



April 2008
Working Together

WORKING TOGETHER
HEALTH PLAN OF MICHIGAN'S
LATEST HEALTHCARE NEWS

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HPM Springs into Action on HEDIS and Quality Scores

Health Plan of Michigan is in the midst of the HEDIS 2008 reporting season. HEDIS is the Healthcare Effectiveness Data and Information Set. It is a national set of uniform performance standards that is used to evaluate health plans and providers. The HEDIS 2008 reports will measure services delivered during the measurement year of 2007.

HEDIS is important for Health Plan of Michigan and its providers for several reasons. First, it is used by the State of Michigan to evaluate health plan performance and determine auto assignments of Medicaid members. Second, it is used by *U.S. News & World Report* and NCQA for their annual health plan rankings. HPM was ranked among the Top 10 Medicaid Health Plans in the country for 2007 and our goal is to move into the Top 5 Medicaid Health Plans for 2008. We cannot accomplish this goal without the assistance and support of our provider network.

From a provider perspective, HEDIS is important because it serves as the basis for HPM's Provider Incentive Bonus Program. HPM created this program about five years ago to ensure that there is an alignment of goals and incentives between the health plan and its providers.

The HEDIS reports are compiled using a combination of claims and medical records data. The medical record review process is currently underway in PCP and Specialist offices. We will be reviewing approximately 4,000 records at over 700 provider locations. HPM has contracted with the Medical Review Group to perform these reviews. Your office may be receiving a request in the near future to schedule a chart review on-site. We will make any arrangements necessary to ensure minimal disruption to your office during this time.

In some cases, HPM does not require an entire record review. Instead, the HPM Disease Management or Quality Management department will send a "fax back" form to the provider office to obtain information, such as lab results. These forms were created to reduce the burden of on-site chart review and offer a simplified way for provider offices to submit their HEDIS data to HPM.

Of course, the easiest way to minimize the chart review process and enhance HEDIS scores is to ensure that your office is using the most appropriate codes for the services rendered, whether it is for Diabetes Care, Prenatal and Postpartum Services or Well Child Visits. If you need assistance with proper HEDIS coding guidelines, please contact your Provider Services Representative.

Additional information for practitioners found at our HPM website: www.hpmich.com

- Health Plan of Michigan Formulary
- Member Rights and Responsibilities
- Provider Manual
- Provider Directory
- Clinical Practice Guidelines
- QM Program

Information is updated on a routine basis, please check back periodically for updates on new features and benefits. Hard copies are available by calling 1-888-773-2647.



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HPM Springs into Action (Cont'd)

In order to reach our goal of becoming one of the Top 5 Medicaid Health Plans in the country, HPM is focused on a few core measures where we need to improve. Those measures are:

- Well Child Visits 0-15 Months (6 or More Visits)
- Well Child Visits 3-6 Years
- Chlamydia Screening
- Appropriate Testing for Children with Pharyngitis
- Appropriate Treatment for Children with Upper Respiratory Infections (URI)

Watch for additional guidance for providers related to these important HEDIS measures.

Health Plan of Michigan wants to thank you in advance for your cooperation and support during this HEDIS season. If there is anything we can do to simplify the process for your office, please don't hesitate to call HPM Provider Services at 1-888-773-2647.

Information & Announcements

HEALTH PLAN OF MICHIGAN RELOCATES TO CITY OF DETROIT

HPM relocated its corporate headquarters and staff of over 100 employees to downtown Detroit on December 17, 2007. While the move presented many challenges, we are proud to announce that our operations were not impacted or delayed. All claims were processed and paid within our normal time line of 10 business days, with our claim checks being mailed each Monday.

Please remember to submit all correspondence, including paper claims, to our new address:

Health Plan of Michigan
777 Woodward Ave, Ste 600
Detroit, MI 48226

The main phone number for HPM is 1-313-324-3700. The Provider Services department toll free phone number remains the same at 1-888-773-2647.

