



American Heart Month

Heart disease is a major problem within the American population. According to the American Heart Association every year, about 715,000 Americans have a heart attack as well as about 600,000 people die from heart disease in the United States each year, that's 1 out of every 4 deaths. Heart disease is the leading cause of death for both men and women.

Did you know that cardiovascular disease, including heart disease and stroke, costs the United States \$312.6 billion each year? This total includes the cost of health care services, medications, and lost productivity. These conditions are leading causes of disability, preventing Americans from working and enjoying family activities. The statistics are astonishing, but there are great opportunities to help our community's understanding of heart disease.

Physicians Health Plan recently began to help spread health awareness topics to our community and members via social media options. PHP has posted topics, tips, helpful hints on our Physicians Health Plan Facebook page. Feel free to find us and like our Facebook page to take advantage of monthly health topics.

Sparrow Cancer Center Introduces New Multidisciplinary High PSA Clinic

In January 2014, the Sparrow Cancer Center announced the opening of a new multidisciplinary clinic for the evaluation of patients with Prostate Specific Antigen (PSA) levels that are either high or rising at a concerning rate. This new clinic is an innovative service for patients and providers offered as a division of the current existing Multidisciplinary Genitourinary Cancer Clinic. Patients referred to the Multidisciplinary High PSA Clinic receive prostate-specific education, comprehensive physical evaluations, and the formation of evidence-based multidisciplinary recommendations specific to their individual PSA levels and circumstances. The clinic's dedicated Genitourinary Nurse Navigator works to facilitate an informed and seamless referral process, provide ongoing education, support patients during the evaluation process, and facilitate timely follow-up as needed. Collaborative and ongoing communication with both patients and primary care (or referring) providers is a priority of this clinic.

The Sparrow Multidisciplinary High PSA Clinic currently meets on the 1st & 3rd Wednesday of each month and referrals are NOW being accepted. Referrals can be placed:

- Through EPIC (Ref33 – Hematology/Oncology Referral to Sparrow Cancer Center – Genitourinary High PSA Multi-Disciplinary Clinic)
- By phone (517.364.2318 / 800.968.5570)
- By Fax (517.364.2987).

For more information about the Multidisciplinary High PSA Clinic at Sparrow or how to place a referral, please contact *Debra Batterbee, MSN, RN, ACCNS-AG (GU Health Navigator)* at 517.364.3849 or by email at Debra.Batterbee@Sparrow.org

Enclosures

- Notification/Authorization Table effective 3/1/14
- PSA clinic Referral
- False Claims Act
- Advance Directive Standard
- Requirement for Providers in Screening

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.

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First Quarter 2014 Provider Connection

From the Desk of Dr. Peter Graham PHP Executive Medical Director

Mid-Michigan has been challenged in the last few months by Mother Nature. Snow, ice, and record cold have slowed us down at times, but remind us of how resilient and resourceful we are. The health care landscape promises to be just as challenging in the months ahead. We are already living through the first months of the health care exchanges, ongoing work of moving to electronic records, and changes in billing and coding.

As part of the Affordable Care Act, the Michigan Legislature approved the use of federal dollars to expand Medicaid coverage and access in our state. In a few short weeks, we will see Healthy Michigan bring health care coverage to many of our neighbors who to date, have lacked access or coverage. By expanding Medicaid eligibility to higher-income, non-Medicare eligible Michigan residents, more patients will have health care coverage. Physicians Health Plan, through our FamilyCare product, will be participating in this expansion. We anticipate welcoming up to several thousand new members to our plan, and proportionally in the community.

As an industry, we will also be converting to the previously delayed ICD-10 billing and coding sets. This will obviously require major configuration changes both in the submission and payment of claims. Internally, we will also be undertaking a major upgrade of our claims system with an aim to improved accuracy and timeliness. With the upgrades to our claims processing system as well as other infrastructural changes for PHP, this will lead us to being a participating insurance carrier on the Health Care Exchange in the upcoming year.

We also are working on an overhaul of our provider withhold, to compliment our Triple Aim Incentive Program (TAIP). We have an opportunity to align with our community needs, and better position us for a value-based future.

We will be forthcoming with more detail on these and many other topics in the weeks and months ahead. In the meantime, we welcome your input on these and other issues that we could assist you with.

