



WORKING TOGETHER HEALTH PLAN OF MICHIGAN'S LATEST HEALTHCARE NEWS FOR PROVIDERS

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Health Information Technology Health Plan of Michigan's New Web Portal!

Health Plan of Michigan first released its Managed Care System (MCS) to all contracted providers four years ago. This new system allowed offices to connect directly to the same system we used to complete our day to day operations. At its peak, over 70% of authorizations were created by our providers in MCS, eligibility verification for all Medicaid Enrollees was performed, and member specific quality service reminders were accessed.

However, access to the MCS required the installation of software on each of our providers' computers and though we were encouraged with the use of our Managed Care System, many providers were unable to access the information due to system requirements. To resolve this issue, Health Plan of Michigan's own Information Systems Department worked for the past six months to provide another access point to the information. Their tireless effort has now allowed Health Plan of Michigan to release its new web portal!

Effective immediately, Providers are able to visit www.hpmich.com and log in to the Managed Care System web portal. This new web portal will allow all contracted providers, with Microsoft's Internet Explorer 7 Mozilla Firefox version 2 or higher, access to the same great functions they were accustomed to utilizing, including:

- * Eligibility Verification
Individual or batch searches, including current and historical verification for all Medicaid Enrollees up to 12 months prior from the search date.
- * Authorizations
Providers may enter and view authorizations. Approvals can then be sent via MCS or Fax to the servicing providers.
- * Claim Status
Received claims may be searched for payment information including reimbursement amount, check number and date of payment.
- * Member Information
Providers may view their HPM patients' demographic information, preventive health (HEDIS), authorizations, any known primary insurance, COB and utilization information. Also available is historical utilization of services including: Inpatient, Outpatient, Emergency, Professional, and Pharmacy.
- * Communicate Directly with HPM Staff
Providers may notify HPM of changes in member demographic information, a need for potential case management and member compliance concerns.

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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.



HPM's NEW WEB PORTAL !

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Through the release of this new web portal, Health Plan of Michigan hopes to increase provider use and also offer greater transparency for office staff. Our goal is always working to reduce provider office administration and improving patient care.

Facilitating this information sharing and allowing physician access to member utilization data will improve patient care and reduce costs. It will also be a key component in future opportunities involving Regional Health Information Organizations (RHIO) and Health Information Exchange (HIE) as each of us integrates healthcare information electronically across all health organizations in our community.

Network Development Specialists are currently visiting our contracted providers within the network to convert existing users and assist in registering new users for the web portal. For more information on how to access the web portal or for training on this new program, please contact the Health Plan of Michigan Provider Services Department at 1-888-773-2647.

Information & Announcements

CIO 2008 Award

Health Plan of Michigan is pleased to announce that we have been honored with a 2008 CIO 100 Award. The 21st annual award program recognizes organizations around the world that exemplify the highest level of operational and strategic excellence in Information Technology. Health Plan of Michigan was also recognized with the CIO 100 Award in 2007 with continued innovative use of automated technology. Health Plan of Michigan integrated data from the State of Michigan's fee-for-service Medicaid Program and other Medicaid health plan information into its managed care system to create a comprehensive health record for its members. The system enables health care providers to efficiently assemble health histories for new members. The organization was able to use this data to provide preventive health services to new patients, including over 1,800 Cervical Cancer screens and 541 screenings for Diabetes. Thomas Lauzon, Executive Vice President and CIO at Health Plan of Michigan expressed that it was a tremendous honor to receive such a prestigious award; not only one year, but two years in a row. Lauzon said, "Sitting at the table with fellow honorees such as the CIOs from American Express, Best Buy and the University of Notre Dame is what makes it so special. We are competing with the big dogs and to be recognized as one of the top 100 in that group makes it an amazing accomplishment. I have my IS Staff to thank. They are the reason we have been selected both years. They are truly amazing."

2008 HEDIS® Bonus

The third installment of the 2008 HEDIS® Bonus will be made at the end of October 2008. HPM will provide each PCP with a monthly HEDIS® report either electronically or hard copy. The report will list all members who require a HEDIS® service. In addition, Network Development Specialists will be meeting with each practice to answer questions and assist in developing a plan to ensure HPM members receive these important services.

HPM is committed to ensuring that our members receive quality preventive health care.

Increased Fees for Preventive Medicine Visits and Specific Newborn Care Codes

Effective October 1, 2008, the Michigan Department of Community Health increased the Medicaid fee screens for preventive medicine visits and specific newborn care codes. The new fee screens will be reflected on the appropriate October 2008 fee screen posted on the MDCH website (www.michigan.gov). Please refer to MSA Bulletin 08-45, or feel free to call Health Plan of Michigan's Provider Services department at 1-888-773-2647.

Genetic Testing

HPM requires prior authorization for "Genetic Testing." For instance, BRAC testing for breast and/or ovarian cancer would require a prior authorization. Please feel free to call Health Plan of Michigan's Authorization department at 1-888-322-8843.

