

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

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Caring for Children

Health Plan of Michigan (HPM) remains committed to working with our Providers to ensure the health of our Members. It is extremely important that we provide help to those who need it, particularly our youngest members. Two key areas in this effort are Lead Testing for children one to three years of age, and Well Child Visits.

Statistics have shown that low-level exposure from lead can cause reduced IQ and attention span, hyperactivity, impaired growth, reading and learning disabilities, hearing loss and other health and behavioral issues. A simple blood test done using the "finger-poke" method is administered by a nurse and sent to a lab. The member's Primary Care Provider (PCP) receives the results. HPM is working with many of our providers in sponsoring lead screenings for members at their offices. Lead screening fairs are also being held in conjunction with many local Health Departments and other community based organizations. Lead screening events have also been held at HPM's office in Southfield. Through these events, over 200 children have been tested for high blood lead levels since June 2006.

Another area that HPM feels will have a strong impact on the health of children is well child visits performed by a member's PCP. Infants need to be seen at least six times before they are one and a half years old for check-ups and immunizations. All children two years of age and older should see their PCP at least one time a year for a well child check-up and any necessary immunizations during their visits.

HPM provides each PCP with a monthly HEDIS report. The report lists all members who require a HEDIS service, including Lead Screens and Well-Child Visits. In addition to our printed lists, "real time" data can be accessed through our Managed Care Systems (MCS).

Network Development Specialists also meet with each practice to answer questions and assist in developing a plan to ensure HPM members receive these very important services. Plans can be customized to meet the specific needs of each practice, including free postcard reminders, outreach phone calls, medical chart tools, etc.

Health Plan of Michigan will continue to maintain its goal of improving quality of care, particularly with our young members, by working together with our providers and members to ensure success in this program.

Important Information for practitioners found at our redesigned 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.



Physician Reimbursement Update New Bonus Program!

New For HPM Contracted Obstetrical Physicians!

For the first time, HPM has developed a bonus program for our contracted Obstetrical Physicians. This exciting program has been designed to reward contracted physicians with a higher reimbursement rate for prenatal and postpartum care delivered within HEDIS guidelines. All HPM contracted physicians providing obstetrical care are eligible for the bonus. OB bonus amounts are listed in the table below.

CPT Codes	Bonus	HEDIS Standard
59425	\$50.00	Visit Must be Performed in the first trimester or within 43 days of enrollment if already pregnant at the time of enrollment.
59426	\$100.00	
59430	\$50.00	Postpartum Care visit must be on or between 21 days and 56 days after delivery

For complete details on this bonus program, please feel free to contact Health Plan of Michigan's Provider Service Department at 1-888-773-2647.

Announcements & Reminders

MEMBER APPEALS

Providers that request an appeal for a denied, reduced, or terminated service on behalf of an enrollee, must obtain written consent from the enrollee, and submit the written request to Health Plan of Michigan at the time of the appeal.

MEMBER ID CARDS

Effective October 1, 2006, Health Plan of Michigan issued new plastic membership cards to all members enrolled. These cards are designed to replace the HPM paper cards previously distributed. The HPM membership card will be in addition to the green MI Health card provided by the Michigan Department of Community Health.

NATIONAL PROVIDER IDENTIFIER (NPI)

The National Provider Identifier (NPI) is part of the HIPAA mandate requiring a standard unique identifier for health care providers that will go into effect on May 23, 2007. If you are a health care provider that transmits claims electronically then you are **required** to have an NPI. If you are a health care provider but do not transmit electronically then you are **eligible** for an NPI and **may be required** by individual health plans to obtain an NPI. You can visit the State of Michigan's Department of Community Health website at www.michigan.gov/mdch for more information on obtaining an NPI. If you have any questions, please call Health Plan of Michigan's Provider Services department at 1-888-773-2647.

Health Plan of Michigan Ranked 28th Among All Medicaid Health Plans Nationally

As a Michigan-based, physician owned and operated Medicaid Health Plan, we have always strived to provide the best quality service to our providers and members. The recent *U.S. News & World Report* ranking of Medicaid Health Plans demonstrates the success of our efforts.

The 2006 managed care Honor Roll published by *U.S. News & World Report* ranked Health Plan of Michigan #28 out of all the Medicaid Health Plans reviewed in the country. The rankings were compiled from data collected and analyzed by the National Committee for Quality Assurance (NCQA), which is the major accrediting body for HMO's in the country.

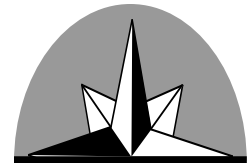
FRAUD AND ABUSE REPORTING

At Health Plan of Michigan, we are committed to implementing the necessary measures to prevent and detect fraud and abuse. If you have a question or concern regarding a potential fraud or abuse situation, you may contact HPM's Director of Provider Services at (313)324-3700 (extension 1500).

Providers may also 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

An on-line reporting form is available at <http://www.michigan.gov/mdch>.



“A physician is obligated to consider more than a diseased organ, more even than the whole man—he must view the man in his world.”
- Harvey Cushing

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 by taking responsibility, including appropriate and inappropriate 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

2005 Quality Improvement Program Evaluation

Health Plan of Michigan was very busy in 2005, with our membership increasing by 14% from 2004. Our goal continued to be one of improving all aspects of care from all areas. Our main areas of focus are on Member Services, Provider Services, Quality Management/HEDIS and Care Management.