10 Digit Member ID Numbers

The 10 Digit Medicaid Recipient ID number became effective on January 16, 2008. Beginning on January 16, 2008, enrolled health plans provided 10-digit beneficiary IDs in their encounter reporting. Eight-digit IDs should be entered with two leading zeroes for those ID #s created prior to January 16, 2008.

HPM Behavioral Health Benefits

Health Plan of Michigan contracted with MHNet to provide managed behavioral health services to our members, effective January 1, 2008.

MHNet is an independently owned, national behavioral health care company headquartered in Austin, Texas. Founded by clinicians in 1985, MHNet has experienced strong and steady growth for over 20 years and now covers more than 5 million lives nationwide.

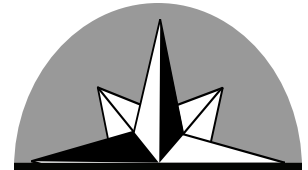
MHNet has an extensive network of mental health professionals and specialized programs to meet the needs of your patients within HPM's service area.

All mental health services will require prior authorization from MHNet. If you would like to facilitate a referral for one of your patients, please call MHNet at 1-888-222-8041. They are available 24 hours per day, 7 days per week to provide information, locate a mental health provider, arrange appointments and authorize services.

Refilling Prescriptions

A concern of many Primary Care Physicians is having your patients get and take prescriptions as ordered. Please remind your HPM members that a good rule of thumb is to refill their prescription five days before it runs out. Let the member know if they go any earlier, the pharmacy will not refill it and if they wait much longer they may run out.

It is also important when refilling prescriptions, members bring both the **Health Plan of Michigan** card and the **MiHealth** card provided by the State of Michigan. Not all prescriptions you order are covered by the health plan. Some, such as psychotropic, seizure and HIV medications, are exclusively covered by the State of Michigan.



“You cannot hope to build a better world without improving the individuals. To that end each of us must work for his own improvement, and at the same time share a general responsibility for all humanity, our particular duty being to aid those to whom we think we can be most useful.”

- Marie Curie

ENROLLEE RIGHTS AND RESPONSIBILITIES

- A right to receive information about the organization, its services, its practitioners and providers and enrollees' rights and responsibilities.
- A right to be treated with respect and recognition of their dignity and right to privacy.
- A right to participate with practitioners in making decisions about their health care.
- A right to a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
- A right to voice complaints or appeals about the organization or the care it provides.
- A right to make recommendations regarding the organization's enrollees' rights and responsibilities policies.
- A responsibility to supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care.
- A responsibility to follow plans and instructions for care that they have agreed on with their practitioners.
- A responsibility to understand their health problems and participate in developing mutually agreed-upon treatment goals to the degree possible.
- A responsibility to contribute towards their own health, including demonstrating appropriate behavior.

Health Plan of Michigan and contracted providers will comply with all requirements concerning enrollee rights. This document is available on the HPM website at www.hpmich.com.

Fraud and Abuse

Fraud and abuse in healthcare is a serious problem. At HPM we are committed to implementing the necessary measures to prevent and detect fraud and abuse. The following are some examples of fraud and abuse that providers should be aware of:

1. Billing for the same service more than once.
2. Billing for an office visit at a higher level than actually provided.
3. A primary care physician entering inappropriate authorizations for services to his/her assigned members.
4. Patients who use another person's identity to obtain services.
5. Attempting to fill an altered or falsified prescription.

Providers may report concerns directly to the Michigan Department of Community Health (DCH) at the following address. Reports can be submitted anonymously.

Program Investigation Section
 Capitol Commons Center Building
 400 S. Pine Street - 6th Floor
 Lansing, MI 48909
 Toll Free: 1-866-428-0005

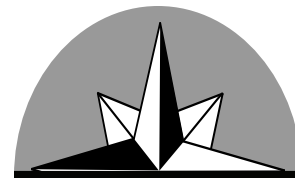
If you have a question or concern regarding a potential fraud or abuse situation, you may also contact HPM's Director of Provider Services at (313) 324-3700, extension 1500.

