



Please Route This Newsletter:

Clinic Manager

Billing Supervisor

Office Staff

UPHP Clinical Advisory Committee Meeting Update

The Upper Peninsula Health Plan (UPHP) Clinical Advisory Committee (CAC) held its quarterly meeting Sept. 12, 2018. The committee members reviewed and approved the following clinical practice guidelines:

- *MQIC-Management of Diabetes Mellitus*
- *MQIC-Treatment of Childhood Overweight and Obesity*
- *MQIC-Prevention and Identification of Childhood Overweight and Obesity*
- *MQIC-Prenatal and Postnatal Care*
- *MQIC-Diagnosis and Management of Asthma*

The committee reviewed and approved the following utilization management criteria:

- *Bariatric Surgery Criteria*
- *Reduction Mammoplasty Criteria*

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), then choose option five to speak to UPHP Utilization Management staff.



Michigan Medicaid Managed Care Common Formulary and UPHP Medicaid Common Formulary

As part of continued formulary management, the Michigan Medicaid Managed Care Common Formulary and Upper Peninsula Health Plan (UPHP) Michigan Medicaid Common Formulary are reviewed and updated on a quarterly basis.

Please note the following changes approved at the July 13, 2018, meeting that are effective as of **Oct. 1, 2018**:

Rapid Acting Insulin (quantity limits apply)

ADDED:

- AdmeLOG (insulin lispro) vial 100units/ml
- AdmeLOG (insulin lispro) Solostar* 100units/ml – ages 0-21

REMOVED:

- Humalog (insulin lispro) vials and KwikPens
- NovoLOG (insulin aspart) vials and FlexPen
- Apidra (insulin glulisine) vials and pen-injector

Respiratory Agents

ADDED:

- Levalbuterol HFA Inhaler – added as step therapy requires trial and failure of albuterol within the last 180 days

REMOVED:

- Symbicort 80-4.5mcg (budesonide/formoterol) inhalation – ages >12
- Dulera (mometasone/formoterol) inhalation

CURRENT COVERAGE of LABA/ICS INHALERS:

- **Fluticasone-salmeterol RespiClick 55/14, 113/14, 232/14 (AirDuo AG – authorized generic)**
Generic components are the same as Advair
- Symbicort 80-4.5mcg (budesonide/formoterol) inhalation – ages 0-12

Visit the UPHP website at www.uphp.com/pharmacy/formulary-info/ for more information.

CHAMPS Enrollment

The Michigan Department of Health and Human Services (MDHHS) has announced a new and final date of Jan. 1, 2019, that requires providers are enrolled and active in the State of Michigan's Community Health Automated Medicaid Processing System (CHAMPS).

This requirement will prohibit UPHP to pay providers with any state funds who are not enrolled or whose enrollment is not active. CHAMPS enrollment screens providers who are participating with Medicaid or a Medicaid health plan. This does not require you to accept Medicaid Fee-for-Service patients, but you are required if you are participating with UPHP.

Many of our UPHP providers are already enrolled and active. Those who are not or who let their enrollment lapse and become inactive will have claims denied.

To enroll, go to: <https://milogintp.michigan.gov/>. If you need help with the application process or have questions, please call the CHAMPS provider support line at 1-800-292-2550 (option four).



Chlamydia Rates Increasing Annually in Upper Peninsula; Screening Rates Continue to Be Low

Upper Peninsula Health Plan (UPHP) chlamydia screening rates for Medicaid and Healthy Michigan Plan members continue to be the lowest in the state compared to all other Medicaid health plans, with a rate of 46.17% for women ages 16-20 and 60.71% for women ages 21-24.

According to the *Upper Peninsula Community Health Needs Assessment*, local chlamydia rates have been slowly rising in recent years as both true incidence and provider adherence to testing recommendations increase. In the five-year period from January 2012 through December 2016, there were 3,358 cases of chlamydia reported across the 15 Upper Peninsula counties, resulting in an average of 672 per year. The hardest hit was Marquette County, with 1,098 cases in five years, which is to be expected with its larger college-age population. Second-highest was Chippewa County, also home to many college students, with 553 cases. Delta, Dickinson, Houghton, and Menominee counties each had more than 200 cases in five years, as the more populous counties generally reported more cases.

