PriorityHealth

Physician and practice news digest

Spring 2015

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

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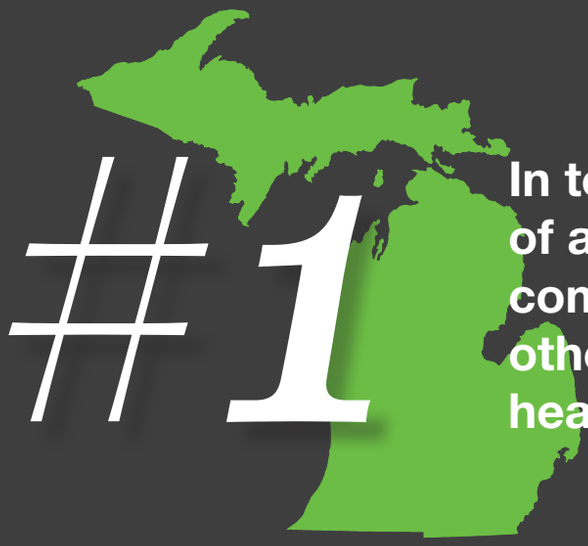
2014 PROVIDER EXPERIENCE SURVEY RESULTS



In terms of ease of administration compared to other Michigan health plans.

Download an infographic of results from our recent survey at ***priorityhealth.com/provider/surveysays***

We'll be conducting this annual survey again this summer. If you receive it, please take the time to complete it. Your engagement with us through surveys, conversations and committees is an important contribution to the health of your patients and our members.

Pharmacy

November 2014 formulary updates

(12-03-2014) The Pharmacy and Therapeutics Committee meets bi-monthly 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 > Drug auths. Here you'll find recent updates by month.

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.

Reminder: Get printable formularies

(01-15-2015) Our commercial, Medicaid and Medicare formularies are updated up to six times a year and are available in the Approved Drug List tool at *priorityhealth.com.* Click "Get printable drug lists". We also update our Pharmacy policies and procedures annually.

We offer an "Affordable quick reference guide" that summarizes our coverage of drugs used to treat common conditions, located in the Clinical Resources section of *priorityhealth.com.*

Reminder: Reduce medication waste

(01-15-2015) 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 copayment—instead of two or three copayments—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* and search "medication disposal".

Billing and payment

2015 preventive service codes now online

(01-21-2015) The preventive service code reference page in our online Provider Manual has been updated with codes and guidelines for 2015. It includes:

- A list of the preventive care services that apply to our HMO, POS and PPO group and individual plans*
- HCPCS/CPT codes
- Required ICD-9 diagnostic codes
- General guidelines about the service along with the source of the recommendation

We're committed to transparency and to helping you understand our preventive care guidelines so you can accurately code for your services. Search keywords: **Preventive service billing**

About what we cover as preventive

Priority Health covers preventive services as outlined by the Affordable Care Act and recommended by the U.S. Preventive Services Task Force, Centers for Disease Control and Prevention and Health Resources and Services Administration. By following these guidelines, we're making sure the care we recommend and cover as preventive is safe and effective according to the latest medical research.

**Exceptions include some self-funded employer groups, some grandfathered plans, and certain religious employers and organizations. Also, government programs have their own preventive care guidelines.*

Fee schedules changed Jan. 1

(12-02-2014) Priority Health conducts a review of fee schedules annually. We continually evaluate national and regional data to develop fee schedules that balance the needs of providers with those of employers and members who bear the burden of these costs.

This aligns with the Priority Health mission to be the nation's leader in innovative health solutions, making health care obtainable for all. We're committed to providing affordable and excellent health care to individuals and employers through an ever-expanding array of products and services.

Our adjustments to fee schedules typically result in raising some fees while lowering others. We strive to have balance between primary care and specialty care as well as among specialists themselves. Our goal is to reimburse all providers at a fair market value.

Request a 2015 fee schedule

If you are part of a contract PHO/PO with Priority Health, you may request a fee schedule from them directly.

You may also request 2015 fee schedules using an online form in the Provider Manual billing and payment section. You must be logged in to access it. In the message section of the online form, indicate that you're requesting the 2015 fee schedule.

Modifier 59 replaced by 4 modifiers

(01-14-2015) On Jan. 1, CPT and HCPCS code changes for 2015 went into effect. Review the 2015 CPT book and 2015 HCPCS book for complete details on new, revised and deleted codes.