2014 promises to be a very challenging year of change and transformation in health care. Physicians Health Plan remains committed to partnering with all of you to improve the health of the people in our communities by providing quality, compassionate care to everyone, every time.

Healthy Michigan Program

The Public Act 107 of 2013 expands the Michigan Medicaid Program to increase the health care benefits available to low-income Michigan residents through the Healthy Michigan Plan (HMP). We are pleased that PHP will participate in the Healthy Michigan Plan. PHP members enrolled with Healthy Michigan Plan will have a PHP ID card that identifies the HMP program for your office staff to be able to easily identify these new members.

Enrollment in Healthy Michigan Plan takes place at a Michigan Department of Human Services (DHS) office or through the Health Insurance Marketplace. If determined to be eligible through the Marketplace, the information will be shared with DHS. To officially apply for coverage and tax credits and to view the plans sold in the Marketplace, information is available at www.healthcare.gov. PHP FamilyCare will be a choice for your patients when eligible for HMP.

The Healthy Michigan Plan is anticipated to help members who meet the following criteria:

- Make less than \$15,000 a year
- Are not currently eligible for Medicaid
- Are between the ages of 19-64
- Are not pregnant (low income pregnant women are eligible for Medicaid). HMP will cover pregnancy if a member becomes pregnant and has the HMP coverage.



HMP will provide all current Medicaid benefits to qualified precipitants and will be administered in the same way as PHP FamilyCare. Health Information requirements will be gathered for all HMP members through a Health Risk Assessment. We will be developing ways to share information with you to assure a comprehensive health care approach to our Healthy Michigan members is achieved.

Please watch for more communication on this exciting healthcare change in our community as the program develops. If you would like more information please contact your PHP Provider Relations Coordinator at 517.364.8312.

HealthHelp Authorizations

PHP requires that a quality reference number is obtained through HealthHelp when ordering certain high tech imaging, Medical and Radiation Oncology, Diagnostic Cardiac Catheterizations and Cardiac Implantable Devices.

You and/or your office staff are required to submit the request using a web-based ordering system, phone, or fax. Requests will be reviewed against guidelines, and a quality reference number will be issued. For a complete up-to-date list by procedure code, please visit our website at www.phpmichigan.com/Providers/General-Forms-and-Information/Case-Management

HealthHelp can be contacted by Phone: 877.883.5689 or Fax: 877.820.7137 or via web at www.healthhelp.com/phpmm. Imaging consultation requests can be made to HealthHelp from 8 a.m. - 8 p.m. Monday through Friday, and from 8 a.m. - 5 p.m. Saturday.

If you need any further assistance please contact your PHP Provider Relations Coordinator at 517.364.8312.



Code Edit Compliance

In October 2013, Physicians Health Plan (PHP) implemented Code Edit Compliance software hosted by TC³. The Code Edit Compliance software applies nationally recognized coding standards that include AMA/CPT, CMS and NCCI to validate correct coding and identify claims where these standards have not been applied.

TC³ has developed edits for both facility and professional claims. These claim edits are based on specific criteria that include: CPT codes, HCPCS codes, ICD-9 codes and place of service codes. A review is triggered when a claim matches such criteria.

In certain cases, when a claim matches criteria that require review, TC³ will send a letter on behalf of PHP requesting the applicable medical record. If the requested medical records are not sent to TC³ within the timeframe outlined in the letter, the claims will be denied. To prevent unnecessary denial of claims, and to remain in compliance with your PHP Participation Agreement, please provide all medical records that are requested by TC³ on PHP's behalf within fourteen (14) days, as outlined in your Participation Agreement.

PHP in conjunction with TC³ will be conducting a claims audit review on previously processed claims over the next few months that may result in the adjustment of previously processed claims or medical records request on older claims. If you have any questions please contact your Provider Relations Coordinator at 517.364.8312.

Is your Practice Management System ready for ICD-10?

Practice management systems must be able to accommodate ICD-10 diagnostic coding for all health care services and hospital inpatient procedures performed on or after **October 1, 2014**. Claims that do not contain ICD-10 diagnosis and inpatient procedure codes cannot be processed after the imposed deadline date.

It is important to note, however, that claims for services provided before October 1, 2014, must use ICD-9 diagnosis and inpatient procedure codes. Practice management systems must be able to accommodate ICD-9 codes until all claims and other transactions are processed for services prior to October 1, 2014 and ICD-10 codes for any services after October 1, 2014.