Recommendation: All sexually active women ages 16-24 should be screened for chlamydia, along with women ages 25 and up who are high risk.

Please do your part to stop the spread of this infection in our communities; implement standard processes or standing orders for this important screening!

Source: Upper Peninsula Community Health Needs Assessment.

More information at <http://www.wupdhd.org/wp-content/uploads/2018/08/Upper-Peninsula-Community-Health-Needs-Assessment-2018-Second-Edition-1.pdf>

PROVIDER SURVEY IN PROGRESS

Have you recently seen a survey pass over your desk? Or maybe an email in your inbox from Upper Peninsula Health Plan (UPHP)? Perhaps a phone call to your office asking you to participate?

Starting in 2016, UPHP Provider Relations was required by the Centers for Medicare and Medicaid Services to start sending out formal provider surveys to gauge satisfaction in different areas from our network providers. UPHP has been sending provider surveys for many years through different departments to meet certain National Committee for Quality Assurance standards or gather data when needed, but this is a more formal survey with standard questions going to all provider types. It has to be performed by an outside company and requires consistent questions year to year to enable us to review trends and progress over time. UPHP works with a vendor called SPH Analytics that issues the survey to providers on UPHP's behalf and collects and analyzes the data.

Survey questions include how the providers think about each different area of UPHP and the ease of access to get help when they need it from different departments, such as Pharmacy, Customer Service, Finance and Claims, Utilization and Quality Management, and Provider Relations and how the overall satisfaction of UPHP compares to other health plans.

Please make sure if you have this opportunity you take a few minutes to answer and provide us feedback about how we can best serve our network of providers. We thank anyone that has taken the time to respond and truly appreciate the feedback.

Smoking Cessation App Now Available to UPHP Members

UPHP is pleased to announce it now offers the Clickotine® app, powered by Click Therapeutics, free for Medicaid and Healthy Michigan Plan (HMP) members who want to quit smoking. This program uses a clinically-driven app that offers personalized messaging, controlled breathing, real-time social support, replacement distractions and tracking to show how much money has been saved since the person's quit date. Visit <https://www.clickotine.com/> to see all of the features this app offers.

More information on how UPHP HMP or Medicaid members can sign up for Clickotine® will be available soon on the UPHP website. Call Adele P. at UPHP at 906-225-4654 with any questions.




Click to quit.
You can do it!

Ready to try something new? You may have tried to quit in the past without success. Clicktone will give you the boost you need to quit—and for good.

Medical Record Documentation

The Michigan Department of Health and Human Services (MDHHS) Medicaid Provider Manual outlines medical record documentation requirements. Clear and complete medical record documentation ensures proper coding, increased quality scores, and most importantly, safe continuity and coordination of care for members.

Please ensure patient medical records include:

- Identifying patient information
- Identification of providers participating in care and information on services furnished by these providers
- A problem list, including significant illnesses and medical and psychological conditions
- Presenting complaints, diagnoses and treatment plans
- Prescribed medications, including dosages and dates of initial or refill prescriptions
- Information on allergies and adverse reactions
(or a note that the patient has no known allergies or history of adverse reactions)
- Information on advanced directives
- Past medical history, including physical examinations, necessary treatments and risk factors relevant to the particular treatment

Please contact Lindsey Havel at UPHP at 906-227-5681 or lhavel@uphp.com to request a complete copy of the MDHHS medical record documentation requirements.



Be FLUent

With the flu season upon us, the Upper Peninsula Health Plan (UPHP) encourages providers to talk with members about the importance of getting an annual influenza vaccine.

The Centers for Disease Control and Prevention (CDC) recommends an annual influenza vaccination for everyone six months and older. The CDC also recommends any licensed, age-appropriate flu vaccine (IIV, RIV4, or LAIV4) with no preference expressed for any one vaccine over another.