HPM RANKED IN TOP 10

The National Committee for Quality Assurance (NCQA) in its collaboration with *US News & World Report* featured the nation's top health plans in the November 5, 2007 issue.

Health Plan of Michigan was ranked among the Top 10 Medicaid health plans in the country. The rankings were based on combined HEDIS, CAHPS and NCQA Accreditation standards scores. HPM has achieved "Excellent" Accreditation from NCQA which is the highest level of accreditation that a health plan can obtain. HPM remains committed to delivering the highest quality of health care.

Not willing to rest with a Top 10 ranking, Health Plan of Michigan's goal for 2008 is to be ranked in the Top 5. To reach this goal, we will need the support of our provider partners.



"Our society must make it right and possible for old people not to fear the young or be deserted by them, for the test of a civilization is the way that it cares for its helpless members."

- Pearl S. Buck

Utilization Management

If You Have a Question about Utilization Management Decisions

Health Plan of Michigan staff are available during normal business hours Monday through Friday 8:00am-5:00pm to receive and return your calls regarding Utilization Management issues including denials and clinical criteria used in decision making. We provide 24 hour emergency phone coverage, 7 days a week, through our after hours program. All calls you make to HPM are toll free at 1-888-322-8843. When we answer the phone we'll greet you by identifying ourselves by name, title and company. At Health Plan of Michigan we encourage you to call whenever you have a question about the Utilization Management process.

Adequate Action Notice, Notice of Denial

It is the policy of the Health Plan of Michigan that all notifications of an adverse decision include:

- The specific reason(s) for the denial, in easily understandable language;
- A reference to the benefit provision, guideline, protocol or other criterion on which the denial decision was made;
- Notification that the enrollee/practitioner can obtain a copy of the actual benefit provision, guideline, protocol or other similar criterion on which the denial decision was based by contacting the UM Department;
- Information on how the practitioner can contact the reviewing physician or pharmacist to discuss the decision;
- Description of appeal rights;
- Explanation of the appeal process; and
- Description of the expedited appeal process for urgent pre-service and urgent concurrent denials.

Appealing Utilization Management Decisions on Behalf of the Enrollee

In accordance with the Department of Community Health (DCH) and the Office of Financial and Insurance Services (OFIS) regulations, Health Plan of Michigan requires that an enrollee submit written permission to the health plan for an authorized representative, including a physician, family member or other representative, to appeal a denied service on their behalf.

Please note that written permission from the enrollee must be received by the health plan prior to an appeal being processed.

Authorization Decisions

The references used in making authorization decisions are available upon written request. Our physician reviewer is also available to discuss clinical denial decisions with the requesting physician by calling 1-888-322-8843.

A Provider Statement About Incentives and Utilization Management

Health Plan of Michigan makes medical necessity (Utilization Management) decisions based only on the appropriateness of care and service and the existence of coverage. HPM does not specifically reward practitioners or other individuals for issuing denials of coverage or service care. Financial incentives for Utilization Management decision makers do not encourage decisions that result in underutilization.

Referral to Case Management

To refer a member to case management, select the "Notify HPM" button on the member screen in MCS. Enter a detailed description of the reason for the referral in the "Additional Comments" box, click on the "Case Management" button and hit "OK." A case manager will contact your office with a status on the referral of your patient. You may also call Member Services at 1-888-437-0606.



**"Reputation is what
other people know
about you. Honor is
what you know
about yourself."**

- Lols McMaster

Bujold

Quality Management

Clinical Practice Guidelines for 2008

As a member of the Michigan Quality Improvement Consortium (MQIC), Health Plan of Michigan (HPM) approves, adopts and distributes to its practitioners clinical practice guidelines developed by MQIC. HPM also develops clinical practice guidelines over and above those developed by MQIC. HPM utilizes the Physician Advisory Committee (PAC) and ad hoc members board-certified in varying specialties for development of any HPM initiated clinical practice guidelines. All HPM approved guidelines are reviewed at least every two years and updated as appropriate.

