Healthy Michigan Plan $25 incentive added

March 31 update: Participating primary care providers, both physician and mid-level, can earn a $25 incentive for completing a Healthy Michigan Plan Health Risk Assessment (HRA) form and faxing it to us.

Get complete details and a link to the state-issued HRA form in the Provider Manual.

(Original news item, March 20, 2014) - The Healthy Michigan Plan, formerly known as "Medicaid expansion", is already enrolling members for an April 1 effective date. We've created some basic information in our Provider Manual explaining what we know about how the Healthy Michigan Plan works.

Highlights

Participation: If you are contracted with us to provide services to Medicaid members, that contract includes the Healthy Michigan Plan.

ID cards: We are not allowed to say "Healthy Michigan Plan" on ID cards, so these patients will carry cards reading "Priority Health Choice HMI."

Copayments: You don't collect copayments at time of service for Healthy Michigan Plan members. We collect the copayments later.

Benefits: The benefits will be slightly different from traditional Medicaid. For example, the Healthy Michigan Plan covers habilitative services.

Initial visit requirement: Members must have an "initial visit" with their PCP within 150 days of their effective date.

Health Risk Assessment forms: PCPs must sign a state-standardized Health Risk Assessment for these members and forward it to Priority Health.

Learn more in the Provider Manual.

Category: Plans and benefits
Tags: Medicaid MIChild
March 2014 formulary updates

The Pharmacy and Therapeutics Committee met in March to review the Priority Health formularies. The updates are available in the online Approved Drug List tool.

See a listing of the changes

Go to the Provider Manual under Authorizations > Drugs > Formulary Updates.

Questions about utilization management decisions and processes?

Call the Priority Health Pharmacy Department at 800.466.6642. Physician and pharmacist reviewers are available to help you.

Our formulary is updated up to six times a year. It's available on this website in our online Approved Drug List tool. We also update our Pharmacy policies and procedures annually.

Category: Pharmacy
Tags: Medications/formularies

03-11-2014

Medical policy changes

Changes posted to the "Pending changes" page in the Provider Manual

The Priority Health Medical Affairs Committee reviewed and changed several medical policies on Feb. 12, 2014.

To see summaries of the changes, visit the Provider Manual "Pending changes" page.

Clarified/increases in benefits

- Balloon Sinus Ostial Dilation, 91596
- Gastroparesis Testing and Treatment, 91572
- Markers for Digestive Disorders, 91583
- Surgical Treatment of Obesity, 91595

Other changes

- Colorectal Cancer Screening 91547: Wireless Capsule Endoscopy added as not covered for general screening effective 03/04/2014
- Obstructive Sleep Apnea & Upper Airway Resistance Syndrome 91333: Changes and additional criteria effective 04/14/2014
- Total Hip Resurfacing 91530: Retired effective 01/23/2014

Policies reviewed and approved without changes
03-24-2014

More medical policy changes

In addition to the changes effective March 24, the Priority Health Medical Affairs Committee reviewed and changed three more medical policies for 2014. They have minor changes and additions for clarification or which represent an increase in benefit for members.

Pharmacogenomics Testing, 91570

Criteria added for the coverage of BRAF V600E or V600K mutation testing, Anaplastic lymphoma kinase (ALK) testing, and MGMT (O(6)-methylguanine-DNA methyltransferase) - MGMT gene methylation assay.

Appendix I, Non-Covered Testing, updated to include beta adrenergic receptor genotyping.

Stimulation Therapy and Devices, 91468

- Gastric pacing to improve sluggish gastric emptying (gastroparesis) has been removed from the non-covered list and criteria for coverage added to the Gastroparesis medical policy 91572.
• Criteria added to reflect the NeuroPace RNS device is a covered benefit for the treatment of seizures in adults with partial-onset seizures refractory to at least 2 antiepileptic medications.
• Electric tumor treatment fields (ETTF) devices for the treatment of recurrent glioblastoma are covered when specific criteria are met.
• Transcranial magnetic stimulation (e.g. Cerena) for treatment of migraine headaches added to the non-covered list.
• Carotid sinus/baroreceptor stimulators (e.g., the Barostim neoTM System and the Rheos Baroreflex Hypertension Therapy System) for the treatment of hypertension and for all other indications (e.g., heart failure) added to the non-covered list.

Tumor Markers, 91562
The following covered markers were added to Appendix I:
  • ALK
  • Epidermal growth factor receptor (EGFR)
  • Janus Kinase 2 (JAK2)

Appendix I application section for K-ras (KRAS) updated to include its use to predict non-response to erlotinib (Tarceva) in the treatment of non-small cell lung cancer.

The following non-covered markers were added to Appendix II:
  • AFP
  • BluePrint
  • BRAF
  • Breast Cancer Expression Ratio
  • CA 125
  • Carcinoembryonic antigen cell adhesion molecule 6 (CEACAM6)
  • CellSearch assay
  • CK5 and CK14
  • p63
  • Racemase P504S
  • c-Met expression
  • ColoPrint
  • CIMP
  • LINE-1 hypomethylation
  • Immune cells
  • EarlyCDT
  • MyPRS
  • Pathwork
  • Tissue of origin
New User Admin tool for providers

This tool allows network practices and facilities to identify a provider user administrator. This person has the responsibility of verifying and authenticating the users associated with their practice or facility that should be allowed access to patient information.

