

# Physician and Practice Information

► February / March 2012





## 2011 Partners in Performance (PIP) settlement

Priority Health mails PIP checks by April 15, 2012. If you earned incentives in 2011, we'll mail your check to the remittance address used for claims payment or to your physician organization, if contractually obligated. Please note that your provider account representative (PAR) will not have access to the amount of your 2011 earnings until April 15.

## PCP Incentive Program 2012 materials available

The PCP Incentive Program manual and useful tools can be found at [priorityhealth.com/provider](http://priorityhealth.com/provider). Select "Provider Manual" and then "Partners in Performance" (login is required for this section of the Provider Manual).

For a printed copy, please contact your PAR directly or through the Provider Helpline at 800 942-4765.

## Nonadherent requests retired

We no longer accept requests for nonadherent patients. We recommend using monthly Filemart reports to determine member care opportunities in 2012.

The 2012 PCP Incentive Program Filemart reporting began in February and is updated each month. You can also review Patient Profile Health Condition Search reports in Patient Profile. Patient Profile data is updated weekly. 2012 Patient Profile data will be available by April 2012.

## Make contact with your patients

Reviewing the patients on your PCP Incentive Program reports is very important. By making contact with them now, you'll have more opportunity to coordinate the needed services. If a member is listed but is no longer a patient at your office, you may send a copy of the record transfer request if it was signed by the patient within the past six months. These requests can be faxed to "Patient Records Transfer" at 616 975-8828. If you have patients on your list who have not established care in your office, reach out to them and encourage them to schedule an appointment with you. Patients should contact Priority Health if they choose to change their PCP. We must have the PCP change request from the patient in order to make the change.

## Continued ...

February / March 2012: Incentive Programs — 2 of 2

## Mammograms and cervical cancer screenings

To meet the mammogram measure, members must have had a mammogram in either 2011 or 2012.

To meet the cervical cancer screening measure, they must have had a screening in 2010, 2011 or 2012. We recommend contacting women early in the year who need one or both; once achieved, these members will appear on your PCP incentive program reporting as meeting measure criteria. If you aren't receiving monthly Filemart reports, please contact your PAR.

## Lead screenings and immunizations

These measures require the member to be up to date on or by their 2nd or 13th birthday. As with childhood immunizations, member/PCP assignment for lead screenings is to the PCP assigned to the child on their 2nd birthday. Adolescent immunizations member/PCP assignment is to the PCP assigned to the child on their 13th birthday.

## Diabetic eye exams

Annual retinopathy eye exams are covered under the member's medical benefit. Remember to talk with your diabetic patients about the importance of this exam and order it during their next visit.

Diabetes clinical resources are available at [priorityhealth.com/provider](http://priorityhealth.com/provider). Select "Clinical resources" and then "Diabetes." Here you'll find a number of tools, including a Diabetes Retinopathy Evaluation form your patients can take to their participating eye care provider appointment.

## "Make your move" cards

We have reminder cards you can use when contacting your members needing PCP Incentive Program services. Contact your PAR to order these cards.



## 2012 HEDIS® Reviews

Every year, Priority Health participates in the HEDIS® (*Healthcare Effectiveness Data and Information Set*) methodology of collecting, measuring and reporting performance indicators. By doing so, Priority Health has the opportunity to measure the quality of care our members receive. In addition, we're also able to compare ourselves with other exceptional plans throughout the country, share this information with the public, and identify areas for improvement within the plan.

HEDIS is the most widely used set of performance measures in the managed care industry and is developed and maintained by the National Committee for Quality Assurance (NCQA). HEDIS is part of an integrated system to establish accountability in managed care and contains 70 measures across eight domains of care.

By contract, all of our providers have agreed to participate in Quality Assurance reviews; HEDIS is considered one of those QA reviews. Again, per contract, we've agreed to provide you with 30 days advance notice of these reviews. This communication serves as that notice.

Priority Health HEDIS reviewers will visit provider offices during March, April and May to collect medical record data. Under HIPAA, HEDIS is an approved activity, as it is part of normal health care operations. We may conduct some reviews via fax to minimize interruptions to offices. If you would prefer to have a reviewer visit your office instead, let us know. Please welcome these reviewers into your office and assist them if they have questions. If you have questions about the process or the reviewers, please feel free to contact Gina Schutter at 616 464-8976.

## Principles of ICD-10-CM coding class

Judy B. Breuker, CPC, CPMA, CCS-P, CHCA, PCS, CEMC, CHC, CHAP, will offer two sessions of the ICD-10 class at the Priority Health conference center, 3111 Leonard St. NE in Grand Rapids, on May 23 and September 12, 2012. You can find more information and the registration form at [judybreuker.com](http://judybreuker.com).