New modifiers XE, XS, XP, XU replace modifier 59 in many cases. Priority Health will accept these new modifiers for all lines of business with dates of service beginning Jan. 1, 2015 and after. See the modifier 59 page in our Provider Manual for details.

JVHL participating labs

(12-19-2015) Joint Venture Hospital Labs (JVHL) issued a letter on Dec. 15, 2014, which implied that Spectrum Health and their associated laboratories were no longer an option for Priority Health members. That is not an accurate statement.

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Billing and payment

Priority Health does not hold an exclusive or preferred arrangement with JVHL. Priority Health honors laboratory services rendered by all participating providers. Use our Find a Doctor tool to find participating laboratories.

New reimbursement for dental providers as of Jan. 1

(12-29-2014) As of Jan. 1, 2015, dental providers can be reimbursed for an oral appliance for patients 18 and older who are members of our group and individual HMO/EPO, POS and PPO plans, as well as members of Medicare, Medicaid and the Healthy Michigan Plan. The member must meet the criteria found in the medical policy on obstructive sleep apnea.

Also effective Jan. 1, 2015, dental providers will be reimbursed for the following CPT codes:

- 99201 — 99205
- 99211 — 99215
- 97110
- 97140
- 70300, Global/TC/26
- 70310, Global/TC/26
- 70310, Global/TC/26
- 70320, Global/TC/26
- 74210, Global/TC/26

Balance billing not allowed for covered services

(01-15-2015) We're seeing an increase in member balance inquiries due to providers billing patients for amounts beyond the member's liability. Remember, your contract with us prohibits balance billing patients for covered services that deny as provider liability. Ensure your entire billing team and third party vendors understand the contractual agreement.

We're also aware of billing software not being set up to align with your contract. This may result in patients being auto-billed. Configure your system so balance bills for provider liability aren't being issued.

Member liability includes:

- Copay
- Coinsurance
- Deductible

Examples of denial for provider liability include:

- Provider write - off (disallow)
- Billing Medicare members for services that are not covered and lacking a GA modifier
- Provider withhold amounts
- Z12 — Invalid procedure codes
- V26 — Missing or invalid diagnosis codes
- Z58 — Bundling edits
- Q02 — Services denied not in provider's contract
- Z88 — LCD Part B missing or invalid diagnosis

Review member benefits

Review member benefits by logging in to your provider account and searching for your Priority Health patient in our Member Inquiry tool. The Provider Manual includes more details about balance billing.

Questions?

Call our Provider Helpline at 800.942.4765.

Authorizations

Reminder: Medical policies revised

(01-15-2015) The following policies were revised and approved at the Medical Affairs Committee meeting in December 2014. For details and to read the latest revised policies, see the pending changes to medical policies page in the Provider Manual.

Revised policy effective Feb. 1, 2015

- Cardioverter Defibrillators - 91410

Revised policy effective Jan. 1, 2015

- Autism Spectrum Disorders - 9157

Revised policy effective Dec. 25, 2014

- Renal Artery Stenosis - 91561

Revised policies effective Dec. 1, 2014

- Telemedicine – 91604
- Biofeedback – 91002
- Clinical Trials – 91606
- Clinical Trials for Cancer Care – 91448
- Experimental/Investigational/Unproven Care/Benefit Exceptions – 91117
- Intraoperative Radiation Therapy – 91556
- Surgical Treatment of Obesity – 91595
- Varicose Vein Treatment – 91326
- Ventricular Assist Devices - 91509

New prior auth requirement for ICDs

(11-24-2014) There is a new prior authorization requirement for implantable cardioverter defibrillators (ICDs) as of Feb. 1, 2015. Most Priority Health members must complete pre-surgical education for elective ICDs before we'll authorize payment. The education is a 30-minute interactive online program through Emmi™.

Learn more and find out how to order the program in the Provider Manual under Authorizations > Auths requiring patient education.

Performance programs

Official 2015 PCP Incentive Program information now available

(12-16-2014) Go to *priorityhealth.com*, then to Provider Manual > Performance programs > PCP Incentive Program to download our official 2015 PCP Incentive Program Manual and measures chart. You'll also find tips and tools for submitting data online to simplify your reporting process.

