

Physician and practice news digest

Winter 2016



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2017 PRODUCT CHANGES

As a non-profit health plan, we've worked for 30 years to keep health care affordable while improving the health and lives of our Michigan neighbors. We're committed to offering product options to individuals no matter where they are in life and in 2017 we'll offer new plans, updates and riders to meet growing consumer demand.

Update: Narrow and tiered plans

Bronson Healthcare Partners

For 2017, we're introducing plans with a narrow network available to residents of Kalamazoo, and portions of Calhoun and Van Buren counties. The Bronson Healthcare Partners network gives members the option to receive some of the lowest monthly premiums while receiving high quality care at a top health system in southwest Michigan. In-network providers of this plan include Battle Creek Hospital, Bronson Lakeview Hospital, Bronson Methodist Hospital, Holland Hospital, Metro Health, Spectrum Health and providers who are primarily affiliated with these systems.

West MI Partners

We're also expanding our tiered network for employer groups. In 2017, West MI Partners welcomes Bronson Healthcare and the following hospitals to the Tier 1 network: Battle Creek Hospital, Bronson Lakeview Hospital and Bronson Methodist Hospital. Bronson joins Holland Hospital,

Metro Health, Spectrum Health and providers who are primarily affiliated with these systems as part of West MI Partners. Members will have financial incentives to stay within the tier 1 network.

[Visit the plans section of our provider manual to learn more about these networks.](#)

Update: HMO/POS available for self-funded plans

Changes in legislation allow us to offer administrative services only (ASO) or self-funded employer plans on the HMO contract in addition to the PPO contract, providing additional plan options to employers. The new options are based on HMO contracted rates with providers and facilities, which require the member to coordinate care through their designated PCP. Some administrative fees apply to these plans.

Update: MyPriority POS network changes

We're making changes to the benefit level payment for select facilities for our MyPriority POS plans. These changes are being made to ensure care is medically appropriate and not unnecessarily raising costs for all of our members.

Multiplan network

- Services with providers in the Multiplan network will be paid at the out-of-network benefit level effective Jan. 1, 2017 for all My**Priority** POS plans.

PHCS

- PHCS is considered in-network on the POS plan when outside of our service area.
- New in 2017: There are some exceptions, where certain PHCS providers will pay at the out-of-network benefit level, so always check in our Find a Doctor tool.

Prior authorizations

- Prior authorizations are needed to receive the in-network level of benefit at Multiplan and any of the select PHCS facilities.
- If it is medically necessary that a member receives care at a Multiplan or one of the select PHCS facilities they will need to get a prior authorization to receive the in-network benefit level of care. This means no Reasonable and Customary (R&C) charges will be applied.
- This change is being made to ensure care is medically appropriate and not unnecessarily increasing costs.

Find a Doctor updates and assisting POS clients/members:

- Find a Doctor has been updated to show a My**Priority**POS designation for all providers in-network.

New: Delta Dental PPO plan

Our 2017 Delta Dental PPO/PremierSM plans offer employers and their employees flexible coverage options that work with every Priority Health medical plan so members get the dental coverage they need to stay healthy and more productive. This group dental plan lowers employer and employee costs through our partnership with Delta Dental — one of the largest dental PPO provider networks in the nation.

New: PriorityCares: Weight-loss Rx rider

The Weight-loss Rx rider, available Jan. 1, 2017, will cover new weight-loss drugs providing a less costly alternative to invasive weight-loss surgery. This rider may help reduce the risk for several major chronic diseases that are associated with obesity.

New: PriorityCares: Diabetes prevention and management rider

As part of our commitment to help our members be their healthiest, the **PriorityCares**: Diabetes prevention and management rider will help members who have diabetes or pre-diabetes manage their chronic condition.

The diabetes prevention and management rider is built on three principles:

- **Customized benefits:** Annual preventive visits, education classes and A1c tests are covered in full, even before the deductible is met.
- **Personalized care:** Our dedicated care team addresses the financial, emotional and medical obstacles members with pre-diabetes or diabetes might face.
- **Financial incentives:** Members earn money for being engaged in their care and taking steps toward an active, healthy lifestyle.

For information on these programs and the rest of our [plan offerings](http://priorityhealth.com/plans) go to priorityhealth.com/plans.



