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Clinic Manager

Billing Supervisor

Office Staff

UPHP Clinical Advisory Committee Meeting Update

The Upper Peninsula Health Plan (UPHP) Clinical Advisory Committee held its quarterly meeting March 14, 2018. The Committee members reviewed and approved the following clinical practice guidelines:

- *MQIC-Advance Care Planning*
- *MQIC-Management and Prevention of Osteoporosis*
- *MQIC-Opioid Prescribing in Adults Excluding Palliative and End-Of-Life Care*

The Committee reviewed and approved the following utilization-management criteria:

- *Panniculectomy Criteria*
- *Hearing Aid Criteria*

The Committee also reviewed and approved use of the Michigan Department of Health and Human Services Medicaid Provider Manual Criteria for Genetic and Molecular Testing.

Copies of the UPHP adopted clinical practice guidelines and utilization management criteria can be downloaded anytime at www.uphp.com/providers.

Utilization management criteria is available by request and can be mailed, faxed, or emailed by calling UPHP at 1-800-835-2556, choose option two (Providers), and choose five to speak to UPHP Utilization Management staff.



Effective 1/1/2018 – Updated Provider Incentive Reference Sheet

Care of Older Adults Provider Incentive Reference Sheet
UPHP WILL PAY \$5.00 PER CPT II CODE

CODES & CRITERIA: Care for the Older Adults - Ages 65 years and older¹

<p>Medication Review 1159F and 1160F (both)</p>	<p>Documentation must include the following:</p> <ul style="list-style-type: none"> • A medication list in the medical record, <i>and</i> evidence of a medication review by a prescribing practitioner or clinical pharmacist and the date when it was performed • Dated notation that the member is not taking any medication
<p>Functional Status Assessment 1170F</p>	<p>Dated documentation in the medical record of a complete functional status assessment:</p> <ul style="list-style-type: none"> • ADL's were assessed <i>or</i> • IADL's were assessed
<p>Pain Assessment 1125F – Pain severity quantified; pain present <i>OR</i> 1126F – No pain present</p>	<p>Dated documentation in the medical record of a pain assessment – which may include positive or negative findings</p>
<p>Advance Care Planning 1157F Advance care plan or similar legal document present in medical record <i>OR</i> 1158F Advance care planning discussion in medical record <i>OR</i> 1123F Discussed and documented advance care plan <i>OR</i> surrogate decision maker documented in the medical record <i>OR</i> 1124F Discussed and documented advance care plan but patient did not identify a surrogate decision maker</p>	<p>Dated documentation that the member:</p> <ul style="list-style-type: none"> • Previously executed an advance care plan <i>or</i> • A discussion that preferences for resuscitation, life-sustaining treatment and end of life care were discussed <i>or</i> • The actual presence of an advance care plan in the medical record

¹ 65 years of age and older – once per member per year

Medication Reconciliation Post-Discharge Provider Incentive Reference Sheet
UPHP WILL PAY \$5.00 PER CPT II CODE

CODES & CRITERIA: UPHP MI Health Link or Medicare Advantage - Ages 18 years and older²

<p>Medication Reconciliation Post-Discharge 1111F</p>	<p>Dated documentation of a medication review in which the discharge medications are reconciled with the most recent medication list in the outpatient medical record. Reconciliation is conducted by the prescribing practitioner, registered nurse, or clinical pharmacist. <i>Outpatient visit with the patient is not required.</i></p>
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² 18 years and older – will only be paid if coded within 30 days of a discharge event from hospital or nursing home setting

Medical Pharmacy (J Code) Prior Authorizations

This pertains to drugs that are paid under the medical coverage benefit, administered by practitioners in physician offices, outpatient facilities, and home infusion centers.

- Authorization must be obtained from Magellan Rx before services are provided.
 - Requests can be made:
 - 1) via the portal at ih.magellanrx.com
 - OR
 - 2) by calling 800-424-8241
 - Urgent requests are completed within 24 hours from receipt of all necessary information.
 - Routine requests are completed within 72 hours from receipt of all necessary information.
 - Retrospective requests will not be reviewed.
- Magellan Rx offers **peer to peer discussions (P2P)** prior to any adverse determination.
 - A Magellan Rx clinician, such as a clinical pharmacist, reaches out to the provider during the clinical review process to clarify or receive additional information to support the request.
 - The Magellan Rx clinician explains the medically necessary criteria required for approval.
 - The provider has the opportunity to speak with a physician clinical reviewer (PCR) to explain their case for an off-policy approval. If sufficient supportive evidence is provided, the PCR can allow an off-label approval.
 - Utilizing this service will eliminate the need for reconsideration (if applicable) or appeal.



