

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

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**Important Information for practitioners found at our HPM website:**

[www.hpmich.com](http://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.



## Women's Health

Health Plan of Michigan (HPM) is actively involved in many areas when it comes to the health of women. We are keenly aware that preventive care for women is one way of ensuring a positive health status and encouraging a healthy life style. The following are some of the programs and initiatives that HPM promotes:

- \* HPM's Women and Children's Services Department provides intervention from the moment we become aware that the member is pregnant. HPM staff assists the member in finding an OB/GYN provider, makes appointments, assists with transportation, provides educational materials on numerous pregnancy related topics including lead and pregnancy, smoking and pregnancy, breastfeeding, postpartum depression, nutritional information and other services. Members are followed throughout the course of their pregnancy, providing support and assistance to ensure a healthy pregnancy and baby. After delivery, staff outreach encourages members to follow through with their postpartum visit, helping to schedule that appointment. Member education includes the importance of having their postpartum appointment completed within 21-56 days after delivery. As part of our outreach efforts, HPM provides educational materials to assist the member in experiencing a healthy and exciting time with their new baby. Information to the new mother includes the importance of well child visits to encourage prevention and healthy habits such as Keeping Your Child Safe from Lead, Smoking around Children, information on SIDS, Safe Sleeping for Babies, and many other topics.
- \* HPM is continuing its outreach efforts to remind members about the need for their cervical cancer screening, mammogram and chlamydia screening. HPM consistently reinforces preventive health screenings through HEDIS lists, direct outreach phone calls from staff at HPM, various mailing initiatives and member incentives.
- \* Women and Heart Disease – Heart disease is the number one killer of women. The good news is that heart disease can be prevented. HPM works at teaching members that these important risk factors for heart disease can be controlled:

- |                                    |                           |
|------------------------------------|---------------------------|
| (1) High blood pressure            | (4) Overweight or obesity |
| (2) High cholesterol               | (5) Diabetes              |
| (3) Little or no physical activity | (6) Smoking               |

Continued.....

## Women's Health (Continued)

Our disease management programs are developed to address all of these factors and also how they interact as co-morbid conditions. HPM's trained outreach staff calls members to perform Health Risk Assessments (HRA's) on at-risk populations. We also have a system to refer members for education classes, or provide materials to help them change or manage these high-risk categories. Targeted mailings are sent to remind our members to see their PCP for routine preventive care, and to obtain the necessary tests to control for these risk factors.

If any of your patients need the assistance of Case or Disease Management services, our Case and Disease Managers are available to provide coordination of care or other interventions appropriate to their needs. If your office is interested in referring a member for these services, please contact HPM at 888-437-0606

Health Plan of Michigan is committed to making certain our members receive the preventive care they need and deserve. Women's preventive care is one area that HPM dedicates its efforts with determination and commitment. HPM has developed HEDIS programs where both PCPs and Specialists receive bonuses for completing a woman's preventive care exam along with prenatal and

## Information & Announcements

### NATIONAL PRACTITIONER IDENTIFIER (NPI)

The 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 still eligible for an NPI and may be required by individual health plans to obtain one.

### MANAGED CARE SYSTEM (MCS)

HPM plans to deploy Progress version 10 in June of 2007. This new version will provide performance improvement on the MCS. When version 10 is available, an IT representative from HPM will come to your office to complete this upgrade. Your provider representative will contact you to schedule a convenient time.

### NEW EDI VENDOR

HPM is now contracted with PayerPath, a Misys company for electronic claims submissions. The payer ID # for Health Plan of Michigan is 52563. A bulletin will be sent out outlining all of HPM's EDI vendors. If you have any questions, please call Provider Services at 888-773-2647.

### 2007 PROVIDER MANUAL

The 2007 Provider Manual is available at HPM's website, hpmich.com. The manual is also available in a CD version. If you would like a copy, please call Provider Services at 888-773-2647.

### A PROVIDER'S 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 888-437-0606.

## 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>.



**“Diagnosis is  
 not the end, but  
 the beginning of  
 practice.”**

**- Martin H.  
 Fischer**

### 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](http://www.hpmich.com).

## Quality Management

### Clinical Practice Guidelines

The Health Plan of Michigan Clinical Practice Guidelines for 2007 were reviewed, revised and presented to the Physician Advisory Council for input and final approval on December 15, 2006. Once that was completed, they were taken to the Quality Improvement Committee on January 12, 2007 and are available on the HPM website under the Provider site. The following is a list of CPG's that were approved in 2007:

