PriorityHealth

Physician and Practice News Digest

Spring 2013

Billing & Payment

You can always read the latest news at *priorityhealth.com/provider*.

We know you don't have time to check the news every time you visit *priorityhealth.com*. We'll be collecting past news items into a digest (like this one) and sending it out to physician practices.

Pharmacy

Performance Programs

Plans & Benefits

Responsibilities & Standards

Training Opportunities

Priority Health News

Billing & Payment

Fee changes for modifiers 52, 53 and 73

As of April 1, 2013, claims processing for the use of modifiers for discontinued or reduced services was updated. This change is in alignment with national and market standards. A payment reduction of 50% will be applied to modifiers 52, 53 and 73 across all products. Previously a 20% discount was applied.

Last year, CMS introduced additional modifiers for use by facilities to report and be paid for reduced service procedures; this change is in accordance with those guidelines.

More information is available in *priorityhealth.com/provider/manual.* Select "*Code modifiers*" from the "*Billing and payment*" section. You can also email questions to *provider.services@priorityhealth.com*.

HealthbyChoice payments

Providers receive payment for submission of online **Health**byChoice forms. Payment is calculated quarterly and is paid on the first of the month following the month at the end of a quarter. The first quarter payment is scheduled to mail in May.

Medicare payment reductions effective April 1

The Budget Control Act of 2011 requires, among other things, mandatory across-the-board reductions in federal spending, also known as sequestration. As part of sequestration, payment for Medicare fee-for-service (FFS) claims with dates of service or discharge after April 1, 2013, will be reduced by 2%.

Priority Health has already incurred a 2% reduction in payments we receive from CMS. We will follow Medicare guidelines in implementing a 2% decrease on all provider claim payments beginning April 1.

All payments will be "on hold" beginning April 1

In case the sequestration policy is revoked by last-minute legislation, we will be holding all Medicare claim payments starting April 1 for a maximum of two weeks. Claim payments will resume by April 15 and will be processed as mandated after that time, with or without the 2% reduction.

For more information

Go to the *cms.gov* website to read the CMS Medicare Learning Network PDF: Mandatory Payment Reductions in the Medicare Fee-for-Service (FFS) Program.

LLP and LLC reimbursement under Medicare

According to rules set by the Centers for Medicare and Medicaid Services (CMS), we are not allowed to recognize Limited License Psychologists (LLPs) or Licensed Professional Counselors (LPCs) as participating providers in the Priority Health Medicare provider network.

Section 160 of the Medicare Benefit Policy Manual says that providers must hold a doctoral degree in psychology to be part of our Medicare network. You can read the full policy at *cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf*.

- As of June 15, 2013, we'll no longer enroll or recognize LLPs or LPCs as part of our Medicare network. These providers will be removed from our Medicare Provider Directory and claims payment system; they'll continue to be part of our other provider networks.
- Any claims for services received on or after June 15 should be billed as a supervised service in compliance with Section 160 of the Medicare Benefit Policy Manual for acceptance as a Priority Health Medicare provider.

Billing & Payment

How will patients get care?
If a doctorate-level provider supervises the care provided, patients with Priority Health Medicare can continue to receive care from LLPs and LPCs. Otherwise, patients must be referred to Medicare-qualified providers.

What if a provider's specialty level has changed?
You can check a provider's specialty level by using our online Find a Doctor directory. LPCs and LLPs who now hold doctoral degrees in psychology will be able to participate in the Priority Health Medicare provider network. Please let us know by submitting a Provider Change Form (available in the Forms area of *priorityhealth.com/provider*). Completed forms can be emailed to *ph-providerinfomgmt-demographics@priorityhealth.com* or faxed to 616.975.8857.

Questions?
Please contact us by email or phone if you have further questions. You can email us at *provider.services@priorityhealth.com.* Or call the Provider Helpline at 800.942.4765.

Medicaid fee schedule update

The State of Michigan's final rule for a primary care rate increase for Medicaid payment at 100% of Medicare was published in Dec. 2012. Before this increase can be implemented, a review and approval by the Centers for Medicare and Medicaid Services (CMS) is required. The State of Michigan was required to file their implementation plan with CMS by March 31, 2013.

