Laboratory Testing Performed in Office or Urgent Care

PHP reimburses specific laboratory tests in an office or urgent care setting. The specific CPT codes are identified on the allowed laboratory list located on PHP's website. To view the complete listing of laboratory codes reimbursable in these locations, please refer to the Laboratory Tests List in the Provider Manual, available at www.phpmm.org and click on *For Providers* and then *Provider Manual.* Laboratory services that are not on the allowed list should be sent to an appropriate participating laboratory. Services preformed that are not on this approved list will be rejected as a provider liability and are not billable to a member. For additional information, please contact PHP's Customer Service at 517.364.8500.

Membership Rosters and Your Practice

PHP has previously sent membership rosters to the Primary Care Physicians (PCPs) that have qualified for the Triple Aim Incentive Program (TAIP). PHP will begin sending membership rosters to all PCPs for Commercial, FamilyCare, and SPHN products. Membership rosters for those products that you are contracted with, will be sent quarterly to all PCPs within our network to better assist your practice with managing member care. The membership rosters will identify members who have designated you as their PCP. It is important to review the quarterly membership roster(s) and verify that the members listed are correctly linked to you or your practice. This will ensure that you or your practice receives proper credit for all members who are assigned. If you identify a member that is **not** your patient, check the box to the left of the name and send that information to PHP. If you have a PHP member that is your patient but is **not listed** on this roster, please fill out the information needed by utilizing the blank page that will be provided within your packet to add the patient information.

The membership rosters serve as a useful tool to ensure that all members you are seeing are reflected. As a reminder, membership is one of the criteria used to determine eligibility in the incentive programs administered by PHP.

PHP strongly encourages offices to review these membership reports and ensure the accuracy of the rosters by returning all changes to PHP **via the US postal service or fax to 517.364.8412**. Keeping the membership rosters up-to-date will also ensure appropriate notices are provided for coordination of care between PHP, the member, and the assigned PCPs. For additional information, please contact your Provider Relations Coordinator at 517.364.8312

Vaccine Services for Members

PHP members that have a pharmacy benefit with PHP can go to an In-Network Pharmacy to have the Injectable Flu Vaccine, Pneumonia Vaccine or the Shingles Vaccine* administered at no charge. The Pharmacy must be able to administer the medication on-site. Pharmacies will be reimbursed for the vaccine and the administration fee.

*Shingles Vaccine is **only** covered for members that are 50 years of age and older

Notification/Prior Authorization Table Available Online

To obtain the most up-to-date version of PHP's Notification/Prior Authorization Table, please go to PHPs website, www.phpmm.org click on, *For Providers,* select *Medical Resource Management* from the menu, click on "*What's on the new prior authorization list?*" and "*Click here for the Prior Authorization Table*". Hardcopies of the Notification/Prior authorization table will be included in the quarterly newsletters; however, the most up-to-date notification table will always be available on our website.

We are Proud of our Provider Satisfaction Survey Results!

PHP is proud to announce the results from the 2011 Physician and Practice Manager Satisfaction Survey conducted by The Myers Group (TMG), a National Committee for Quality Assurance Certified Survey Vendor.

PHP surveys its participating physicians and practice managers every year to gauge their opinions of our quality and efficiency and to spotlight administrative concerns. In turn, PHP can address the issues and opportunities suggested to ensure we continue to provide the best service possible for our physicians, practice managers and members.

Results of the 2011 satisfaction survey reflected that 92% would recommend PHP to other physician practices, 90% would recommend PHP to their patients and 85% indicated an overall satisfaction with PHP. PHP is also very proud to report that over 50% of the respondents rated their satisfaction with PHP in the top box category of "very satisfied".

While we are pleased with the results of the survey, PHP will continue to find ways to improve our services to you. PHP knows it can and will improve by learning about your changing needs and how we can serve you better. The survey is one communication tool that we utilize to receive feedback from our network.

PHP would like to thank all of the physicians and practice managers who take the time to respond to the satisfaction survey each year as we strive towards service excellence. Watch for the 2012 Satisfaction Survey in the next few months.

Claim Denial Appeals

Providers have the right to appeal a claim payment rejection in writing within ninety (90) days from the date of rejection. You may submit a letter or use a printed copy of the appeal form located in the Provider Section of the PHP website at www.phpmm.org. It is recommended that you submit your appeal request with a paper copy of the claim attached. It is important to include additional information that would support the reason for the appeal. This would include information not previously submitted regarding the reason and rationale for the appeal. Additional information may include charts and office notes, radiology or lab/pathology report (s), operative notes or surgery reports.