Nurse practitioners, physician assistants, and pharmacists who are on the front lines of patient care, and you, play a key role in engaging and informing your older patients about the dangers of flu, as well as the latest strategies for prevention. Don't forget to take care of yourself – get vaccinated and encourage staff to do the same. Doing so helps to protect your patients, your loved ones, and each other.

For more information regarding current vaccination recommendations, please see the *Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2018–19 Influenza Season* at <https://www.cdc.gov/flu/professionals/index.htm>.

Synagis Update for the 2018-2019 Season

In July 2014, the American Academy of Pediatrics (AAP) published a policy update for the use of Synagis (*Pediatrics* 2014;134:415-420). The AAP is not expected to make additional changes this year to recommendations for Respiratory Syncytial Virus (RSV) prophylaxis.

With the start of the 2018-19 Synagis® (palivizumab) season, the Upper Peninsula Health Plan (UPHP) will continue with the same Synagis® criteria that has been in place since 2014. Infants who meet criteria for Synagis® will be approved for up to five monthly doses between Nov. 15, 2018, and April 15, 2019. Historically, our region does not see RSV positives over 10 percent until well into December each year. Starting prophylaxis with Synagis® on or after Nov. 15 helps to ensure coverage well into April.

Synagis® criteria can be found at <http://www.uphp.com/pharmacy/formulary-info>.

Notifications are also sent to providers each year in October.



Know UPHP Member Rights and Responsibilities

Members of the Upper Peninsula Health Plan (UPHP) are entitled to specific rights regarding their health care and related services. UPHP also expects its members to be responsible for certain aspects of their health care and related services. As a provider of services to UPHP members, you need to be aware of these rights and responsibilities.

If UPHP members have questions about their rights or responsibilities, please refer them to their Member Handbook, the UPHP website (www.uphp.com), or to UPHP Customer Service at 1-800-835-2556.

MEMBER RIGHTS

- Receive information on beneficiary and plan information.
 - To get high-quality health care services that complies with our contract with the State and all State and Federal laws.
 - To be treated with respect and with due consideration for his or her dignity and privacy.
 - Ask for and be sent information about:
 - Upper Peninsula Health Plan
 - Out structure and operations
 - Our services
 - Our providers
 - Our provider incentive programs
 - Member rights and responsibilities
 - To have full discussions with your doctors about your treatment options and decisions, whether covered or costly, in a manner appropriate to your condition and ability to understand.
 - To work with your doctors to make health care decisions including the right to refuse treatment.
 - To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
 - To choose or change your primary care provider (PCP).
 - To know the names and backgrounds of your health care providers.
 - To have your medical and personal information kept private.
- To request and receive a copy of your medical records, and request those be amended or corrected.
 - To look at your records or those of your minor dependents at the office of your doctor during the doctor's normal work hours.
 - To have your problems taken care of quickly by filing a complaint or appeal.
 - To have a fair hearing with the State of Michigan.
 - To get your questions answered about your bills.
 - To have medical benefits even if you have or had a long-term illness or problems before you enrolled with UPHP.
 - To get help with any special disability needs you may have.
 - To get help with any special language or cultural needs you may have.
 - To be free from other discrimination prohibited by State and Federal regulations
 - To get information about how your PCP is paid.
 - To have the UPHP staff and its providers comply with all of your rights and responsibilities.
 - To make suggestions about member rights, member responsibilities and UPHP policies.

MEMBER RESPONSIBILITIES

- Be respectful to your doctors, all health care staff, and the UPHP staff.
- Tell your doctors your full health and social history.
- Follow the advice of your doctors.
- Get care if you are pregnant.
- Call UPHP Customer Service as soon as you know that you are pregnant.
- Ask questions about your care.
- Make and keep appointments.
- Cancel your appointments **24 hours ahead of time** if you cannot go.
- Follow UPHP rules.
- Tell UPHP and your local Department of Human Services office about name, address, and telephone number changes.
- Always carry your current mihealth and UPHP ID cards.
- Call UPHP if your UPHP card is lost or stolen.
- Call the Beneficiary Helpline if your mihealth card is lost or stolen.

