- Awarding a contract based solely on friendship or family relationships
- Not paying providers for services

## Meet our Corporate Compliance & Privacy/Security Official

HealthPlus' Corporate Compliance & Privacy/Security Official is Theresa M. Schurman, Esq. Ms. Schurman is responsible for overseeing the HealthPlus Compliance Program, including the review of processes and practices to assure state/federal regulations and HealthPlus policies and procedures are followed. If a process is not being followed, Theresa and her team work with the appropriate individuals to initiate a change. She also coordinates education to employees, providers, members, Board members, and first-tier, downstream, and related entities. (To contact Ms. Schurman, see *Reporting Potential Compliance Issues* below.)

## Reporting Potential Compliance Issues

HealthPlus maintains a strict non-retaliation procedure to protect employees, members, and providers who report compliance problems and concerns. Those who report issues may do so without fear of retaliation or retribution. Fraud, waste, and abuse (FWA) can be reported anonymously and you will not be penalized for filing a complaint with HealthPlus or the federal or state government. To report a potential compliance issue for all product lines:

Compliance Hotline: 1-888-706-1504 (you do not have to leave your name)

Web-Based Reporting: healthplushotline.ethicspoint.com

Call or Write: Theresa M. Schurman, Esq.
Corporate Compliance & Privacy/Security Official
HealthPlus of Michigan
2050 S. Linden Road, Flint, MI 48532
810-720-8199 tschurma@healthplus.org.

Medicaid FWA can also be reported directly to:
Office of Health Services Inspector General
PO Box 30479
Lansing, MI 48909
1-855-MI-FRAUD (643-7283)
www.michigan.gov/fraud

Medicare & Medicare Part D issues can also be reported to:
Centers for Medicaid & Medicare Services
1-800-447-8477;
Office of Inspector General (OIG) of Health & Human Services
1-800-447-8477
Medicare: Medicare Recovery Audit Contractor (RAC)
Medicare Part D: Medicare Part D Drug Integrity Contractor (MEDIC). For current RAC & MEDIC, see www.cms.hhs.gov.

For individuals within the Federal Employees Health Benefit Program (FEBHP):
Insurance Fraud (202) 418-3300
OPM Office of the Inspector General
1900 E Street NW Room #6400
Washington, DC 20415-0001
OIGHotline@opm.gov

All applicable law enforcement agencies.

# Privacy Notice *Effective April 14, 2003*

HealthPlus of Michigan, HealthPlus Partners, HealthPlus Options, & HealthPlus Insurance Company[1]

***This notice describes how personal and medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.***

**Information We Have.** We receive enrollment information about you, which includes your date of birth, sex, identification number, and other personal information including social security numbers. We also receive bills, physician reports and other information about your medical care. For some health insurance programs, HealthPlus may have credit card and/or bank account information which is supplied by you for payment of premiums.

**Our Privacy Policy**. We care about your privacy, and we guard your information carefully. We are required to maintain the privacy of your information and to provide you with this notice of our legal duties and our privacy practices. Internally, we protect your oral, written and electronic information by requiring employees and others with access to such information to follow specific confidentiality and technology use procedures. We maintain physical safeguards such as shredding documents and securing buildings; electronic safeguards, such as encryption and monitoring; and procedural safeguards, such as customer authentication procedures, to guard your information against unauthorized access or use. We will not sell any information about you. Only people who have both the need and the legal right may see your information. Unless you give us a written authorization, we will only disclose your information for purposes of treatment, payment, business operations or when we are required by law to do so.

**Treatment.** We may disclose medical information about you for the purpose of coordinating your health care. For example, we may notify your personal doctor about treatment you receive in an emergency room.

**Payment.** We may use and disclose medical information about you so that the medical services you receive can be properly billed and paid. For example, we may ask a hospital emergency department for details about your treatment before we pay the bill for your care.

**Business Operations.** We may need to use and disclose medical information about you in connection with our business operations with affiliated entities. For example, we may use medical information about you to review the quality of services you receive and to investigate fraud and abuse.

**Health-Related Benefits and Services.** We, or our agents, may contact you about other health-related benefits and services that may be of interest to you.

**As Required By Law.** We will release information about you when we are required by law to do so. Examples of such releases would be for law enforcement or national security purposes, subpoenas or other court orders, public health services, communicable disease reporting, disaster relief, review of our activities by government agencies, to avert a serious threat to health or safety or in other kinds of emergencies.