Purpose of the User Admin tool

- **User administration** - This tool allows provider user administrators to remove users within their network and to control their facility's accessibility to priorityhealth.com/provider
- **Patient security** - The tool was created, and the process put in place, to ensure the security of patient information
- **User attestation** - We require that you regularly perform a user attestation process, reviewing and verifying your list of active users in order to maintain the integrity of the user database and to ensure the provider center is accessible to appropriate users only.

Get access to the tool through your PAR

If they don't hear from you first, Priority Health provider account reps will be contacting physician organizations and practices network-wide to identify user administrators before August 2014. If your organization already utilizes another payer's tool to manage online account users and/or if you have a person in place that handles web user administration, let your PAR know.

Practice staff and clinician access to Healthcare Blue Book!

In 2013, we introduced Healthcare Blue Book, an online transparency tool that helps members live informed, healthier lives. Your patients have begun comparison shopping for approximately 200 "shoppable" medical services — from X-rays and lab tests to non-urgent surgeries and procedures.
Now practice staff and clinicians have access to Healthcare Blue Book from your logged-in provider account. So, you'll have informed answers when your Priority Health patients ask about cost of care and quality of services.

Learn more about how to use Healthcare Blue Book

- View our Healthcare Blue Book webcasts:
  - Engaging patients through transparency: Healthcare Blue Book access for PCP and Specialist offices (6 min.)
  - Healthcare Blue Book "How-To" (3 min.)
- Download and print our Healthcare Blue Book 1-page "How-To" chart (843KB PDF)
- Direct your patients to member tools

Category: Priority Health news
Tags: Transparency

03-21-2014

PCP Incentive Program measure change

The Clinician and Group (CG) CAHPS measure language in the 2014 PCP Incentive Program manual has been updated based upon a recent recommendation from the Michigan Patient Experience of Care (MIPEC) workgroup.

The measure language now states that practices eligible for this incentive must conduct a minimum of 50 surveys per physician in the practice or a minimum of 250 surveys for practices with six or more physicians. Practices are identified by Priority Health facility site ID.

Go to the PCP Incentive Program information in the Provider manual to download the revised PIP manual PDF file. The change appears on page 58.

Category: Performance programs
Tags: PCP Incentive Program Patient satisfaction

03-19-2014

Medicaid and MIChild plan names removed from ID cards

Effective immediately, the State of Michigan has asked us to remove the names Medicaid and MIChild from our member ID cards. This change will be made as members renew. You will still see the old names on ID cards issued prior to March 18, 2014.

This change does not affect benefits.
Plan names shown on our member ID cards

- Medicaid = **Priority Health Choice MDC**
- MIChild = **Priority Health Choice MIC**

**Healthy Michigan Plan**

As we roll out our Healthy Michigan Plan, member ID cards will show **Priority Health Choice HMI**.

**Questions?**

Contact our Provider Helpline at 800 942-4765 option 2.

Category: **Plans and benefits**

Tags: Medicaid MIChild

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**Surgery prior auth changes effective March 24**

Effective March 24, prior authorization will no longer be required for:

- Lumbar fusion
- Lumbar laminectomy
- Knee arthroscopy

All other Spine Centers of Excellence (SCOE) program processes will remain in effect.

This adjustment is due to the ongoing effectiveness of our SCOE program as well as changes in medical practices. We will, however, continue to monitor the utilization of these three procedures. We may opt to reinstitute a modified prior authorization approach in the future, potentially incorporating member education and shared decision making.

You'll find additional information on lumbar fusion, lumbar laminectomy and knee arthroscopy at priorityhealth.com.

**Questions?**

Contact the Provider Helpline at 800.942.4765, option 2.

Category: **Authorizations**

Tags: Authorizations Back and neck pain Medical policies
03-12-2014

PCP Incentive Program (IP) report reduction

Effective with March reporting, some PCP IP reports have been eliminated to better align with the current PCP IP program. If you receive monthly reports electronically, these will no longer be included in your report set.

<table>
<thead>
<tr>
<th>Report</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic prescription reports</td>
<td>No longer part of the incentive program</td>
</tr>
<tr>
<td>e-Prescribing reports</td>
<td>No longer part of the incentive program</td>
</tr>
<tr>
<td>Inpatient days/1000</td>
<td>No longer part of the incentive program</td>
</tr>
<tr>
<td>Measure reports at the physician level</td>
<td>Payment at the practice level only. Physician level reports can be obtained by sorting the 11C report or #70 supplemental data report.</td>
</tr>
<tr>
<td>High-tech radiology reports</td>
<td>No longer part of the incentive program</td>
</tr>
<tr>
<td>Key indicator by specialist</td>
<td>Specialists are no longer included in incentive measures</td>
</tr>
</tbody>
</table>

Questions? [Contact your Provider Account Representative (PAR)](mailto:provideraccountreps@priorityhealth.com).

Category: Performance programs
Tags: PCP Incentive Program

03-05-2014

SSNs are unavailable in Provider Helpline

In the interest of both privacy and accuracy (since a Social Security number can be associated with more than one contract), we're asking our provider partners to use our member contract ID on calls to the Provider Helpline or when looking up a member through this website.

Category: Priority Health news
Tags: Authorizations Billing Coordination of benefits Recordkeeping