Below is a listing of all current HPM clinical practice guidelines reviewed and approved by the PAC for 2008. Those marked with an asterisk (*) were newly adopted in 2008.

Acute Pharyngitis in Children	Tobacco Control
Adult Preventive Services (Ages 18-49)*	Management of Post Partum Depression
Adult Preventive Services (Ages 50-65+)*	Medical Management of Adults with Hypertension
Appropriate Treatment for Children with Upper Respiratory Infection	Medical Management of Adults with Osteoarthritis
Diagnosis and Management of Adults with Chronic Kidney Disease*	Outpatient Management of Uncomplicated Deep Venous Thrombosis
Management of ADHD	Prevention and Identification of Childhood Overweight
Management of Adults with Chronic Heart Failure	Prevention of Unintended Pregnancy in Adults 18 Years and Older*
Management of Adults with Major Depression	Routine Prenatal and Postnatal Care
Management of Adults with Wounds	Routine Preventive Services for Children and Adolescents (Ages 2-18)*
Management of Diabetes Mellitus	Routine Preventive Services for Infants and Children (Birth-24 months)*
Management of Osteoporosis	Screening and Management of Hyperlipidemia
Management of Overweight and Obesity in the Adult	Screening Diagnosis and Referral for Substance Use Disorders
Management of Persistent Asthma in Adults and Children Older than 5 Years of Age	Management of Persistent Asthma in Infants and Children 5 Years of Age and Younger
Treatment of Childhood Overweight*	

These clinical practice guidelines are available at <http://www.hpmich.com/providertools.shtml>. Please contact the HPM Quality Department at 1-313-324-3744 to have copies sent to your office.

Early Periodic Screening, Diagnosis and Treatment (EPSDT)

Health Plan of Michigan wants to ensure our members always receive the best care. The Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Toolkit is an excellent resource developed by MSU. This toolkit includes forms for Well Child Exams from birth to age 20, Billing Code spreadsheets, Immunization tools, educational materials for parents and other great information. Please visit http://www.healthteam.msu.edu/imc/EPSDT/Toolkit_Content.htm to download copies of this useful information or contact HPM at 1-313-324-3744 and HPM will mail you copies.

Quality Management (Cont'd)

HEDIS and Medical Record Review - 2008

Health Plan of Michigan (HPM) is in the process of collecting medical record information for the Health Plan Employer Data Information Set (HEDIS). This data collection effort is part of the HPM's accreditation requirements developed by the National Committee for Quality Assurance (NCQA) and produces a standardized report set for comparison of health plans by purchasers and consumers.

HPM has contracted with The Medical Review Group to facilitate the data collection process. The Medical Review Group may have contacted your office to schedule an appointment to begin the data abstraction process. Prior to this appointment, you will be given a list of the identified members at your location. Please have the patient records available for the abstractors during their appointment.

Please note that complete confidentiality of all medical record data will be maintained. **No release of information is required from the patient.** The HIPAA Privacy Rule (Section 164.502) expressly permits the use and disclosure of protected health information for treatment, payment and health care operations.

We appreciate your cooperation in this effort. By gathering this type of information, we will make significant strides toward improving the health and well being of our plan enrollees. If you have any questions about this process or the HEDIS project please call HPM at 1-313-324-3742.