We have learned that the earliest the 100%-of-Medicare payout could occur would be in the third quarter of 2013; however, it will be retroactive to Jan. 1, 2013.

Check your CHAMPS listing
To ensure that you'll receive accurate payments for care provided to Medicaid patients, make sure that your primary specialty designation is correct in the Community Health Automated Medicaid Processing System (CHAMPS). The State of Michigan provides this information to Priority Health, which we use for determining appropriate payment.

Medicaid 180-day rule change

As of Feb. 15, 2013, the Medicaid "180-day rule" no longer applies to claims that are denied because the member's auto insurance is primary. This update has been made in the online Provider Manual, under Billing & Payment, How to bill, Resubmitting Medicaid claims.

Pharmacy

Formulary updates

The Pharmacy and Therapeutics Committee meets every other month to review the Priority Health formularies. The latest changes appear in our online Approved Drug List tool.

To see just the recent changes, go to the Provider Manual under *Authorizations* > *Drugs* > *Formulary Updates*.

Pharmacy prior authorizations simplified

Based on your input we have removed the prior authorization or step therapy requirement for more than 50 drugs on our commercial formulary (HMO, PPO, POS, My**Priority**). We're committed to balancing cost with positive impact on your staff's time and your patients' experience.

We ask that you continue to prescribe judiciously and order generics whenever available. We will monitor the impact of this change to assure that cost and utilization do not significantly increase. Prior authorization will be reinstated if we notice an unexpected rise in utilization.

Enhanced vaccine network coverage began March 1

Pharmacists provide many members with greater access to vaccines. As of March 1, 2013, we have expanded coverage of vaccines available under the pharmacy benefit to our adult commercial (employer-group sponsored and individual) membership. Priority Health members who are 18 years or older (19 and older for pneumococcal) and covered under a commercial plan can now receive routine vaccines at any pharmacy participating in the Argus vaccine network.

Influenza vaccine available at pharmacies

We will continue to cover pharmacy-administered influenza vaccines for our members age 3 and older (coverage is based on FDA-approved package labeling). For all other routine vaccines, coverage at the pharmacy is limited to members 18 years and older (19 and older for pneumococcal) and will follow recommendations based on FDA package labeling and the Advisory Committee on Immunization Practices (ACIP).

Note: Pharmacy-administered influenza vaccine coverage is not available for Medicaid members.

Reporting of pharmacist-administered vaccines crucial to coordinated care

Coordination of care and communication between all health care professionals avoids duplicate vaccines, avoids unnecessary costs and enhances the health care experience. We applaud pharmacies who have automated the reporting of pharmacist-administered vaccines to a patient's primary care provider and to vaccine registries such as the Michigan Care Improvement Registry (MCIR).

It is also essential that pharmacists continue to ask for patients' vaccination records and make reasonable attempts to verify them when vaccination history is unknown or uncertain. While MCIR is one resource for information, it may not contain a complete record – especially for adults. It may be necessary to reach out to other health care professionals for a patient's vaccine history.

Pharmacy

Timeline for urgent review of pharmacy PA requests

Timelines are in place for responding to urgent pharmacy prior authorization requests. These timelines ensure all members receive appropriate, timely pharmaceutical care based upon sound evidence and individual needs.

"Urgent" prior authorization requests will be completed as soon as possible, taking into account the medical exigencies, but no later than 24 hours following receipt of the request. Urgent requests signify that a delay in response could seriously jeopardize the life or health of a member or the ability of the member to regain maximum function, or that a physician with knowledge of the member's medical condition believes that a delay would subject the member to severe pain that could not be adequately managed. When faxing, clearly mark urgent requests as such. You may also call the pharmacy department directly to request an urgent review.

All other non-urgent prior authorization requests will be completed within a reasonable period of time appropriate **to the medical circumstances**. That is usually within 48-72 hours but not later than 15 calendar days for commercial and Medicare Part B, and no later than 72 hours for Medicare Part D.