FRIENDLY REMINDER

Diabetes Outstanding Care

The Upper Peninsula Health Plan (UPHP) Diabetes Management Program mailed outstanding care letters to patients living with diabetes in October. The letters are designed to remind patients to call their primary care provider to get needed diabetes care before the end of the year. Diabetes care emphasized in the letter includes:

- A1c
- Urine microalbumin
- Dilated eye exam

If a UPHP patient with diabetes calls your office, please try to arrange a 2018 appointment with them as soon as your schedule allows. This care is critical for improving the health of your patients living with diabetes and improving provider quality performance rates.



UPHP Program Integrity Practices

Protecting the integrity of the Medicaid and Medicare programs is a priority of the Upper Peninsula Health Plan (UPHP). In 2017, UPHP created an internal division called the Special Investigative Unit (SIU). The SIU meets every two weeks to assess or update any outstanding program integrity cases and to review new cases resulting from tips and grievances, data mining activity, and auditing.

Every time the SIU receives a tip, a thorough investigation is conducted. Investigation techniques include interviews, medical record requests, and on-site visits. UPHP must report any suspected fraud to the Michigan Department of Health and Human Services (MDHHS) as well as the Office of Inspector General (OIG). To date, the SIU has referred two providers and recouped payment on nearly 200 individual claims.

UPHP is committed to its members, providers, and community. Reducing fraud, waste and abuse (FWA) ensures our members receive excellent health care by dedicated professionals. 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 UPHP Compliance Officer Deanna Christesen at 906-225-1040 or dchristesen@uphp.com.

You may report any suspected Medicaid FWA directly to the MDHHS OIG at 855-MI-FRAUD (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:

- CMS Hotline at 1-800-MEDICARE (1-800-633-4227) or TTY 1-877-486-2048

Billing and Coding Best Practices

CODING for HEDIS

A provider's HEDIS performance scores can be negatively impacted when services are not billed or submitted correctly.

Most HEDIS measurements use claims information for evaluating performance. HEDIS includes codes from several coding systems including but not limited to:

- ICD-10-CM
- HCPCS
- CPT, including several CPT category II codes.

Detailed claim submission for diagnoses and services provided most accurately report the hard work done by Upper Peninsula Health Plan (UPHP) practitioners to provide quality care and meet HEDIS measures.

Medicare Risk Adjustment Coding

Submitting an inaccurate diagnosis that affects the hierarchical condition category (HCC) for Medicare is a compliance risk.

Select Medicare coding errors include:

- A discrepancy between the diagnosis codes billed versus the actual description in the medical record
- The highest degree of specificity was not assigned the most precise ICD-10-CM code
- Chronic conditions or status codes are not documented at least once annually
- Documentation does not indicate the diagnoses are being monitored, evaluated, addressed, or treated

Assess your billing practices for process improvement opportunities regarding clinical documentation and appropriate coding in your practice.

For more information visit: <https://www.aafp.org/fpm/2016/0900/p24.html>.

Balance Billing Has Potential Consequences

As a reminder to all providers, according to Michigan Department of Health and Human Services (MDHHS), providers cannot bill Medicaid beneficiaries except in limited, specific circumstances. Please refer to the MDHHS Medicaid Provider Manual, Section 11.1 for detailed information or to verify information before you bill.

Providers serving our MI Health Link (MHL) members are also prohibited from balance billing dual-eligible beneficiaries. Medicare-enrolled providers could be subject to sanctions if they violate this law. Upper Peninsula Health Plan (UPHP) is taking steps to remind providers of this to help ensure that does not happen. For more information, you can call UPHP for a copy of or see the following link: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/se1128.pdf>

Please make sure you talk to your billing departments and staff to ensure they are aware of the potential consequences for billing Medicaid and MHL beneficiaries.



Want to receive the quarterly UPHP Provider Newsletter via email?
Contact us at ProviderRelations@uphp.com to subscribe.