Mandatory Enrollment for OB Members

Effective October 1, 2008 the Michigan Department of Community Health (DCH) mandated all pregnant women who receive health care coverage through the Medicaid program to select a Medicaid health plan. As a participating Health Plan of Michigan provider, we are asking for your help in coordinating the transition of these members. Our contracted obstetrical network provides the highest quality care for pregnant women, as evidenced by our prenatal care rate of 90%.

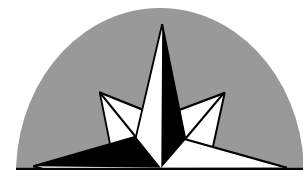
In addition, HPM wants to ensure that you are participating in our pay for performance program for contracted obstetrical providers.

Our pay for performance program has been designed to reward contracted physicians with a higher reimbursement rate for prenatal and postpartum care delivered within NCQA's Healthcare Effectiveness Data and Information Set (HEDIS) guidelines. All HPM contracted physicians providing obstetrical care are eligible for the bonus. Bonus amounts are listed in the table below.

CPT Codes	Bonus	HEDIS Standard
59425	\$100.00	Prenatal visit must be performed during the first trimester or within 43 days of enrollment, if already pregnant at the time of enrollment.
59426	\$200.00	
59430	\$100.00	Postpartum visit must be performed on or between 21 days and 56 days after delivery.

In addition to the incentive program, Health Plan of Michigan reimburses all participating providers who are open to new members at 104% of the Michigan Medicaid fee schedule. We also allow OB/GYN providers to serve as a member's PCP, if the provider is interested in doing so.

We thank you for your continuing participation within the Health Plan of Michigan provider network. If you should have any questions or would like to schedule a meeting to discuss Health Plan of Michigan further, please feel free to contact your Provider Service Representative at 1-888-773-2647.



**"I am only one,
But still I am one.
I cannot do
everything,
But still I can do
something;
And because I cannot
do everything
I will not refuse to do
the something that I
can do."**

-Edward Everett Hale



FLU VACCINE INFORMATION

Primary Care Providers who are contracted under a Fee for Service agreement receive reimbursement at the current Medicaid Rates for the administration of Flu Vaccines and the vaccine if the member is 19 years old or older. For those members six months to 18 years old the vaccine should be received from the local Health Department through the Vaccines for Children (VFC) program and reimbursement will be for the administration of the vaccination only. Primary Care Providers contracted under a capitation agreement will be reimbursed for the vaccine only if the member is 19 years old or older. There is no additional reimbursement for ages six months to 18 years. If you have any questions, please call Health Plan of Michigan's Provider Services Department at 1-888-773-2647.

Quality Management

Appropriate Antibiotic Use

Most children will suffer between 3 and 8 colds per year, and over half of patients seen for the common cold are given an antimicrobial prescription. Unnecessary antimicrobial therapy can be avoided by recognizing the signs and symptoms that are part of the usual course of these diseases.¹

Over the past 5 years, the rate of penicillin resistance increased by more than 300%, and the rate of cefotaxime resistance increased by more than 1000%.²

Inappropriate use of antimicrobials to treat acute upper respiratory tract infections (URIs) and acute pharyngitis, which usually have a viral etiology, contributes to the emergence and spread of antimicrobial resistance in *Streptococcus pneumoniae* and other human bacterial pathogens.³

Members frequently request antibiotic medications for viral illnesses. To help decrease these requests, Health Plan of Michigan (HPM) will be educating members on the dangers of antibiotic resistance and appropriate antibiotic use. Copies of the member educational materials can be made available to provider offices by calling 313-324-3744.

HPM reviews and approves acute pharyngitis and upper respiratory infection clinical practice guidelines (CPGs) annually. These guidelines have been adopted from the Michigan Quality Improvement Consortium (MQIC). Please view the provider section at www.hpmich.com to view these practice guidelines. They are also available in hard copy by calling 313-324-3744.

¹PEDIATRICS Vol. 101 No. 1 Supplement January 1998, pp. 181-184

²National Center for Immunization and Respiratory Diseases/Division of Bacterial Diseases

³J Gen Intern Med. 2005 October; 20(10):901-905



**“The way you see
people is the way you
treat them, and the
way you treat them is
what they become.”
-Johann von Goethe**

Help Your Patients Make a Smooth Transition to HFA Albuterol Inhalers

The U.S. Food and Drug Administration (FDA) has mandated the removal of the exemption granted to chlorofluorocarbon-based (CFC) metered-dose albuterol inhalers, and the transition to environmentally-friendly hydrofluoroalkane-based (HFA) albuterol inhalers by December 31, 2008.

During this important transition, the supply of CFC-based asthma inhalers will gradually decline, while supplies of HFA-based inhalers are expected to increase. It's important to talk to your patients now about transitioning to HFA inhaler alternatives early so they can successfully make the switch.