LEAD TESTING UPDATES

You may have been hearing a lot about lead in the news lately. Many children's toys have been recalled in the past months because they contain lead. Lead can also be found in soil, dust, and paint. Lead poisoning may cause irreversible damage to children's health and development and rarely shows any symptoms. Health Plan of Michigan is committed to ensuring that all our members ages 0 to 3 are tested for lead poisoning. The State of Michigan requires that all Medicaid children are tested for lead poisoning **before the age of one, again before the age of two, and then before three.** Testing children before the age of one is a new requirement. Additionally, the National Committee for Quality Assurance (NCQA) has introduced a new lead HEDIS measurement. Lead testing is extremely important. Please make sure your practice is testing all children between the ages of 0 and 3 for lead poisoning. Please also talk to parents about the importance of lead testing. If your practice would like to have equipment for lead testing including lancets, filter paper and lab slips that can be sent directly to the Regional State Lab for processing, please contact HPM at 1-313-324-3744 and we will be more than happy to have it delivered.

LEAD TESTS—BLOOD vs. HAIR

HPM has received some questions regarding using hair specimens to test for lead poisoning. HPM requires that testing for lead poisoning only be completed using a blood

specimen. Hair is a biological specimen that is easily and noninvasively collected, with minimal cost, and it is easily stored and transported to the laboratory for analysis. These attributes make hair an attractive biomonitoring substrate, at least superficially. Because lead is excreted in hair, many have suggested it for assessing lead exposure. However, an extensive debate is ongoing about the limitations of hair as a biomarker of metal exposure generally. At this time blood measurements are still the most reliable indicator of recent lead exposure¹.

HPM has posted two articles to its provider website at www.hpmich.com/providerlinks.shtml which further discuss the importance of using blood specimens for lead testing at this time. HPM continually researches new technology and development in the medical sciences to provide our members with the best treatment available. Please contact the HPM Provider Services department at 1-888-773-2647 with any questions or comments.

¹Barbosa, F., Jr., Tanus-Santos, J.E., & Gerlach, R.F. (2005). A critical review of biomarkers used for monitoring human exposure to lead: advantages, limitations, and future needs. *Environmental Health Perspectives*, 113(12), 1669-1674.

²Harkins, D.K., & Susten, A.S. (2003). Hair analysis: exploring the state of the science. *Environmental Health Perspectives*, 111(4), 576-578.



Health Plan of Michigan
777 Woodward Avenue.
Suite 600
Detroit, MI 48226

Provider Services Department:
Phone: 1-888-773-2647
Fax: 313-202-2008

**MAY IS OPEN ENROLLMENT
FOR MEDICAID MEMBERS!**

OPEN ENROLLMENT FOR MEDICAID MEMBERS MAY 2008

Medicaid Members can choose Health Plan of Michigan in the Month of May regardless of which Medicaid HMO they are enrolled in, if they reside in one of the following 41 Michigan Counties:

Allegan, Barry, Berrien, Branch, Calhoun, Cass, Clinton, Crawford, Eaton, Genesee, Hillsdale, Huron, Jackson, Kalamazoo, Kent, Lake, Lenawee, Livingston, Macomb, Manistee, Mason, Mecosta, Monroe, Montcalm, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Roscommon, Sanilac, Shiawassee, St. Clair, St. Joseph, Tuscola, Van Buren and Wayne

Healthcare Providers may encourage their Medicaid patients to switch to a Medicaid Health Plan of their choice. When Providers notice that a particular Medicaid Health Plan is properly caring for members and also keeping the best interest in mind for its contracted Providers, they are encouraged to support that plan by having members choose participation during this transition period. While Medicaid Health Plans cannot directly market to Medicaid Members, Healthcare Providers may utilize their own materials or strategies to help their patients choose the appropriate Medicaid Health Plan.

All Medicaid Members will have the Month of May 2008 to choose a new health plan by calling MIEnrolls at 1-888-367-6557

If you are pleased with **Health Plan of Michigan (HPM)**, we support your right to encourage members to select our health plan. We can accommodate and readily accept new members. If you should have any questions pertaining to the Enrollment period, please feel free to contact your HPM Provider Services Department at 1-888-773-2647.