Changes for 2015

At Priority Health, we continue to reward prevention, improved clinical outcomes and the delivery of cost-effective care. The 2015 PCP incentive program includes changes we've heard from the network including:

- Equal payout across product lines for all measures
- Closer alignment with other payers supporting more consistent measures
- Greater focus on funding at the point of care through care management

This year's program supports your efforts to provide the best clinical care while balancing cost and patient experience – a structure that directly reflects the Triple Aim. Total funding matches that of last year but the program is smaller with nine fewer measures. Retired measures are reflective of plan performance, evidence-based medicine and recent HEDIS changes.

Questions?

Contact your Provider Account Representative. They can help you meet your program objectives.

Training opportunities

Virtual Office Advisory Forum schedule for spring 2015

(01-15-2015) Mark your calendar and join us for the spring 2015 Virtual Office Advisory forums. These lunch hour sessions provide you with an opportunity to hear from Priority Health experts about network updates, new programs, educational opportunities and more.

Spring 2015 virtual office advisory forums

Noon to 1 p.m.

- March 18
- May 20
- June 17

Watch for an email invitation with a registration link for the next session soon. If you don't receive emails from us and would like to stay informed electronically, go to *priorityhealth.com* and click Register. The account verification process takes up to five business days.

Plans and benefits

Order lab tests from the most cost — effective facility

(11-17-2014) The price of health care varies by hundreds or even thousands of dollars depending on where services or care is received. Before you order a lab test, be sure to consult with your patient to compare prices. They may find a facility such as Quest Diagnostics to be the best value.

Be informed. After you log in at *priorityhealth.com/provider*, click on the Healthcare Bluebook link under provider tools to compare the cost and quality so you can discuss options with your patients.

Reminder: Check the Preventive Health Care Guidelines

(02-03-2014) Each year, before releasing our annual update to our Preventive Health Care Guidelines, Priority Health reviews current evidence and guideline statements on effective preventive health care.

You can always find the guidelines at *priorityhealth.com* as web pages and printable PDFs.

- Commercial and individual plan preventive health care guidelines
- Medicare preventive health care guidelines
- Prenatal and maternity care guidelines

Preventive care billing codes are available in the Provider Manual under Billing and payment > Services > Preventive care.

Questions?

Contact your Provider Account Representative or call the Provider Helpline at 800.942.4765.

Responsibilities and standards

Inform Medicare patients of their right to create advance directives

(01-29-2015) Sometimes, people become unable to make health care decisions for themselves due to accidents or serious illness. We ask that you inform your patients of their right to formulate advance directives and document that conversation in a prominent place in the medical record. If they have executed an advance directive, this should also be documented.

For more information

See details at *priorityhealth.com*. Search keywords: **Advance directives**

New forms for patient discharges and reassignments

(01-05-2015) As of Jan. 1, 2015, requests for patient discharges or reassignments must be submitted using new forms.

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Responsibilities and standards

We updated these forms to make it easier for you to maintain up-to-date patient-physician relationships. It's one of the ways we support patient-centered medical homes and accountable care.

Use the PCP member discharge form when:

- You are discharging a patient from your practice for one of the approved reasons
- A Medicaid or Healthy Michigan Plan member was assigned to your practice, even though you are closed to new members
- You need to transfer a patient's medical records to a new provider

Members who wish to join your practice can change their PCP by calling the number on the back of their Priority Health ID card or by completing the primary care provider change form. Search keywords: **PCP change form**

Learn more about member discharges and get the form at *priorityhealth.com*. Search keywords: **Discharging a patient**

Use the PCP assignment form for patients being reassigned to a different provider within the same practice or Tax Identification Number (TIN). Search keywords: **PCP reassignments**

Reminder: Review the clinical practice guidelines

(01-15-2015) Clinical practice guidelines, including preventive health care, support evidence-based care for children and adults. These are available in the Clinical resources section of *priorityhealth.com*, along with practice management and patient education tools. Request printed copies through the Provider Helpline at 800.942.4765.

On *priorityhealth.com*, you'll find guidelines for:

- ADHD
- Advance care planning
- Alcohol and substance use
- Asthma
- Back and neck pain
- Cardiovascular conditions
- Chlamydia
- Depression
- Developmental screenings
- Diabetes
- Influenza
- Lead poisoning
- Maternity
- Obesity
- Osteoporosis
- Pain management
- Preventive health care
- Sleep apnea
- Tobacco use

Reminder: Performance program information online

(01-15-2015) We remind you annually of the performance program information available to you at *priorityhealth.com*. The listings below highlight these areas and direct you to more details.