FORMULARY AVAILABILITY 2018

All Upper Peninsula Health Plan (UPHP) Medicaid and Medicare information can be found at www.uphp.com.

Medicaid, Healthy Michigan Plan, and Children's Special Health Care Services (CSHCS)

The searchable UPHP Medicaid/CSHCS/Healthy Michigan Plan Formulary aligns with the Michigan Department of Health and Human Services (MDHHS) Common Formulary. It can be found at: <http://www.uphp.com/pharmacy/formulary-info/>.

The formulary status of medications, quantity limits, age limits, step therapy requirements and prior authorization criteria is listed within this searchable tool. The information in the Formulary is updated regularly, so using this information will help reduce time spent guessing which agents are covered, which agents will need prior authorization, which agents are billed as a medical benefit and which agents are carved out to the State of Michigan Fee-for-Service plan.

UPHP MI Health Link, UPHP Advantage and UPHP Choice Medicare Plans

The individual links for each of the different searchable UPHP Medicare Formularies can be found at: <http://www.uphp.com/medicare/providers/formulary/>.

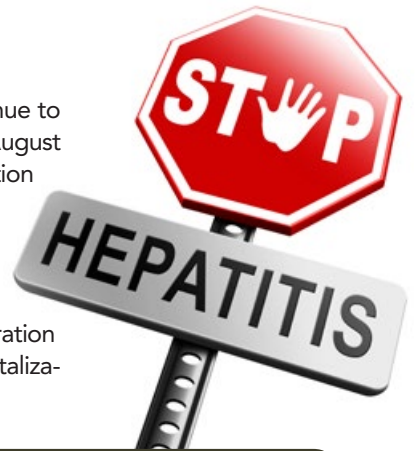
Each UPHP Medicare plan has a unique formulary. Please be certain you are using the information for the correct plan. Medicare formulary and Medicare coverage determination (prior authorization) information can also be found on this website.

For more information, call Magellan Rx Customer Service at 855-380-0275 (TTY: 711) 24 hours a day, seven days a week. You may also call UPHP at 1-906-225-7500.

Michigan Hepatitis A Outbreak

Public health officials and the Michigan Department of Health and Human Services (MDHHS) continue to see an elevated number of hepatitis A cases in the state. Since the beginning of the outbreak in August 2016, public health response has included increased health care awareness efforts, public notification and education, and outreach with vaccination clinics for high-risk populations.

No common sources of food, beverages, or drugs have been identified as a potential source of infection. Transmission appears to be through direct person-to-person spread and illicit drug use. Those with history of injection and non-injection drug use, homelessness or transient housing, and incarceration are thought to be at greater risk in this outbreak setting. Notably, this outbreak has had a high hospitalization rate.



Michigan		
Cases	Hospitalizations	Deaths
777	628 (80.8%)	25 (3.2%)

Source: MDHHS; data current as of March 7, 2018. Please note: Table does not include all reported hepatitis A cases in the outbreak region; only those cases that are identified as outbreak-related. More descriptive data on the current outbreak can be found within the Comprehensive Summary. Data are provisional and subject to change.

Hepatitis A can be prevented with a safe and effective vaccine. Stop the spread of this infection.

Please visit http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2955_2976_82305_82310-447907--,00.html for more information on what you can do to help protect your members and our communities.

Infant Mortality Reduction: Focus on Perinatal Oral Health

Mission: To improve health outcomes for pregnant women, infants and families living in Michigan – Infant Mortality Reduction Program

Michigan’s focus on perinatal oral health is part of a state plan to reduce infant mortality. Michigan’s Infant Mortality Reduction Plan is a statewide strategic effort to improve infant mortality and strengthen the system of perinatal care available to women and infants. Recent studies have reported associations between oral diseases, particularly periodontal disease and an increased risk for poor birth and pregnancy outcomes such as preterm birth, low birth-weight and gestational diabetes.

Beginning July 1, 2018, all pregnant women will qualify for dental benefits through the Upper Peninsula Health Plan. This will greatly expand pregnant women’s access to dental providers throughout the region. Please contact Lindsey Havel, Quality Program Manager, at lhavel@uphp.com or 906-227-5681 for a guide regarding Michigan perinatal oral health.