Providers should plan to test their practice management systems for ICD-10 compliance early to help ensure they will be ready by the compliance date. Plan to test claims, eligibility verification, quality reporting, and other transactions and processes that involve ICD-10 codes from beginning to end. It is important to test within your organization, with your payers and other business partners.

To find out more, see the CMS implementation timelines and checklists for large practices, small and medium practices, small hospitals, and payers. In addition, implementation guides are available for large practices, small and medium practices, and small hospitals in the "Provider Resources" section of the CMS ICD-10 website, www.cms.gov/ICD10

If you would like more information or additional resources information please contact your PHP Provider Relations Coordinator at 517.364.8312.









Prescription Drug List for all products are available in electronic format only. All Prescription Drug Lists can be accessed at www.phpmichigan.com by clicking on *Providers* and then selecting *General Forms and Information*. Hardcopy lists are available upon request. Please contact Customer Service at 1.800.832.9186.

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.

PHYSICIANS HEALTH PLAN NOTIFICATION/PRIOR AUTHORIZATION TABLE-ALL PRODUCTS

PHP Notification/Prior Authorization/Prior Approval Table-All Products Effective March 1, 2014.																
	Physicians Health Plan		Physicians Health Plan		PHP FamilyCare		PHP FamilyCare MICHild		Physicians Health Plan		Sparrow Physicians Health Network		Sparrow Physicians Health Network		PHP Insurance Company	
	Commercial & Federal Employee (FEHB)		Lansing Board of Water and Light		Medicaid		MICHild		Self Funded (L000264; DAS00100, 200, 300)		SPHN (MNA, IUE, UAW & SEIU. DAS00600, 900, 1000, 1200)		SPHN (Non-Union, DAS01100)		PPO	
SERVICES / ITEMS / PROCEDURES	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service
Abortion services	**** N/A	**** N/A	N/A	N/A		√		√	**** N/A	**** N/A	**** N/A	**** N/A	**** N/A	**** N/A	**** N/A	**** N/A
Acute admissions that are urgent or emergent (including direct admissions) except maternity services for delivery (see below for exception)	√		√		√		√		√		√		√		√	
Acute maternity admissions that exceed federal mandated LOS (48 hours after delivery for vaginal delivery & 96 hours after cesarean section delivery)	√		√		√		√		√		√		√		√	
Acute pre-operative days admission		√		√		√		√		√		*** √		*** √		√
Acute psychiatric/substance abuse admissions that are urgent or emergent (facility notification)	√ *		√		√ *		Refer to CMH		**** N/A	**** N/A	√		√		√	
Acute rehabilitation admission		√		√		√		√		√		*** √		*** √		√
Acute scheduled admissions	√		√		√		√		√		√		*** √		*** √	
Acute scheduled psychiatric or substance abuse admissions (facility notification)		√ *		√		√ *		√ *		√		√		√		√
Autism & Autism Spectrum Disorder Treatment		√ *	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	√
Bariatric surgery		** √		√		** √		** √		** √		** √		** √		Δ √
Behavioral Health Services- certain outpatient services		√ *		√ (ECT)		√	Refer to CMH	Refer to CMH	**** N/A	**** N/A		√		√		√
Behavioral Health Services- day treatment		√		√	N/A	N/A	Refer to CMH	Refer to CMH	**** N/A	**** N/A		√		√		√
Dental anesthesia: pediatric/adult		√	N/A	N/A		√		√		√	**** N/A	**** N/A	**** N/A	**** N/A		√
Dental services-accidental		√		R		√		√		√	**** N/A	**** N/A	**** N/A	**** N/A		√
Durable medical equipment: ALL repair/replacement		√		Omnipod only		√		√		√		√		√	**** N/A	**** N/A
Durable medical equipment: over \$500-purchase price or cumulative rental		√	N/A	N/A		√		√		√		√		√	**** N/A	**** N/A
Endoscopy and intestinal imaging (capsule only)		√	N/A	N/A		√		√		√	**** N/A	**** N/A		√	**** N/A	**** N/A