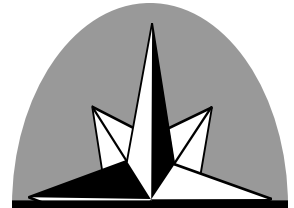
- Management of ADHD
- Outpatient Management of Uncomplicated Deep Venous Thrombosis
- Screening and Management of Hyperlipidemia
- Medical Management of Adults with Hypertension
- Management of Adults with Left-Ventricular Systolic Dysfunction
- Identification, Evaluation, and Treatment of Overweight and Obesity in the Adult
- Medical Management of Adults with Osteoarthritis
- Management of Postpartum Depression
- Screening and Management of Substance Use Disorders
- Tobacco Control
- Appropriate Treatment for Children with Upper Respiratory Infection
- Management of Wounds
- Routine Prenatal and Postnatal Care
- Prevention and Identification of Childhood Overweight
- Management of Persistent Asthma in Infants and Children 5 Years of Age and Younger
- Management of Diabetes Mellitus
- Acute Pharyngitis in Children
- Management of Adults with Major Depression
- Management and Prevention of Osteoporosis
- Management of Persistent Asthma in Adults and Children Older Than 5 Years of Age

If you would like your own copy of these guidelines feel free to contact the Quality Management Department at 888-437-0606 and we will be happy to send them to you.

### HEDIS and Medical Record Review

Once again, we are in the midst of another HEDIS medical record review in many of our provider offices and clinics. Health Plan of Michigan realizes that any disruption of office routines is difficult for staff and for our members. In the past, HPM providers, clinics and the staff at those sites have always been most helpful, supportive and allowed the nurse abstractors ready access to necessary documentation. We would like to take this opportunity to thank you once again for helping us complete this process as efficiently as possible and for your continued support and assistance.

Continued....



**"I've missed more than 9000 shots in my career. I've lost almost 300 games. 26 times, I've been trusted to take the game winning shot and missed. I've failed over and over and over again in my life. And that is why I succeed."**

**- Michael Jordan**

## Quality Management (Continued)

### 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.<sup>1</sup>

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%.<sup>2</sup>

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.<sup>3</sup>

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 313-324-3700.

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](http://www.hpmich.com) for any updates or additions to these practice guidelines.

<sup>1</sup>PEDIATRICS Vol. 101 No. 1 Supplement January 1998, pp. 181-184

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

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

### 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 888-322-8843.

## Medical Director Report

### Lipid Therapy

ZOCOR® is dead! Long live simvastatin! In January 2007 the price of simvastatin, the most potent statin available generically, dropped from over \$100/month to around \$10/month. Health Plan of Michigan (HPM) immediately made simvastatin available to all our providers as a formulary benefit, and HPM is asking all new statin starts to begin with simvastatin. HPM patients currently taking Vytorin® and Crestor® will be “grandfathered” and may continue to use them. HPM is asking you, however, to begin to transfer your Altoprev and lovastatin patients to simvastatin, as simvastatin use for these patients will be mandatory at HPM beginning June 1, 2007. We encourage you to make yourselves familiar with this drug. It is one of the more potent statins available and will help you reach your treatment and HEDIS goals with your cholesterol patients. I have always found it easier to use just one statin in my practice, and perhaps it is time now to consider the switch to simvastatin. It will be the leading generic statin for the next five years. Vytorin® and Crestor® will continue to be available with a prior authorization after failure of maximal dose 80mg simvastatin. Lipitor® will be available with a prior authorization for Crestor® or Vytorin® failures.

- Gregory Berger, M.D.



**“Each patient ought  
to feel somewhat  
the better after the  
physician’s visit,  
irrespective of the  
nature of the  
illness.”**  
- *Warfield Theobald  
Longcope*

## Pharmacy Information

### Treating Dyslipidemia

Cardiovascular disease is responsible for one out of every 3 deaths in the United States and coronary heart disease (CHD), comprises more than half of all cardiovascular events, including myocardial infarction, angioplasty, coronary artery bypass surgery and stroke. It is extremely logical to focus on preventive treatments that will reduce these potentially debilitating events. Lowering cholesterol is probably one of the easiest ways to do that.

Treatment of dyslipidemia, particularly elevated low-density lipoprotein cholesterol (LDL-C), is now considered a core strategy to prevent coronary heart disease (CHD). Along with diet and exercise, there are several effective and safe therapeutic options proven to reduce LDL-C. However, evidence shows that LDL-C continues to be suboptimally treated, especially in patients who are at risk for CHD.

As the highly effective HMG-CoA Reductase Inhibitor medication, Zocor® or simvastatin, has become generic, health care professionals have been given a formidable tool to treat high risk and low risk patients. Health Plan of Michigan is providing a HMG-CoA Reductase Inhibitor comparison chart that illustrates the relative LDL cholesterol lowering of most of the statin drugs currently on the market. We hope that it is useful to you for improving the health status of your patients