2017 fee schedules available online

(11-01-2016) The [2017 fee schedules](#) are available online. You must be logged in to your provider account to view them. Go to the Provider Manual > Billing and payment > Fee schedules.

During annual fee schedule review, we strive for balance between primary care and specialty care as well as among specialists themselves. Our adjustments to fee schedules typically result in raising some fees while lowering others. 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 so we can continue to reimburse providers at fair market value.

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

Claims will hold for newborns identified as potential Medicaid members

(10-27-2016) Priority Health will hold claims for any newborn identified as a potential Medicaid member who is not yet enrolled in our plan due to the lack of an enrollment file from MDHHS. Claims will hold for a maximum of 28 days.

Eligibility will be checked bi-weekly to ensure the claim is released for adjudication in a timely manner. Providers can submit a 276 (claims status inquiry) to see that the claim is in a "Held" status. These claims will not be viewable from the provider portal.

Medicare rate increase for skilled nursing facilities

(10-10-2016) Medicare rates for skilled nursing facilities (SNFs) increased 2.4% for fiscal year 2016. This final rule was announced in a July 29 fact sheet from the [Centers for Medicare and Medicaid Services](#) (CMS).

SNF providers with standard contracts with Priority Health Medicare have seen this annual adjustment in their composite per diem rate for dates of service on and after Oct. 1, 2016.

SNFs with questions about their contracted rates should contact Mike Porwal, Priority Health Provider Contracting, at 248.324.2730.

Reminder: Pneumococcal vaccines recommended for aging adults

(08-23-2016) It's recommended that adults ages 65 and older get both the pneumococcal polysaccharide vaccine (PPSV23) and pneumococcal conjugate vaccine (PCV13).

Timing of the vaccines

- Patients in need of both vaccines should get the PCV13 vaccine first, followed by PPSV23 6 to 12 months later.
- Patients already vaccinated with PPSV23 should receive the PCV13 vaccine a year or more later.
- Pneumococcal vaccines can be given at any time of the year.

Part B vs. Part D coverage

The [vaccine is typically covered](#) under the member's Medicare Part B coverage with a \$0 copayment. However, an immunization 1) not directly related to the treatment of an injury or direct exposure to a disease or condition, 2) received in a provider's office or outpatient setting, is generally considered a Part D drug.



Billing and payment

Under Part D, the member may pay the cost of the immunization and administration to the provider and then should contact Priority Health to request reimbursement. Priority Health will reimburse the member as described in Chapter 6, Section 8.1. of the Evidence of Coverage (EOC).

90715 (Tdap) now covered post-exposure for Medicare

(08-10-2016) Medicare moved 90715 (Tdap) from non-covered post-exposure to covered as of Jan. 1, 2016. We've updated our system to allow this code, and any claim originally denied in error will be reprocessed.



Pharmacy

Hyaluronic acid derivatives coverage change as of Jan. 1, 2017

(12-08-2016) Priority Health continually strives to improve patient experiences and clinical outcomes while reducing the costs of diagnosis and treatment. As of Jan. 1, 2017, hyaluronic acid derivatives will no longer be covered for the treatment of pain in osteoarthritis of the knee. This change affects commercial and Medicaid members, but not Medicare. Corticosteroid injections have had no coverage change.

Impact on current and future patients

This decision was made after careful review of evidence regarding effect on the quality of life, pain and function, and delay to total knee replacement surgery by both our Medical Affairs Committee and our Pharmacy and Therapeutics Committee. Patients currently within their treatment series during this change will be allowed to complete it but future treatment series will not be covered. Please do not begin this type of therapy for your patients between now and January 1.

The [Approved Drug List](#) (formulary) provides details on what types of drug therapy are covered for pain management. Reference our clinical resources for more [information about pain management](#).

Formulary updates

(08-09-2016) The Priority Health Pharmaceutical and Therapeutics (P&T) Committee recently approved several updates to the approved drug list for all product lines. Edits can be found in the [Provider Manual](#). For questions, call the Pharmacy Call Center at 800.466.6642.

Reminder: Expedited partner therapy available for STD patients

(10-19-2016) Sexually transmitted diseases (STDs), including chlamydia and gonorrhea, continue to be a significant health problem. But clinicians now have the option to assure that not just their patients but also individuals at risk due to exposure from a patient receive treatment.

An amendment to the Public Health Code authorized the use of Expedited Partner Therapy (EPT), allowing clinicians to give patients medication or a prescription to deliver to their sex partner(s) without a medical evaluation or clinical assessment of those partners. This applies to all plans.