PHYSICIANS HEALTH PLAN NOTIFICATION/PRIOR AUTHORIZATION TABLE-ALL PRODUCTS

	 Physicians Health Plan		 Physicians Health Plan		 PHP FamilyCare		 PHP FamilyCare MICHild		 Physicians Health Plan		 Sparrow Physicians Health Network		 Sparrow Physicians Health Network		 PHP Insurance Company	
	Commercial & Federal Employee (FEHB)		Lansing Board of Water and Light		Medicaid		MICHild		Self Funded (L0000264; DAS00100, 200, 300)		SPHN (MNA, IUE, UAW & SEIU. DAS00600, 900, 1000, 1200)		SPHN (Non-Union, DAS01100)		PPO	
Facet Injections: diagnostic injections up to 3/cal year per level per side-notification only; diagnostic injections > 3 per calendar year & all neurolysis procedures-prior authorization required.		√	N/A	N/A		√		√		√	**** N/A	**** N/A	**** N/A	**** N/A		√
Gamma knife procedures		√	N/A	N/A		√		√		√		√		√	**** N/A	**** N/A
Genetic testing		√		√		√		√		√		√		√		√
HealthHelp Consult Programs (CT, CTA, MRI, MRA, cardiac nuclear medicine, PET, Medical or Radiation Oncology procedures, diagnostic cardiac catheterizations, cardiac implantable device procedures)		√	N/A	N/A		√		√		√		√		√		√
Home care visits		√	N/A	N/A		√		√		√		√		√	**** N/A	**** N/A
Hospice services		√	N/A	N/A		√		√		√	**** N/A	√ Non-network	**** N/A	√ Non-network	**** N/A	**** N/A
Hyperbaric oxygen therapy		√	N/A	N/A		√		√		√		√		√	**** N/A	**** N/A
Infertility treatment	**** N/A	**** N/A	N/A	N/A	**** N/A	**** N/A	**** N/A	**** N/A	**** N/A	**** N/A		√		√	**** N/A	**** N/A
Long term acute care admission		√		√		√		√		√		*** √		*** √		√
Neuropsychiatric testing		√ *		R		√		Refer to CMH		√	**** N/A	**** N/A		√		√
Non-urgent ambulance requests		√	N/A	N/A		√		√		√		√		√	**** N/A	**** N/A
Outpatient home infusion services		√	N/A	N/A		√		√		√		√ Non-network		√ Non-network	**** N/A	**** N/A
Outpatient speech therapy		√		√		√		√		√		N/A		N/A		√
Outpatient rehab therapy (PT/OT/Cardiac/ Pulmonary)		√ (N/A for FEHB)	N/A	N/A		√		√		√		N/A		N/A		√
Procedures that under some conditions may be considered cosmetic: Abdominoplasty, Breast Reduction, Procedures for Gynecomastia, Breast Reconstruction, Gender Reassignment, Jaw Surgeries, Photodynamic Therapy & Special Dermatologic Procedures, Sclerotherapy, Vein Surgery, including stripping and ligation, Eyelid Repair (blepharoplasty, brow ptosis, blepharoptosis), Rhinoplasty, Keloid Scar Revision.		√		R		√		√		√		√		√		√
Surgical Treatment of Femoroacetabular Impingement (FAI)		√		R		√		√		√		√		√		√
Private duty nursing				√												
Prosthetic devices over \$1000		√	N/A	N/A		√		√		√		√		√	**** N/A	**** N/A
Psychodiagnostic testing		√ *		R		√		√		√		√		√		√
Referral to or services by any non-network or referral network provider including scheduled surgery		**** N/A	N/A	N/A		√		√		**** N/A		**** N/A		**** N/A		**** N/A