Preferred insulin pump/supplies providers as of April 1

Effective April 1, 2013, Priority Health has partnered with two preferred providers for insulin pumps and supplies for our commercial members (HMO, EPO, POS and PPO plans, including My**Priority**SM individual and family plans).

If members are satisfied with their current vendor they are welcome to continue receiving diabetes supplies from them.

These suppliers were chosen for:

- Their convenience, expertise and commitment to Priority Health members
- Free shipping of supplies
- Demonstrated quick delivery times

Contact information

These preferred providers can be accessed through our online provider directory (Find a Doctor), or directly:

- **Solara Medical Supplies**
  888.568.8145
  email: *phreferrals@solaramedicalsupplies.com*
- **Healthy Living Medical Supply**
  866.779.8512
  website: *healthylivingmedicalsupply.com/priorityhealth*

Performance Programs

Medicaid incentives for MiPCT practices

MiPCT participating practices are eligible to receive incentives for all Medicaid measures in our 2013 PCP Incentive Program.

This decision was made after the 2013 PCP Incentive Program manual was printed. However, the online version has been updated. You can find it at *priorityhealth.com/provider*. Log in and select "*Provider Manual*" and then "*Incentive programs.*" Here, you will find a link to download the "*2013 PCP Incentive Program manual.*"

Reminders for pediatric patients

Well child exams

To receive credit for a well child exam, and to ensure we have accurate and current reporting data, you must bill Priority Health even when another primary insurance pays in full. Well child exams are not reportable via supplemental data.

Lead screening

Children must be continuously enrolled for 12 months prior to their second birthday with no more than a 45-day gap in coverage. In addition to the monthly PCP Incentive Program patient list, your PAR will also provide you a list of children ages 10-24 months who need lead screenings. Members who are up-to-date prior to their second birthday automatically meet the incentive measure upon eligibility.

New PCP IP Trend Report

A report is now available that shows your trending rate with our PCP incentive program measures. Along with your current performance rate, you can follow your year-to-year rate and compare your rates with those of others. If you are interested in receiving this report, let your PAR know you'd like to receive the Trend Report.

Plans & Benefits

Censeo Health contacting members

Censeo Health has begun contacting Medicare members with mailings that go out every few weeks. This is part of the free, in-home health assessments program we told you about previously.

The Censeo Health program is not designed nor intended to provide care to the member or to interfere with the care they receive from their physician. It is specifically designed to encourage the member to bring any information and recommendations to their physician for discussion.

Responsibilities & Standards

Coordination of care for behavioral health

We encourage you to make coordination of care a routine part of your treatment plan – for all treatments including Behavioral Health. HIPAA allows providers to share protected health information for coordination of care.

The Behavioral Health Coordination of Care form is available at *priorityhealth.com/provider/forms*. If you prefer, you may create your own equivalent coordination of care form or letter.

HIPAA regulations allow for coordination of care

HIPAA Code of Federal Regulations, Section 45 CFR 164.506, allows for the sharing of protected health information for coordination of care between providers.

If you have questions about behavioral health coordination of care or other issues, contact our Behavioral Health department at 800.673.8043.

Behavioral Health to accept requests, info by fax

In an effort to shorten the wait times on phone queues, we have moved to a faxed-based system for behavioral health admission authorizations, concurrent reviews and discharges.

As of April 15, we have aligned our department process with the medical department's utilization management (UM) review processes to provide your internal staff, and ours, with more flexibility and efficiency when completing UM reviews.

Use the fax process to:

- Complete concurrent reviews without waiting in a phone queue
- Submit discharge information
- Submit supplemental clinical information if needed
- Request initial authorization for inpatient treatment

If you have questions or concerns about the appropriateness of an admission to either an inpatient or partial hospitalization level of service, please contact the Behavioral Health department at 800.673.8043.

No change to:

- Denial or peer review request process
- Emergent assessments (these should still be called in)

Questions?

For more information on this new fax process, refer to the "Behavioral health" section of the Provider Manual at *priorityhealth.com/provider/manual*.