See the [Michigan Department of Health and Human Services](#) (MDHHS) website for EPT Guidance for Health Care Providers. See our clinical resources for more [STD tools and resources](#).



Authorizations

Reminder: Behavioral health authorization requests

(11-09-2016) During business hours (8 a.m. – 5 p.m.), providers must phone in authorization requests to the behavioral health department at 800.673.8043 for all services other than outpatient and intensive outpatient services. Continue to fax concurrent review and discharge processes for outpatient and intensive outpatient services to 616.975.0249.

Emergency treatment authorizations

Our behavioral health team is available 24/7 at 800.673.8043 to assist you with initial authorizations of inpatient and partial hospitalization services for Priority Health commercial group, individual and Medicare plan members.

[Get the new authorization form.](#)



Performance programs

Physical therapists can earn financial rewards for providing patient-centered care

(09-14-2016) Physical therapists are invited to participate in our industry-recognized, pay-for-performance [incentive program](#). Designed to reward quality providers, the program helps reduce the cost of health care. Since 2014, we have awarded more than \$130,000 to independently contracted physical therapy clinics.

Participation is easy and free

Registration is closed for the current session but will open again in the spring for the payout period beginning April 1, 2017. Once registered, PTs enter data into WebOutcomes – a third-party physical therapy outcome tool – for patients who are Priority Health members. It takes just a couple of minutes per patient.

Get reports and earn rewards

We evaluate and reward the top-performing participants based upon quality standards twice a year, in May and November. Additional reports are available to participating PTs to help you validate your results to referring providers.

Medicaid EHR Incentive Program deadline is 12/31/16

(09-09-2016) The Michigan Department of Health and Human Services would like to remind providers the deadline for earning an incentive by participating in the CMS Medicare or [Medicaid Electronic Health Record \(EHR\) Incentive Program](#) is Dec. 31, 2016.

At Priority Health, we're always looking for ways to improve our processes and the experience for our members and our providers. EHR is one of those improvements, and we encourage you to participate and to take advantage of the incentives available to you.

Earn financial rewards

The benefits of participating in this program include incentive payments that can total up to \$63,750 for meeting program requirements. Additional monetary benefits can come from increased efficiency and a reduction in errors through the use of an EHR.

Who to contact

Robin Hepfing is the Outreach Coordinator for the Michigan Medicaid EHR Incentive Program. She can help you understand the Medicaid EHR Incentive Program and the use of resources available to successfully earn the incentive. Contact her at 517.324.8366 or rhepfing@mphi.org. Or, visit michiganhealthit.org to participate.



November is National Diabetes Month

(10-31-2016) November is recognized as National Diabetes month, a time to work together to raise awareness of diabetes and the alarming number impacted by the disease.

- More than 29 million people in the US have diabetes. Another 86 million have pre-diabetes and are at risk for developing type 2 diabetes.
- The risk of death for adults with diabetes from heart disease, stroke, kidney disease, etc., is twice that of adults without.

But any time of year is a good time to talk with your patients about their risk factors and care options.

Clinical resources

We partner with leading health and community organizations to provide our members free access to the [National Diabetes Prevention Program](#). The program is recognized by the Centers for Disease Control (CDC), and holds classes statewide to educate patients and help them reduce the risk of developing type 2 diabetes by as much as 58%.

- We offer [clinical resources](#) for providers to help you improve the quality of care and education for your patients with diabetes or pre-diabetes.
- The National Institute of Diabetes and Digestive and Kidney Diseases provides [additional patient resources](#).

PCP Incentive Program

We remain focused on patient-centered care that optimizes health, ensures the best care experience and eliminates avoidable costs. To learn more about diabetes management measures within our [incentive program](#), log in and go to our Provider Manual.

In-office lead machines must be registered

(09-19-2016) Did you know?

- If your location/facility has a lead machine, it needs to be registered?

- If not registered, results are not being recorded by the Michigan Care Improvement Registry (MCIR)?
- Manual entry of results is not captured in MCIR?

For information on [registering with the Childhood Lead Poisoning Prevention Program](#) (CLPPP) contact Jessica Cooper at 517.284.4796 or email her at cooperj3@michigan.gov.