**Employer Plans**. We will share only enrollment information or summary health information (or other information if required by law) with an employer or plan sponsor. However, we may share your personal and medical information with the employer or plan sponsor if you are a participant or dependent in a self-funded employer health plan and the employer has provided us with written assurances that the information will be kept confidential and will not be used for an improper purpose.

**Authorizations.** If you give us a written authorization to do so, we may use and disclose your personal information. If you give us a written authorization, you have the right to change your mind and revoke that authorization.

**Copies of this Notice.** You have the right to receive an additional copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. Please call or write to us to request a copy.

**Changes to this Notice.** We reserve the right to revise the Privacy Notice. A revised notice will be effective for medical information we already have about you as well as any information we may receive in the future. We are required by law to comply with whatever notice is currently in effect. Any changes to our notice will be published in our member newsletter.

**Other Laws and Regulations.** HealthPlus must comply with all applicable federal and state laws and regulations. Michigan law and other federal law may provide additional protection for your personal health information (e.g., social security numbers, HIV/AIDS, behavioral health, and minors).

**Your Right to Inspect and Copy.** Upon written request, you have the right to inspect the information we have about you and to get copies of that information.

**Your Right to Amend.** If you feel that the information about you, which we have, is incorrect or incomplete, you can make a written request to us to amend that information. We can deny

your request for certain limited reasons, but we must give you a written reason for our denial.

**Your Right to a List of Disclosures.** Upon written request, you have the right to receive a list of our disclosures of your information, except when you have authorized those disclosures or if the disclosures are made for treatment, payment, or health care operations. We are not required to give you a list of disclosures made before April 14, 2003.

**Your Right to Request Restrictions on Our Use or Disclosure of Information.** If you do so in writing, you have the right to request restrictions on the information we may use or disclose about you. We are not required to agree to such requests.

**Your Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. Your request must be in writing. For example, you can ask that we contact you only at home or only at a certain address or only by mail.

**How to Use Your Rights Under This Notice.** If you want to use your rights under this notice, you may call us or write to us. If your request to us must be in writing, we will help you prepare your written request, if you wish.

**Complaints and Communications to Us.** If you want to exercise your right under this Notice or if you wish to communicate with us about privacy issues or if you wish to file a complaint, you can write to: Compliance & Privacy/Security Official at 2050 S. Linden Road, Flint, Michigan, 48532 or call the Compliance Hotline at 1-888-706-1504. You will not be penalized for filing a complaint.

**Complaints to the Federal Government.** If you believe that your privacy rights have been violated, you have the right to file a complaint with the federal government. You may write to: Office of the Secretary, Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201. You will not be penalized for filing a complaint with the federal government.

[1] When we refer to HealthPlus, we, or our, we mean HealthPlus of Michigan, Inc. and its affiliated entities, HealthPlus Partners, Inc., HealthPlus Options, Inc., and HealthPlus Insurance Company. We are affiliated entities as defined under the Health Insurance Portability and Accountability Act and related regulations ("HIPAA") and we share information among ourselves as appropriate. When we refer to you, we mean a member of a HealthPlus of Michigan, Inc. and its affiliated entities, HealthPlus Partners, Inc., HealthPlus Options, Inc., and HealthPlus Insurance Company.

## Deficit Reduction Act/False Claims Act

The 2005 Deficit Reduction Act (DRA) established a new Medicaid Integrity Program that is very similar to the Medicare Integrity Program. The 2005 DRA funded this new Fraud and Abuse detection program with an increased level of funding up to $75 billion by 2009. This level of funding indicated the rising intensity of Medicaid scrutiny. When an organization comes under the scrutiny of the Medicaid Integrity Program, one of the items that will be reviewed is whether the organization did an adequate job of communicating the details of the False Claims Act (FCA) and the whistleblower protections throughout the organization and to agents and contractors.

If you have any questions regarding the DRA or FCA, please contact HealthPlus' Compliance & Privacy/Security Official, Theresa M. Schurman, Esq., at (810) 720-8199 or at tschurma@healthplus.org. The HealthPlus Internet website www.healthplus.org may be accessed to review HealthPlus' Corporate Compliance Program, details of the False Claims Act, and HealthPlus' procedure for identifying and reporting Fraud, Waste, & Abuse.