Training Opportunities

Coding workshop to be held in Grand Rapids Dec. 10

Save the date for this popular one-day class, The Guidelines and Principles of ICD-10-CM. These classes fill quickly.

- Date: December 10, 2013
- Priority Health Conference Center in Grand Rapids, MI
- Presented by Judy B. Breuker, AHIMA-Approved ICD-10-CM/PCS Trainer
- $285 early registration (more than 30 days in advance)
- Fee includes both the Draft ICD-10-CM Manual and Detailed Instruction for appropriate ICD-10-CM Coding, 2013 (Ingenix®/Optum)
- 6.5 AAPC Core A continuing education units
- 6.5 AHIMA CEUs
- Limited to 60 attendees
- More information and registration is available at *judybreuker.com*

Priority Health News

Priority Health moves to become first health plan in Michigan to publish comparative health care costs

Priority Health is laying the groundwork to become the first health plan in Michigan to publish specific, regionalized health care costs and quality information by procedure, facility and physician. The company announced in April it had signed a contract with Healthcare Blue Book to publish costs associated with more than 300 health care services most utilized by members of Priority Health.

"Today nearly half of Priority Health members have a high deductible health plan, and the number of high deductible plans is growing dramatically statewide," said Michael P. Freed, president and CEO of Priority Health. "When individuals pay more out of their own pockets, they become more engaged in their health care decision making. We feel it's our role to improve the health and lives of our members by providing the information they need to make important health care decisions."

Employers continue to express concerns about the rising cost of health care and are seeking ways to further engage their employees in their health care decision-making. With its partnership with Healthcare Blue Book, Priority Health will further promote engagement by providing members with price ranges, facility price rankings and quality metrics. This information will allow members to make more informed decisions about their health care and spend their benefit dollars more wisely.

"This tool is going to lead to a lot of educational discussions in doctors' offices," says John Fox, M.D., associate vice president of Medical Affairs at Priority Health. "Patients will be asking about their best course of treatment and how much it will cost."

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Priority Health News

The new health care cost tool, which will be available in late summer, will allow Priority Health members to search by procedure, facility and physician and other criteria. For example, the cost of a knee arthroscopy may range from $1,751 to $6,087 between facilities. Healthcare Blue Book continuously analyzes this information to determine the current "Fair Price" for the procedure in each market. In this example, the Fair Price would be approximately $2,110. It then creates a stratified list of facilities to help the Priority Health member assess the costs on a scale of "green" (at or below the fair price), "yellow" (slightly above the fair price) and "red" (most expensive). It will also link to quality information and patient reviews.

Provider news changes

Maybe you've noticed some changes in how we are bringing you the news from Priority Health these days.

Getting you your news faster

All news articles are now added to the Physician and Practice News area at *priorityhealth.com* as soon as we have them, instead of saving them up to put in a bi-monthly issue of the newsletter.

Highlighting "Recent news"

Each time we add a news article or make a change to the Provider Manual, we add a headline to the "Recent news" area to alert you. "Recent news" shows up in three places:

- Your logged-out home page
- Your logged-in home page
- The main provider news page

Now you can search by category and topic

Are you only interested in certain kinds of news items? Each news item is now tagged with a category, such as "Authorizations" or "Billing and Payment." It can also have several "topic" tags, like "Medicare," "Preventive health" and "Asthma."

Click any news tag and all articles that share the same tag will appear in a list. For example, clicking the "Medicare" tag on a news item will bring up all other items related to Medicare from the last few months of news.

To see all the category and topic tags, scroll all the way down the left-hand column of any news item.

In case you miss a news item or two

We know you don't have time to check the news every time you visit *priorityhealth.com*. We'll be collecting the news items into a digest (like this one) and sending it out to physician practices. We plan to send the digest out quarterly – spring, summer, fall and winter.

PriorityHealth

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Physician and Practice News Digest

Questions?

Contact your provider account representative (PAR) with questions related to information in this newsletter. Need to find your PAR? When you are logged in to your *priorityhealth.com* account, your PAR's name appears in your Find a Doctor tool listing details.

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