## Gardasil for males

Effective Jan. 1, 2012, we now cover Gardasil for male patients. More information can be found at [priorityhealth.com/provider](http://priorityhealth.com/provider). Select "Provider manual" and then "Procedures and services." Here, you'll find a link to "Vaccines & immunizations."

Continued ...

February / March 2012: News / Updates — 2 of 3

## Participating Labs

Remember to send your Priority Health member labs and pathology to a participating lab provider for processing. Lab work that is sent to non-par labs will process at the member's out of network benefit level (ASO, PPO and POS), or deny as not covered (HMO). For a list of participating labs use our Find a Doctor tool on [priorityhealth.com](http://priorityhealth.com). Search for "Laboratories."

## National Alcohol Screening Day® is April 5, 2012

National Alcohol Screening Day is an outreach, education and screening program that raises awareness about alcohol misuse and refers individuals with alcohol problems for further evaluation. It's held every year on the Thursday of the first full week of April. We encourage providers to use standardized alcohol abuse screening tools for the assessment and evaluation of their patients. For more information about standardized alcohol abuse screening tools, go to [www.samhsa.gov](http://www.samhsa.gov).

## 2011 behavioral health provider and PCP survey results

Priority Health surveyed PCPs and behavioral health (BH) specialists regarding exchange of information and care coordination. As in 2010, the goal of the survey was to identify areas of opportunity to promote coordination of care and support quality improvement. The survey measured the frequency with which PCPs perceive that BH specialists share reliable and sufficient clinical information.

In the survey 53% of PCPs stated that they receive relevant clinical information from BH specialists, an increase of 2% from 2010. In addition, 58% of BH specialists indicated that the behavioral health treatment information they received was sufficient, an increase of 5% from 2010.

Although the results show overall improvement when comparing 2011 to 2010 survey responses, there's still an opportunity to promote relevant information sharing when coordinating patient care. To improve in this area, we did the following things in 2011:

- Facilitated formal dialogue between BH practitioners and medical professionals, including PCPs and physician specialists
- Published an article in the Provider Newsletter highlighting survey results and providing education regarding patient care coordination
- Introduced and distributed an enhanced and interactive Coordination of Care form to BH practitioners via the website

Continued ...

February / March 2012: News / Updates — 3 of 3

## Understanding psychological testing versus neuropsychological testing

It's common for there to be some confusion among plan providers and members regarding psychological testing versus neuropsychological testing. The two terms are not always considered synonymous with regard to provider referrals and oftentimes can be differentiated based on the provider's concerns.

Neuropsychological testing typically is performed to evaluate neurological or neuropsychiatric disorders and is covered under the medical benefit when medically necessary to assist in the development of a treatment plan.

Psychological testing, on the other hand, is covered under the behavioral health benefit and typically involves evaluating personality, dimensions of psychopathology and behavior. Psychological testing may also entail evaluating intelligence and academic performance when these tests are needed to aid in diagnosis and the development of a treatment plan.

Please refer to the following medical policy for a more detailed review of policy and applicable exclusions: Neuropsychological and Psychological Testing – Policy #91537, which is found at [priorityhealth.com/provider](http://priorityhealth.com/provider). Select "Provider Manual" and then "Medical policies."





## Generic drug news

Generic Lipitor (atorvastatin) is available! Atorvastatin is approved for treatment of hyperlipidemia, including primary and secondary prevention of cardiovascular disease. Atorvastatin is available at a generic (tier 1) copay for members. Additionally, generic Caduet (amlodipine/atorvastatin) is available at a generic (tier 1) copay.

## How to obtain a copy of our formulary

Our commercial, Medicaid and Medicare formularies are available through our website. To download a copy, go to [priorityhealth.com](http://priorityhealth.com). Click on “Approved Drug List” and then “Get printable drug list.”

**Updated for 2012:** We’ve updated the formulary “quick reference guide” that summarizes our coverage of drugs used to treat common conditions. To download and print a copy, visit [priorityhealth.com/provider](http://priorityhealth.com/provider). Select “Provider Manual” and then “Drug auths.” Here you will find a link to the “Preferred drug quick reference list.”

## Generic initiatives planned for 2012

As part of our commitment to keep health care affordable, we’ll be encouraging members taking certain brand-name cholesterol-lowering drugs to discuss generic alternatives with their PCP. Letters will be mailed to members taking brand-name statins, informing them of the newly available generic atorvastatin. We’ll also mail letters to members taking Trilipix advising them of available generic fenofibrate options. There are three reasons for this initiative:

- Generics within these classes may be clinically safe and effective alternatives to brand-name products.
- Patients save money. We will waive the first copayment for commercial members who switch to a generic. Members continue to save money through sustained low-cost generic copayments.
- It positively impacts your 2012 incentive program measures by increasing the percentage of your generic prescriptions.