PHYSICIANS HEALTH PLAN NOTIFICATION/PRIOR AUTHORIZATION TABLE-ALL PRODUCTS

	Physicians Health Plan		Physicians Health Plan		PHP FamilyCare		PHP FamilyCare MICHild		Physicians Health Plan		Sparrow Physicians Health Network		Sparrow Physicians Health Network		PHP Insurance Company	
	Commercial & Federal Employee (FEHB)		Lansing Board of Water and Light		Medicaid		MICHild		Self Funded (L0000264; DAS00100, 200, 300)		SPHN (MNA, IUE, UAW & SEIU. DAS00600, 900, 1000, 1200)		SPHN (Non-Union, DAS01100)		PPO	
Skilled nursing facility, subacute nursing & rehabilitation services		√		√		√		√		√		√		√		√
Special foods for metabolic diseases		N/A	N/A	N/A		N/A		N/A		N/A		N/A		N/A		N/A
Spinal cord stimulation & sacral nerve stimulation		√	N/A	N/A		√		√		√		√		√	**** N/A	**** N/A
Temporomandibular Joint Dysfunction/Syndrome Treatment		N/A	N/A	N/A												
Transplant services including screening and evaluation (If benefit: includes travel and lodging)		√		√		√		√		√		√		√		√
Unproven/investigational services including emerging technology/category III codes		√		R		√		√		√		√		√		√
Uvulopalatopharyngoplasty (UPPP)		√	N/A	N/A		√		√		√	**** N/A	**** N/A	**** N/A	**** N/A	**** N/A	**** N/A
Vision services (contact lenses)	N/A	N/A	N/A	N/A	N/A	N/A		√	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Weight management services including evaluation, management, surgery & post-surgical procedures		√	N/A	N/A		√		√		√		√		√		Δ √
J0378 # palivizumab (Synagis)		√		√		√		√		√		√		√		√
J0129 # abatacept (Orencia)		√		√		√		√		√		√		√		√
J0135 # adalimumab (Humira) +		√		√		√		√		√		√		√		√
J0178 # aflibercept Eylea		√		√		√		√		√		√		√		√
J0180 # agalsidease beta (Fabrazyme)		√		√		▲		▲		√		√		√		√
J0205 # alglucerase (Ceredase)		√		√		▲		▲		√		√		√		√
J0220 # alglucosidase alfa (Myozyme)		√		√		√		√		√		√		√		√
J0221 # alpha alglucosidase alfa (Lumizyme)		√		√		√		√		√		√		√		√
J0256 # alpha 1 - proteinase inhibitor - human, (Aralast, Aralast NP, Prolastin, Prolastin-C, Zemaira)		√		√		√		√		√		√		√		√
J0257 # alpha 1 Antitrypsin-AAT (Glassia)		√		√		√		√		√		√		√		√
J0365 # aprotinin (Trasylol)		√		√		▲		▲		√		√		√		√
J0401 # aripiprazole (Abilify)		√		√		▲		▲		√		√		√		√
J0485 # belatacept (Nulojix)		√		√		√		√		√		√		√		√
J0490 # belimumab (Benlysta)		√		√		√		√		√		√		√		√
J0585- J0588 # Botox injections		√		√		√		√		√	**** N/A	**** N/A		√		√
J0597 # c1 esterase inhibitor (Berinert)		√		√		▲		▲		√		√		√		√
J0598 # c1 esterase inhibitor (Cinryze)		√		√		▲		▲		√		√		√		√
J0638 # canakimab (Ilaris)		√		√		√		√		√	**** N/A	**** N/A	**** N/A	**** N/A		√
J0712 # ceftaroline fosamil (Teflaro)		√		√		√		√		√		√		√		√
J0716 # centruroides immune f(ab) (Anascorp)		√		√		√		√		√		√		√		√
J0717- J0718 # certolizumab pegol (Cimzia)		√		√		√		√		√		√		√		√
J0775 # collagenase, clostridium histolyticum (Xiaflex)		√		√		√		√		√		√		√		√
J0795 # corticorelin ovine triflutate (Acthrel)		√		√		▲		▲		√		√		√		√