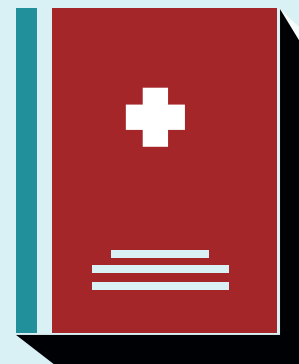


What Can Providers Do Now to Prevent Addiction, Overdose and Death?

- Stay abreast with the constantly evolving facts that uncover the root causes of the opioid epidemic.
- Remember – opioid tolerance starts somewhere between three to seven days.
- Don't abandon patients with life-altering pain or force patients taking long-term opioids to the street.
- Take a team-based approach and don't go it alone – surgery, rehabilitative medicine, pain management, addiction management, and behavioral health should all be part of the solution.
- Start conversations at the first day of prescribing opioids and continue them with patients to discuss that opioids need to be stopped as soon as possible.
- Monitor and screen for tolerance, dependence, addiction, and risk for overdose and death.
- Learn how to appropriately taper existing opioids and determine if an underlying opioid use disorder exists.
- Utilize patient contracts that include meaningful informed consent.

UPHP Provider Directory

The Centers for Medicare & Medicaid Services (CMS) has issued guidance to health plans stressing the importance of providing accurate data to beneficiaries in provider directories. **CMS has previously and will continue to make calls to physician offices to verify that office information was listed correctly in our directory.** Most offices are familiar with our Quarterly Provider Practice Verification fax that gets sent out; we use the information that is returned back to us to make appropriate changes in our directory (as well as our billing system) to ensure timely payment on claims. **It is imperative that the changes provided to us by office managers reflect what the front office staff is informing callers on the phone.** This is also true for information provided to us through other communication methods such as emails, information update forms, and even the initial credentialing application. If you have any questions, please contact UPHP Provider Relations at 906-226-4285.



Preventing and Reporting Fraud, Waste and Abuse

The Upper Peninsula Health Plan (UPHP) maintains written policies to help prevent, detect and correct fraud, waste and abuse (FWA). These policies must also be adopted by any other entity or person which or who furnishes or authorizes the furnishing of health care items or services and/or performs billing or coding functions on behalf of UPHP. FWA are practices that are inconsistent with sound fiscal, business, or medical practice, and result in an unnecessary cost to the Medicaid or Medicare programs, or in reimbursement for services that are not medically necessary or fail to meet professionally recognized standards for health care.

Adhering to all applicable billing and coding requirements and standards protects Medicaid and Medicare beneficiaries and helps prevent FWA. It also helps ensure prompt and appropriate reimbursement to our providers. Examples of FWA include:

- Billing for items or services not rendered or supplied
- Upcoding the level of service provided
- Altering medical records
- Unbundling
- Charging excessively for services or supplies
- Paying for referrals of Medicare and Medicaid program beneficiaries

UPHP's FWA policies and procedures and general compliance information is available at www.uphp.com. UPHP supports several channels to report FWA. You may report anonymously. There can be no retaliation against you for reporting suspected noncompliance in good faith.

You may contact Melanie Bicigo, UPHP Compliance Officer, at 906-225-7749 or mlbicigo@uphp.com.

You may report any suspected Medicaid FWA directly to the Michigan Department of Health & Human Services (MDHHS) - Office of Inspector General (OIG) at: 855-MI-FRAUD (855-643-7283).

Or send a letter to:

**Office of Inspector General
PO Box 30062
Lansing, MI 48909**

You may report any suspected Medicare FWA directly to the HHS OIG:

- Phone: 1-800-HHS-TIPS (1-800-447-8477) or TTY 1-800-377-4950
- Online: <https://forms.oig.hhs.gov/hotlineoperations/index.aspx>

For Medicare Parts C and D:

- National Benefit Integrity Medicare Drug Integrity Contractor (NBI MEDIC) at 1-877-7SafeRx (1-877-772-3379)

For all other Federal health care programs:

- Centers for Medicare & Medicaid (CMS) Hotline at 1-800-MEDICARE (1-800-633-4227) or TTY 1-877-486-2048



REQUEST FOR Notification of Pregnancy

Providers notifying the Upper Peninsula Health Plan (UPHP) of pregnant members play an important role in the provision of care coordination services. With timely notification of pregnancy, UPHP Clinical Coordinators are able to contact members to offer resources such as:

- Pregnancy coordination/care management
- Referral to Maternal Infant Health Program (MIHP) and Women, Infant, and Children (WIC) services
- Transportation assistance
- Connection to community resources to assist with unmet social needs

The *Notification of Pregnancy Form* can be found on the UPHP website: <http://www.uphp.com/providers/forms-links/>.