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Responsibilities and standards

Quality Improvement Program

For summary information regarding the Priority Health Quality Improvement Program performance and key quality results, go to About us > Company profile > Accreditation.
For more information: Visit the Quality Improvement Program section of the Provider Manual.

To review complete copies of our Quality Improvement Evaluation, Quality Improvement Program Description and Quality Improvement Work Plan, contact Bob VanEck at 616.464.8204 or *robert.vaneck@priorityhealth.com*.

Disease and case management services

Our health management programs for asthma, diabetes, cardiovascular disease, pregnancy and tobacco cessation are designed to assist your practice. These free programs help to educate patients about their health conditions, risk factors, adherence to evidence-based treatment and developing a personal action plan.

For more information on ways to use our services and to see how we work with patients, visit the Clinical Resources section of *priorityhealth.com*.

Utilization management decisions, InterQual criteria and medical policies

Priority Health makes every effort to make utilization decisions that are fair and consistent in order to serve the best interests of the member. That is why we:

- Base utilization decisions only on appropriateness of care and service, as well as existence of coverage.
- Will not reward practitioners or other individuals for issuing denials of coverage.
- Will not offer financial incentives for utilization decision makers that would encourage denial of coverage or service.
- Decide on coverage of new technology after comprehensive research and review by the chief medical officer and physician committees.

To learn more, visit the Utilization management section of the Provider Manual. If you have questions about utilization management decisions, would like copies of the medical criteria/policies used to make decisions or would like to discuss the decision-making process, call the Health Management department at 800.942.4765.

Medical utilization criteria

Physicians are available to review and answer questions about utilization decisions during business hours. Call 616.464.8432.

Pharmacy utilization criteria

Pharmacists are available to review and answer questions about pharmacy-related utilization decisions by calling 800.466.6642.

Behavioral health medical necessity criteria

Find them in the Authorizations section of the Provider Manual under Behavioral Health. In addition, your agency or facility may ask questions about behavioral health-related utilization decisions or request a copy of the Behavioral Health department's **Standards and Criteria for Utilization Management** by contacting our Behavioral Health case managers at 800.673.8043, from 8:30 a.m. to 5 p.m. Monday through Friday. A case manager will assist you with your questions or refer you to a board-certified psychiatrist.

Reminder: Member rights and responsibilities

(01-15-2015) Patient rights and responsibilities can be found online in the Member Handbook section of *priorityhealth.com/member*. Choose Handbook in the top navigation bar.

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Responsibilities and standards

Reminder: Review the provider responsibilities and standards

(01-15-2015) We're here to help your office operate as effectively as possible. The online Provider Manual section called "Provider responsibilities and standards" has information on everything from setting up your online account to office accessibility requirements to how to change status (locum tenens, closing your practice, etc.).

Please review this information annually:

General office setup and standards

- Responsibilities of office and staff
- Compliance with fraud and abuse prevention
- Requirements for treating Medicare patients
- Accessibility and availability standards (location, hours)
- Changes to contact information, staff or online accounts
- Requesting and using NPI numbers
- Accessing and using online Provider Center accounts at *priorityhealth.com*

Confidentiality

Contracting

Credentialing, enrollment and recredentialing

Data exchange

- HL7
- 5010 electronic data interchange
- Electronic fund transfers
- Performance data

Medical record keeping

Medical record documentation

Provider patient relationship

- Treating yourself and your family
- Discharging patients
- PCP reassignments
- Extension of care

Provider status

- Locum tenens
- Opening or closing to new members
- Moving a practice and mass transfer of members
- Closing a practice and mass transfer of members
- Sanction and suspension

Site visit review standards

Reminder: Reporting fraud and abuse

(01-15-2015) Fraud and abuse cost companies billions of dollars each year, pushing health care prices up nationally. To help keep costs down, Priority Health has a special team that checks for fraud and abuse, and we depend on you to report fraud and abuse to us when you see it.

Get complete details at *priorityhealth.com*. Search keywords: **Fraud and abuse**

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**Registration verification process takes up to five business days.*