Reminder: Encourage diabetic patients to have eye retinopathy exams

(08-04-2016) For members with diabetes, a regular retinopathy (dilated) eye exam can help detect diabetic eye disease which can cause blindness.

We've sent members and PCP reminder letters

Members who our records show have not had an exam in the past year have been mailed a letter and a diabetic retinopathy evaluation form, which the member's PCP should receive a copy of once the exam is complete. A copy of this form can be found on the Priority Health provider center under [diabetes clinical resources](#).

PCPs will also receive a list of their members who have not had a retinopathy exam this year.

Priority Health partners with Cherry Health for Medicaid pilot program

(08-03-2016) Priority Health is partnering with Cherry Health on a pilot program aimed at decreasing emergency department visits amongst our Medicaid population. The program aims to do this by:

- Increasing member engagement with their primary care provider / medical home
- Identifying barriers to obtaining care
- Developing appropriate member-centric care plans

The pilot program began in June 2015 and will continue through September 2017. Data showcasing the program's early success is expected to be available soon.



Plans and benefits

Medicare Enhanced Plan vision, dental and hearing benefit changes for 2017

(10-04-2016) Effective Jan. 1, 2017, Medicare Advantage plan members have the option to enroll or re-enroll in (purchase) the Enhanced Vision, Dental and Hearing (VDH) Plan.

- We currently have 25,000 members enrolled in this package.
- The vision, dental and hearing package information is not included on the Priority Health membership ID card.
- Benefit-specific information including pricing and copays can be found in the [Dental, Hearing, or Vision](#) section of the Provider Manual.

VDH package changes for 2017

Members who were enrolled in the enhanced VDH plan in 2016 will have the same in-network benefits in 2017. We have changed vendors for the hearing plan and limited the out-of-network hearing aid benefit, and made a change in the dental network.

Vision benefits

The vision portion of the VDH package has no changes for 2017. It is named Priority Health Vision and is administered by EyeMed. Priority Health commercial plans also use EyeMed under a plan named **PriorityVision**. The network is the same for each of these products. Members can use non-EyeMed providers, but they will need to pay the cost of the services at the time received then submit the out-of-network claim form.

Dental benefits

No changes were made to the dental benefits of the VDH package. Delta Dental of Michigan administers the dental plan. However, for 2017, participating providers are limited to Delta Dental network providers in the states of Michigan, Ohio and Indiana under the Delta Dental Medicare Advantage PPO and Delta Dental Medicare Advantage Premier networks. Members can use Delta Dental dentists in other states or non-participating providers but they will need to pay the cost of the services at the time received and then submit the out-of-network claim form.

Hearing benefits

In 2016, Priority Health Hearing was administered by EPIC. For 2017, Priority Health is removing the third party vendor and we will be administering these benefits in-house using the Priority Health Medicare hearing network. The in-network benefits will stay the same but the out-of-network hearing aid reimbursement has been reduced from \$500 to \$300 per ear every 5 years. The in-network hearing aid benefit is still \$500 per ear every 5 years.



Responsibilities and standards

Reminder: Reporting potential fraud and abuse

(10-15-2016) 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 potential fraud and abuse and we depend on you to [report potential fraud and abuse](#) to us when you see it.



Priority Health announces new medical leadership

(12-08-2016) Joan Budden, President and CEO, recently announced new medical leadership changes within the organization. These new appointments will strengthen relationships with clinician partners and networks statewide while helping our organization grow and keep health care affordable for all.



Jim Forshee, MD, has joined the company as the new Chief Medical Officer (CMO). Dr. Forshee received his medical degree from Michigan State University and served as a family practice physician for more than 20 years. He has extensive clinical leadership experience, most recently as the CMO for Molina's Michigan market.



John Fox, MD, who has been with Priority Health for more than 16 years, has been promoted to Associate Chief Medical Officer. Dr. Fox has led the development of Spine Centers of Excellence and the Oncology Medical Home. He was instrumental in helping Priority Health become the country's first insurer to cover genomic testing. In his new role, he will continue to lead critical programs that improve the health of our members and address health care costs head-on.



Brian Fedoronko, MD, will join Priority Health as the new Southeast Medical Director as of Dec. 30, 2016. Dr. Fedoronko received his medical degree from Wayne State University and joins the company from Huron Valley Physicians Association where he served as chief medical officer. He will report directly to the CMO and will provide clinical direction in the southeast Michigan market.