## Continued ...

February / March 2012: Pharmacy — 2 of 3

Drug Class	If you prescribe:	Consider this instead:
Statins	Advicor Altoprev Crestor Lescol/XL Livalo Simcor Vytorin	atorvastatin ( <i>generic Lipitor</i> ) simvastatin ( <i>generic Zocor</i> ) pravastatin ( <i>generic Pravachol</i> ) lovastatin ( <i>generic Mevacor</i> )
Fibric acid derivatives	Trilipix	gemfibrozil ( <i>generic Lopid</i> ) fenofibrate ( <i>generic Lofibra</i> ) fenofibrate, micronized ( <i>generic Antara</i> )

If you would like a copy of the member letter and/or a list of your patients taking these brand-name medications, please contact your PAR.

## Reduce medication waste

In an effort to lessen the likelihood of waste associated with prescriptions, we encourage you to be judicious in the quantity of medication prescribed for new medications. While our benefit allows for up to a 90-day supply for commercial and Medicare members, consider writing for less when prescribing a new medication. Why? Sometimes patients may experience an adverse reaction or side effect with a new medication and will discontinue it before a 90-day prescription is fully used. Or the medication may require a dosage titration prior to 90 days. Also, members save money by paying one copay — instead of two or three copays — for what could end up being wasted medication.

Go green! Reducing medication waste helps the environment, because medications that aren't disposed of properly can pollute. For more information on proper medication disposal, visit [fda.gov](http://fda.gov) and search "medication disposal."

## January 2012 P&T updates

On Jan. 17, 2012, the Pharmacy and Therapeutics (P&T) Committee met and reviewed several drugs, policies and prior authorization criteria. Get complete details, including notes on the drug changes and formulary designations by product at [priorityhealth.com/provider/manual](http://priorityhealth.com/provider/manual). Select "Drug auths."

## Continued ...

February / March 2012: Pharmacy — 3 of 3

### P&T changes overview

Alphabetized by drug name

Therapeutic class	Drug	Notes	Effective date
Analgesic	<b>Conzip</b> (tramadol extended-release)	ST Required: trial and failure with generic tramadol tablets QL: 1 capsule daily  Note: No CMS labeler code	March 1, 2012
Antineoplastic	<b>Erwinaze</b> (asparaginase Erwinia chrysanthemi)	PA required	March 1, 2012
Anesthetic	<b>Exparel</b> (bupivacaine liposome)		March 1, 2012
Ophthalmic Biologic	<b>Eylea</b> (aflibercept)	PA required	March 1, 2012
Toxicology	<b>Ferriprox</b> (deferiprone)	Comm/Caid: Must be ordered from a network specialty pharmacy	March 1, 2012
Antineoplastic	<b>Jakafi</b> (ruxolitinib)	PA required Limited Distribution Drug	March 1, 2012
Antidiabetic/ Cardiovascular	<b>Juvisync</b> (sitagliptin/simvastatin)	ST required: trial with metformin (90 days within the last 120 days) QL: 1 tablet daily	March 1, 2012
Analgesic	<b>Lazanda</b> (fentanyl nasal spray)	PA required Note: No CMS labeler code	March 1, 2012
Musculoskeletal	<b>Lorzone</b> (chlorzoxazone)	ST required: trial and failure with generic chlorzoxazone QL: 4 tablets daily  Note: No CMS labeler code; high risk medication	March 1, 2012
Cardiovascular	<b>Tekamlo</b> (aliskiren/amlodipine)	ST updated: trial and failure with ARB (no concurrent use)	March 1, 2012
Cardiovascular	<b>Tekturna</b> (aliskiren)	ST updated: trial and failure with ARB (no concurrent use)	March 1, 2012
Cardiovascular	<b>Tekturna HCT</b> (aliskiren/HCTZ)	ST updated: trial and failure with ARB (no concurrent use)	March 1, 2012
Cardiovascular	<b>Valturna</b> (aliskiren/valsartan)	Removed from formulary	April 1, 2012

PA= prior authorization | T&F= trial and failure | ST=step therapy | \* = medical benefit | \*\* = no change to formulary status | QL = quantity limit





## Medication Therapy Management program for Medicare patients

In 2011, we launched an enhanced Medication Therapy Management (MTM) program to all Priority Health Medicare members. The free program uses specially trained network pharmacists to:

- Ensure Medicare members are getting the best results from their medications
- Help Medicare members control their out-of-pocket costs

Because many Medicare members have multiple doctors prescribing drugs, the MTM program is designed to complement doctors' work by coordinating all prescriptions.