Your asthma patients' next appointment is an opportunity to discuss the switch to a safe and effective HFA quick-relief albuterol inhaler. If your patients currently have prescription drug coverage through their employer or through Medicare or Medicaid, they will need to confirm the copay that applies to the HFA quick-relief albuterol inhaler. Patients in need of financial assistance should contact The Partnership for Prescription Assistance at 1-888-477-2669 or visit www.pparx.org.

- Published by the Asthma and Allergy Foundation of America

2007 Quality Improvement Program Evaluation

2007 was another year of double-digit growth in membership for Health Plan of Michigan. Average membership increased 11% from 2006. HPM has remained focused on the goals of continuous quality improvement, maintaining the NCQA accreditation status of “Excellent”, being named one of the top ten health plans in the nation by US News and World Report, and pioneering innovative processes to enhance customer service and satisfaction for both members and providers.

Each year, Health Plan of Michigan (HPM) conducts separate member and provider satisfaction surveys. This survey is designed to validate information that is provided in the national CAHPS survey and identify actionable items for HPM to improve member satisfaction. In 2007, NCQA made significant changes to the CAHPS survey, which necessitated additional changes to HPM’s member survey. The results of this survey showed that consistent and ongoing outreach is needed to ensure that our growing membership will actively participate in their health care. In 2008, HPM will focus on the effectiveness of written materials and satisfaction with complaint resolution in response to the survey results.

The results for the 2007 Provider Satisfaction Survey reflected meaningful improvement in provider satisfaction with the UM process. HPM saw an increase in eight out of nine measures. This improvement was a direct result of a corrective action plan implemented after the 2006 survey showed a decline. There have been many changes in the utilization management department over the past two years including the transition from centralized services to regional teams, and a shifting of staff responsibilities for utilization management versus case management. In addition, there were many process changes related to the time frames for obtaining clinical documentation and the process for denials. The goal for 2008 is to continue to build on the positive changes that were made in 2007.

Lead screening for members 12 to 36-months has continued vigorously and remained one of the priority quality initiatives through 2007. Lead testing is a state mandated requirement. HPM participated in over 30 community events such as Health Fairs, lead testing events and the state wide “Not in my backyard (NIMBY)” project initiated by the Medicaid health plans in Michigan. In 2008, HPM also focused on children 9 to 36 months of age.

HPM was ranked 10th in the nation by US News and World Report for quality of care and services to Medicaid members. In 2008, HPM will continue to work towards improving this score and maintaining its NCQA Excellent Accreditation status. That journey brings with it significant responsibility and commitment of resources to support organizational, membership and network growth.

HPM recognized early on that technology was key to achieving performance standards. The creation, implementation and ongoing enhancement of the proprietary MCS management information system demonstrates HPM’s ongoing commitment to harnessing the power of technology to benefit the organization, its employees, members and providers. It is this system that will continue to support and sustain the level of performance excellence necessary to meet future goals and objectives and maintain HPM’s Excellent NCQA accreditation status in the years to come.



**“Man never made
any material as
resilient as the
human spirit.”**

-Bernard Williams



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HEALTH PLAN OF MICHIGAN HAS A NEW WEB BASED PORTAL SYSTEM

Due to our increasing service area, now 42 Michigan counties, we have reorganized the Network Development Specialists territories to better serve our providers. The following is a listing of the Network Development Specialists and the territories they serve:

Cindy Brunner	Contact # 517-927-5435	cbrunner@hpmich.com
Branch, Calhoun, Hillsdale and Jackson counties		
Ross Dysinger	Contact # 586-246-1559	rdysinger@hpmich.com
Huron, Macomb, Sanilac, St. Clair and Tuscola counties		
Matthew Enders	Contact # 248-914-1655	menders@hpmich.com
Oakland and Genesee counties		
Sean Kendall	Contact # 313-590-1705	skendall@hpmich.com
Wayne county		
Melissa Kuiper	Contact # 616-915-1005	mkuiper@hpmich.com
Allegan, Barry, Ionia, Kent, Montcalm and Ottawa counties		
Kelly Leng	Contact # 989-450-7985	kleng@hpmich.com
Crawford, Ogemaw, Oscoda, Otsego and Roscommon counties		
Denal Nelson	Contact # 231-557-7725	dnelson@hpmich.com
Lake, Manistee, Mason, Mecosta, Muskegon, Newaygo, Osceola and Oceana counties		
Alicia Robinson-Lock	Contact# 248-508-0009	arobinsonlock@hpmich.com
Clinton, Eaton, Ingham, Livingston, Saginaw and Shiawassee counties		
Anne Marie Salliotte	Contact # 616-915-8777	asalliotte@hpmich.com
Berrien, Cass, Kalamazoo, St. Joseph and Van Buren counties		
Natalie Williams	Contact # 517-927-1707	nwilliams@hpmich.com
Lenawee and Monroe counties and the Ohio Borderline		
Ken Walker, Field Sales Manager	Contact # 248-794-5417	kwalker@hpmich.com

In addition to the Network Development Specialists in the field, you can also contact our HPM Provider Services department at **1-888-773-2647** for any questions or concerns.