You may mail or fax the appeal to:

Physicians Health Plan
ATTN: Customer Service, Provider Appeals
PO Box 30377
Lansing, MI 48909
(Fax): 517.364.8411

It is important to note that claim appeal requests received after ninety (90) days from the date of rejection will not be eligible for review and consideration.

Benefit Determination Criteria

PHP makes decisions about covered health services based on the member's benefit structure, Certificate of Coverage, national medical practice standards and medical appropriateness as determined by the treating or referring physician/practitioner. Copies of the benefit determination criteria are available upon your request. Services are never denied solely because of the cost. We may encourage members to see participating physicians/practitioners and providers to ensure that members receive the quality of care and services they deserve.

PHP does not incentivize any Associates (such as Medical Resource Management, Pharmacy staff or Medical Directors) for denying services. We also do not support any form of incentive program that would award Associates for making denial decisions.

- There is no bonus program for this activity
- PHP does not track denials/approvals for the purpose of providing an incentive to any Associate, including those who make coverage decisions
- PHP does not have compensation programs with physicians/practitioners or other providers of care that encourage under utilization of appropriate services.

PHP does, however, recognize when there are problems associated with under utilization. If necessary health care services are not delivered, a member can be faced with serious medical problems. Failing to deliver needed services may cause an increased need for more serious or expensive health services later on.

PHP is pleased to have several disease management programs available to members that target specific areas of under utilization. Some of our programs include; Healthy Mom/Healthy Baby, Living with Diabetes, and Asthma Watch. PHP staff are always striving to encourage appropriate utilization and direct members to appropriate care when needed.

PHP also has Complex Case Management services which identify members who may have gaps in care. We work with physicians/practitioners and members to eliminate the gaps and help coordinate care and services.

For more information about Medical Resource Management, the review process, or if you have any questions about benefit determinations made by Medical Resource Management, the department can be reached during normal business hours Monday through Friday from 8:00a.m. To 5:00p.m. by calling 517.364.8560 or 1.866.203.0618 or after business hours by calling 517.364.8400 or 1.800.562.6197.

Enclosures

- Pharmacy Clinical Criteria
- Notification/ Authorization Table

Please contact your Provider Relations Coordinator if you have any questions about any items or articles in this publication.

We welcome your comments and article ideas for future publications.

This Update is Produced By:
PHP, Network Services Department
PO Box 30377, Lansing, MI 48909-7877
Visit our website at: www.phpmm.org

517.364.8312   800.562.6197
fax: 517.364.8412

Physicians Health Plan
The Plan of Choice

Provider **Update**

2012 PCP Incentive Program

Physicians Health Plan (PHP) is pleased to announce the continuation of the Triple Aim Incentive Program (TAIP) into 2012. PHP's Triple Aim Incentive Program principle is to improve the health status of our members, enhance the patient experience of care, and to control the per-capita cost of care by recognizing and rewarding Primary Care Physicians (PCPs) for providing quality, evidence-based services. We are pleased with the improvements that TAIP has had in 2011 and we are also very excited to announce the 2012 enhancements to the program.

PHP is proud to report that several of the selected TAIP metrics have shown improvement and we thank our PCP network providers for these positive results.

In 2011:

- PHP's HEDIS scores improved,
- Generic dispensing rates increased by 3% (from 72% to 75%),
- Inpatient days decreased 4%,
- Our members are not using the ER at the same level as they had been,
- More practices are seeking out Patient Centered Medical Home certification.

As part of the TAIP reporting, PHP introduced new reporting in the form of the Practitioner Utilization Profile Report and the Practitioner Risk Efficiency Report. We hope these tools continue to be helpful in tracking services and providing peer comparisons.

Many of the basic features which were incentivized in the 2011 program will remain the same in 2012, with some noted improvements and enhancements. For 2012, you will see the addition of incentives for childhood immunizations, diabetic LDL screenings, and enhancements to our Patient Center Medical Home bonus. Please look for more information on PHP's 2012 TAIP incentive program in the upcoming weeks.

We have been pleased with TAIP's first year's results and look forward to what will be accomplished in 2012. We remain committed to working with our PCPs to achieve the triple aim of improving the experience of care, improving the health status and reducing the cost of care for each PHP member. For additional information on PHP's TAIP incentive program, please contact your Provider Relations Coordinator at 517.364.8312.

To report any suspected fraud or abuse by either a PHP member or provider, please call 517. 267.9990 and press 1 to reach PHP's Compliance Department.