### **An MTM pharmacist may call or fax you with recommendations for medication changes.**

We encourage you to work with the MTM pharmacists to ensure appropriate medication use for your patients. You may also be contacted by a Priority Health Medicare member.

We partner with Outcomes Pharmaceutical Health Care® (Outcomes®) to administer the program. The services offered include:

- **Comprehensive medication review.** The pharmacist will meet with your patients to review all of their medications, including OTCs, herbals and supplements. This will help identify any drug-related problems such as duplications, drug interactions, missing therapy, dose titration, under- and over-utilization, etc.
- **Drug information.** When starting a new medication, the pharmacist will:
  - Talk to your patients about its purpose and correct use
  - Follow-up to make sure the drug is working right and the patient isn't experiencing any drug-related adverse effects
- **Targeted intervention.** This service identifies members using brand-name medications when generic options are available. It also identifies medication-related quality interventions that support our incentive program and HEDIS, such as beta-blocker post-MI and appropriate asthma medication use.

Continued ...

February / March 2012: Medicare — 2 of 3

## Medicare preventive services updates

### Coverage for preventive E&M and Annual Wellness Visit

Preventive exams for Medicare members are offered under two coding structures:

- preventive evaluation and management (E&M)
- annual wellness visit (AWV)

For claims processed beginning Jan. 1, 2012, a preventive E&M and AWV are covered when billed on the same date of service. The claim should be billed with modifier 52 on the E&M claim line.

This will reduce the payment to 80% for the E&M service and allow payment of the AWV.

To bill an E&M and AWV on the same date of service, documentation must support care that meets both of these exam code definitions.

### Coverage for preventive visits with a PCP and OB/GYN

We cover one preventive exam each year. Often, women choose to receive preventive care from their PCP and OB/GYN. If both exams are billed with a preventive E&M code, the second billed exam will deny as member liability.

Providers offering a second preventive exam in a plan year should consider using G and Q codes to identify Pap and pelvic exams, which may not have been conducted during the first preventive visit.

### New preventive health care services

Centers for Medicare and Medicaid Services (CMS) has added four new preventive health services covered for members of our Priority Health Medicare plans. These new services are:

- **Screening in the primary care setting for depression in adults:**  
Effective for dates of service on or after Oct. 14, 2011, Medicare will cover an annual screening for depression in a primary care setting. Coverage is limited to screening services and does not include treatment options for depression or any diseases, complications or chronic conditions resulting from depression, nor does it address therapeutic interventions such as pharmacotherapy, combination therapy or other interventions for depression. For more information, search “MLN Matters 7637” at [cms.gov](http://cms.gov).

## Continued ...

February / March 2012: Medicare — 3 of 3

- **Screenings and behavioral counseling interventions in the primary care setting to reduce alcohol misuse:** Effective for dates of service on or after Oct. 14, 2011, Medicare will cover an annual alcohol screening and for those who screen positive, up to four, brief, face-to-face behavioral counseling interventions per year, including pregnant women. For more information, search “MLN Matters 7633” at [cms.gov](http://cms.gov).
- **Intensive behavioral therapy for cardiovascular disease:** Effective for dates of service Nov. 8, 2011 or after, Medicare will cover one face-to-face CVD risk reduction visit annually. For more information, search “MLN Matters 7636” at [cms.gov](http://cms.gov).
- **Intensive behavioral therapy in the primary care setting for obesity:** Medicare has issued a decision memo to identify that it will cover intensive behavioral therapy for obesity. The intensive therapy will consist of one face-to-face visit every week for the 1st month; one face-to-face visit every other month for months 2-6; and one face-to-face visit every month for months 7-12 if the beneficiary meets the 3kg weight loss requirement. Further information on this decision can be found at [cms.gov](http://cms.gov).

## Advance Beneficiary Notification of Noncoverage

Centers for Medicare and Medicare Services (CMS) requires that providers notify Medicare beneficiaries whenever a service or supply is not covered. This is required for both Original Medicare beneficiaries and Priority Health Medicare members. For Priority Health Medicare members, providers should either use their own notice which identifies what the service is and that it is not covered by Medicare, or they can use an Advance Beneficiary Notification of Noncoverage (ABN) form for all services not covered under Priority Health Medicare plans. Complete details and the form (CMS-R-131) are available at [cms.gov](http://cms.gov).



Life just got a little easier.®

## Questions?

If you have questions about information in this edition of *Physician and Practice Information*, call your PAR or the Provider Helpline at 800 942-4765.