A fillable PDF and hard copies can be requested by contacting Carlee Wasik at cwasik@uphp.com or 906-225-4654.

Tips and Tricks for Tick Season 2018

Tick-borne diseases are spreading further into the Upper Peninsula each season. There are several doxycycline products used to treat or prevent Lyme disease, Rocky Mountain Spotted Fever, and other tick-transmitted diseases. The Upper Peninsula Health Plan covers **Doxycycline Monohydrate**. To avoid delay in treatment, please prescribe the formulary covered product.

Formulary agents for tick-borne diseases:

- Doxycycline Monohydrate, 50mg and 100 mg tablets
- Doxycycline Monohydrate, 50mg and 100 mg capsules
- Doxycycline 25mg/5ml oral suspension for up to age 12
- Amoxicillin, all products (except amoxicillin ER 775mg)
- Cefuroxime 250mg and 500mg tablet

Please remind your patients to check for ticks on themselves, their children and pets daily. Disease is rarely transmitted within the first 48 hours a tick attaches.

The following are helpful reminders for your patients to follow during tick season:

- Check for and remove ticks after outdoor activities
- Bathe after outdoor activities where ticks are abundant
- Wear protective clothing
- Use tick repellent on skin and clothing



Developmental Testing and Billing Needed

The rate for developmental screening in the Upper Peninsula is improving; however, it continues to be significantly lower than rates of other Medicaid managed care plans throughout Michigan.

The American Academy of Pediatrics recommends conducting developmental surveillance at every health supervision visit and **conducting general screening using evidence-based tools at nine, 18, and 30 months, or whenever a concern is identified.**

Use the following CPT code to bill for developmental screening:

- **CPT code 96110:** Screening tool completed by parent or non-physician staff and reviewed by the physician

This is a billable code through the Upper Peninsula Health Plan (UPHP) with a reimbursement amount of \$9.20. UPHP is also offering a value-based payment opportunity for provider practices. **In 2017, UPHP paid out \$34,395.93 to provider practices who met the criteria for the Value-based Payment for Developmental Screening.**

If you have any questions related to evidence-based screening tools, billing and coding, or value-based payment opportunities related to developmental screening, please contact Chris Rhoades in the UPHP Quality Department at 906-226-1907 or crhoades@uphp.com.



New Provider HMP HRA Outreach Materials

The Michigan Department of Health & Human Services (MDHHS) recently released new outreach materials to assist providers with the revised Healthy Michigan Plan (HMP) Health Risk Assessment (HRA). Three fact sheets have been developed to explain the new MI Marketplace option, how the HMP HRA can be used as a tool to help develop a patient-centered care plan, and how to appropriately complete the HMP HRA. The fact sheets are available at http://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943_66797-325070--,00.html under the "HRA Fact Sheets" heading.

One of the key changes made to the HMP HRA takes into account beneficiary progress on the previous year's healthy behavior goals. Primary care providers (PCPs) can help their HMP patients with completing the HRA by filling out section four, which includes the following components:

- Healthy behavior goals progress
- Healthy behavior goals
- PCP signed attestation

HMP beneficiaries who do not complete an HRA do have additional opportunities to comply with healthy behaviors requirements. Those with documented participation in an approved managed care plan wellness and population health management program will be eligible for Healthy Behaviors Incentives. Additionally, using claims and encounter data, the State will document healthy behaviors for managed care plan members who use the following preventive and wellness services:

- Annual preventive visit
- Preventive dental screenings
- Appropriate cancer screenings
- Tobacco cessation
- Advisory Committee on Immunization Practices recommended vaccination(s)
- Other preventive screenings

**MDHHS plans to post additional fact sheets online to aid providers in the coming weeks.
For more information, visit www.michigan.gov/healthymichiganplan.**

UPHP Member Registry Returning

The Upper Peninsula Health Plan (UPHP) is pleased to announce its new Provider Registry and Population Health Management Tool:

Verscend® Provider Intelligence

- Primary care providers will have access to all their UPHP members
- Select member care gaps will be accessible in the tool
- Member risk scores, claims, and cost information will be available
- Projected to go live in quarter two of 2018

Please contact Lindsey Havel, Clinical Services Manager, at lhavel@uphp.com or 906-227-5681 for more information on Verscend® Provider Intelligence.