One of the main areas of focus was to be able to reach out to our members and assist them in getting the information necessary related to the preventive care needed. This was accomplished through the use of an "auto dialer". This allowed the staff to spend more time talking with the member rather than dialing the phone manually. We also went from completing a paper Health Risk Appraisal to one that is now completed electronically with the member. We are now able to obtain subjective information from the member and combine it with the objective information we have from claims submitted by you, the provider. Along with pharmacy information this process allows us to determine the overall health needs of the member. Referrals to Case Management, Disease Management or assisting you with coordination of care are only a few of the benefits available from this process.

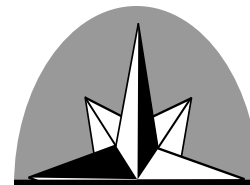
Based on the Member Satisfaction Survey that was completed, one of the changes that have taken place this year is to have Member Services follow up with any member who files a grievance or appeal to see if that member was satisfied with the process. Another area that has been changed is making sure HPM audits the call centers for MTM transportation and RxAmerica and provides the oversight needed.

Based on the survey that you filled out last year, we have been focusing on ways to make your processes more efficient and effective. More and more HPM providers are now using MCS in their offices to facilitate the authorization process. In fact, the number of providers interested in on-line authorization capability jumped from 56% in 2004 to 72% in 2005. The most dramatic improvement from 2004 to 2005 was the level of satisfaction with the response time for authorizations, increasing from 35% in 2004 to 85% in 2005. We are continuing to look at ways to determine why only 51% of the providers are satisfied with RxAmerica and will be looking at opportunities to increase that satisfaction rate.

Care Management and Quality Management finalized the regional teams to facilitate a more consistent approach to your offices, hospitals and other ancillary providers. Knowing the regional team members allows interaction with the same staff members all the time rather than "whoever answers the phone." The teams are working within specific geographic regions and also have a provider representative from that region as part of the team. The Care Management team members continue to focus on their counties for outreach clinical campaigns like the Health Risk Appraisal. Case Managers are incorporated as part of the teams as well.

With our new Disease Manager in place, the process of getting our Diabetes and Asthma Disease Management programs NCQA accredited is moving along. Our outreach program to our diabetic members took a major leap in the last quarter of 2005. We were actually able to contact 390 of the 685 members we tried to call.

We are really excited about our lead testing rates increasing so quickly. It is because of you and the special focus we have placed on the importance of this testing that our numbers continue to go up. In January of 2006, our rates were at 68% for continuous enrolled members (members who have been at HPM for 12 months) and 57% for all eligible members.



**"I still find each day too short for all the thoughts I want to think, all the walks I want to take, all the books I want to read, and all the friends I want to see."
-John Burroughs**

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2005 Quality Improvement Program Evaluation (Continued)

Our Women and Children's Services group have been focusing on getting women to take their babies for their first Well Child Visit which has definitely increased. We also have an additional staff person that is now calling all women needing their postpartum exam and reminding them of the well child visit needed for their baby. During the last two quarters of 2005, we had a successful contact rate of 55%. We also incorporated the state approved Quit Kits for Pregnant Moms who were identified as smokers. We identified 112 from March through December in 2005.

Health Plan of Michigan continues to work with various community and provider groups in those communities. Health fairs, community baby showers, Community Mental Health projects, Asthma coalitions, and various other collaborations are part of what we participate in. We will continue to seek out additional opportunities from your perspective to ensure our quality efforts support our commitment of coordination and collaboration with our providers and improving the health of our members.

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-5:30 pm to receive and return your calls regarding Utilization Management issues. 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 1-888-322-8843. When we answer the phone we'll greet you by identifying ourselves by name, title and company. At the 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;
- Description of appeal process; and
- Description of 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 Finance and Insurance Services (OFIS) the 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.



**"We gain strength,
and courage, and
confidence by
each experience in
which we really
stop to look fear in
the face."**

**- Eleanor
Roosevelt**

Health Plan of Michigan
777 Woodward Avenue.
Suite 600

Provider Services Department:
Phone: 1-888-773-2647
Fax: 323 202 0008
www.hpnich.com

Mailing Address Line 1
Mailing Address Line 2
Mailing Address Line 3
Mailing Address Line 4
Mailing Address Line 5

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.

PROVIDER RECOGNITIONS

Clinics Receive Immunization Recognition by MCIR

The Michigan Childhood Immunization Registry Region 2 and the Jackson County Health Department recognized the **Pediatric Center of Jackson** for their commitment to protect children from vaccine-preventable disease. Their extraordinary efforts and dedication utilizing the MCIR as a tool to help prevent missed opportunities have raised the immunization coverage level county wide, decreasing the number of over-and-under immunization incidents for children in Michigan.

Reading Health Clinic located in Hillsdale County was also awarded a Certificate of Recognition from the Michigan Care Improvement Registry (MCIR) for their efforts in increasing immunizations for children.

Michigan Hospital wins 2005 Baldrige Quality Award

Bronson Methodist Hospital, Kalamazoo, Michigan won the 2005 Malcolm Baldrige National Quality Award in healthcare, becoming the fifth healthcare organization recognized by the program since it created a healthcare category in 1998. The 321-bed hospital was praised for, among other quality efforts, reducing its Medicare mortality rate to 3.5% from 4.8% between 2002 and mid-2005 and raising overall patient satisfaction to 97% from 95% between 2002 and 2004. Congress created the Baldrige award in 1987 to highlight quality improvement in various industries.