#### HMG-CoA Reductase Inhibitors –Recommendation Chart\*

Currently Utilized HMG-CoA	Percent LDL Reduction	First Line Agent Equivalent Dose  Generic Zocor	First Line HMG-CoA LDL Reduction
Altoprev 10mg	24%	Simvastatin 5mg	21-31%
Altoprev 20mg	30%	Simvastatin 10mg	27-36%
Altoprev 40mg	36%	Simvastatin 20mg	18-36%
Altoprev 60mg	40%	Simvastatin 40mg	23-43%
Lescol 20mg	9-19%	Simvastatin 5mg	21-31%
Lescol 40mg	19-33%	Simvastatin 5mg	21-31%
Lescol XL 80mg	22-36%	Simvastatin 20mg	18-38%
Lipitor 10mg	29-40%	Simvastatin 40mg	23-43%
Lipitor 20mg	33-46%	Simvastatin 80mg	43-49%
Lovastatin 10mg	22%	Simvastatin 5mg	21-31%
Lovastatin 20mg	17-29%	Simvastatin 10mg	27-36%
Lovastatin 40mg	28-32%	Simvastatin 20mg	18-38%
Lovastatin 80mg	25-48%	Simvastatin 40mg	23-43%
Pravachol 10mg	17-28%	Simvastatin 5mg	21-31%
Pravachol 20mg	22-32%	Simvastatin 10mg	27-36%
Pravachol 40mg	26-34%	Simvastatin 20mg	18-38%
Pravachol 80mg	38%	Simvastatin 20mg	18-38%
Non-Preferred HMG-CoA	Percent LDL Reduction	Second Line Agent Equivalent Dose	2 <sup>nd</sup> Line LDL Reduction
Lipitor 40mg	27-51%	Crestor 10mg	52%
Lipitor 80mg	43-54%	Crestor 20mg	55%
<b>Source:</b> Grundy SM, et.al <i>Circulation</i> . 2004 ;110:227-239. , ALLHAT <i>JAMA</i> . 2002.; ASCOT [Sever, <i>Lancet</i> . 2003]; PROSPER [Shepherd, <i>Lancet</i> .2002]; PROVE-IT [Cannon. <i>NEJM</i> . 2004]			

## Health Plan of Michigan—2006 Formulary Additions

<u>Medication</u>	<u>Therapeutic Indication</u>
Asmanex®	Orally inhaled corticosteroid - maintenance treatment of asthma as prophylactic therapy
Boniva® - PA	Bisphosphonate derivative - treatment and prevention of osteoporosis
Chantix® – ST	Smoking cessation aid
Coreg®	Beta-Blocker – treatment of heart failure of ischemic or cardiomyopathic origin, left ventricular dysfunction after MI, hypertension
Flovent HFA®	Orally inhaled corticosteroid – maintenance treatment of asthma as prophylactic therapy
Flonase®	Intranasal corticosteroid – management of seasonal and perennial allergic rhinitis and nonallergic rhinitis
Levemir®- PA	Insulin detemir – a long-acting insulin analog for treatment of type 1 or 2 diabetes mellitus
QVAR®	Orally inhaled corticosteroid -maintenance and prophylactic treatment of asthma
Orencia®- PA	The first selective costimulatory modulator indicated for treatment of adult patients with moderate to severe active rheumatoid arthritis
Renexa® - PA	The first metabolic modulator approved for treatment of chronic angina
Revatio® – PA	The only phosphodiesterase inhibitor indicated to improve exercise capacity in patients with pulmonary arterial hypertension. (PAH)
Simvastatin (Zocor®)	Used with dietary therapy to reduce elevations in cholesterol, LDL-C, apolipoprotein B and triglycerides.  Secondary prevention of cardiovascular events in hypercholesterolemic patients with established CHD, or at high risk for CHD. Reduction in morbidity (MI, Coronary revascularization procedures) and mortality (risk of stroke and transient ischemic attacks).

### May 2007 Open Enrollment

Healthcare Providers may encourage their Medicaid patients to switch to a Medicaid Health Plan of their choice during open enrollment. If you are pleased with the 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 May 2007 Medicaid Open Enrollment, please feel free to contact the HPM Provider Services Department at (888) 773-2647.

Health Plan of Michigan  
777 Woodward Avenue.  
Suite 600

Provider Services Department:  
Phone: 1-888-773-2647  
Fax: 313-202-0008  
www.hpmich.com

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

## MAY IS OPEN ENROLLMENT FOR MEDICAID MEMBERS

### The False Claims Act—What HPM Providers Need to Know

The False Claims Act is aimed at establishing a law enforcement partnership between federal law enforcement officials and private citizens who learn of fraud against the Government. Under the False Claims Act, those who knowingly submit, or cause another person or entity to submit, false claims for payment of government funds are liable for up to three times the government's damages plus civil monetary penalties. The False Claims Act explicitly excludes tax fraud.

The Act permits a person with knowledge of fraud against the United States Government to file a lawsuit on behalf of the Government against the person or business that committed the fraud. The lawsuit is known as a "qui tam" case, but it is more commonly referred to as a "whistleblower" case. If the lawsuit is successful, the qui tam plaintiff is rewarded with a percentage of the recovery, typically between 15 and 25%. Any person who files a qui tam lawsuit in good faith is protected by law from any threats, harassment, abuse, intimidation or coercion by his or her employer.

HPM encourages its providers to report any suspected instances of fraud and abuse. 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 - 6<sup>th</sup> 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.