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		 Physicians Health Plan	 Physicians Health Plan	 PHP FamilyCare	 PHP FamilyCare MICHild	 Physicians Health Plan	 Sparrow Physicians Health Network	 Sparrow Physicians Health Network	 PHP Insurance Company
		Commercial & Federal Employee (FEHB)	Lansing Board of Water and Light	Medicaid	MICHild	Self Funded (L000264; DAS00100, 200, 300)	SPHN (MNA, IUE, UAW & SEIU. DAS00600, 900, 1000, 1200)	SPHN (Non-Union, DAS01100)	PPO
J0800	# corticotropin (Acthar)	√	√	▲	▲	√	√	√	√
J0881- J0882	# darbepoetin alfa (Aranesp)	√	√	√	√	√	**** N/A	**** N/A	√
J0885- J0886	# epoetin alfa (Epogen, Procrit)	√	√	√	√	√	**** N/A	**** N/A	√
J0897	# denosumab (Prolia-Exgeva)	√	√	√	√	√	√	√	√
J1290	# ecallantide (Kalbitor)	√	√	▲	▲	√	√	√	√
J1300	# eculizumab (Soliris)	√	√	▲	▲	√	√	√	√
J1324	# enfuvirtide (Fuzeon)	**** N/A	**** N/A	▲	▲	**** N/A	**** N/A	**** N/A	**** N/A
J1325	# epoprostenol (Flolan)	√	√	√	√	√	√	√	√
J1438	# etanercept (Enbrel) +	√	√	√	√	√	√	√	√
J1440- J1442 & J1446	# filgrastim (G-CSF), (Neupogen)	√	√	√	√	√	**** N/A	**** N/A	√
J1458	# galsulfase (Naglazyme)	√	√	▲	▲	√	√	√	√
J1459	# immune globulin (Privigen)	√	√	√	√	√	√	√	√
J1556- J1557	# Immune globulin	√	√	√	√	√	√	√	√
J1559	# immune Globulin (Hizentra)	√	√	√	√	√	√	√	√
J1561	# Immune globulin	√	√	√	√	√	√	√	√
J1566	# immune globulin	√	√	√	√	√	√	√	√
J1568- J1569	# immune globulin	√	√	√	√	√	√	√	√
J1602	# Golimumab (Simponi) IV	√	√	√	√	√	√	√	√
J1640	# panhematin (Hemin)	√	√	▲	▲	√	√	√	√
J1650	# enoxoprin (Lovenox) +	√	√	√	√	**** N/A	**** N/A	**** N/A	√
J1675	# histrelin acetate	√	√	√	√	√	√	√	√
J1725	# hydroxyprogesterone caproate (Makena)	√	√	√	√	√	√	√	√
J1740	# ibandronate sodium (Boniva)	√	√	√	√	√	√	√	√
J1743	# idursulfase (Elaprase)	√	√	√	√	√	√	√	√
J1744	# icatibant (Firazyr) +	√	√	√	√	√	√	√	√
J1745	# infliximab (Remicade)	√	√	√	√	√	√	√	√
J1785- J1786	# imiglucerase (Cerezyme)	√	√	▲	▲	√	√	√	√
J1826	# interferon Beta-1A (Avonex) +	√	√	√	√	**** N/A	**** N/A	**** N/A	√
J1830	# Interferon Beta-1B (Betaseron) +	√	√	√	√	**** N/A	**** N/A	**** N/A	√
J1931	# laronidase (Aldurazyme)	√	√	▲	▲	√	√	√	√
J1955	# levocarnitine (Carnitor)	**** N/A	**** N/A	▲	▲	**** N/A	**** N/A	**** N/A	**** N/A
J2170	# mecasermin (Increlex)	√	√	√	√	√	√	√	√
J2212	# methylnaltrexone (Relistor)	√	√	√	√	√	√	√	√
J2260	# milrinone lactate (Primacor)	√	√	√	√	√	√	√	√
J2323	# natalizumab (Tysabri)	√	√	√	√	√	√	√	√
J2353- J2354	# octreotide (Sandostatin)	√	√	√	√	√	√	√	√














PHYSICIANS HEALTH PLAN NOTIFICATION/PRIOR AUTHORIZATION TABLE-ALL PRODUCTS

		 Physicians Health Plan	 Physicians Health Plan	 PHP FamilyCare	 PHP FamilyCare MICHild	 Physicians Health Plan	 Sparrow Physicians Health Network	 Sparrow Physicians Health Network	 PHP Insurance Company
		Commercial & Federal Employee (FEHB)	Lansing Board of Water and Light	Medicaid	MICHild	Self Funded (L0000264; DAS00100, 200, 300)	SPHN (MNA, IUE, UAW & SEIU. DAS00600, 900, 1000, 1200)	SPHN (Non-Union, DAS01100)	PPO
J2357	# omalizumab (Xolair)	√	√	√	√	√	√	√	√
J2358	# olanzapine (Zyprexa Relprevv)	√	√	√	√	√	√	√	√
J2426	# paliperidone Palmitate ER (Invega)	√	√	√	√	√	√	√	√
J2504	# pegademase bovine (Adagen)	√	√	▲	▲	√	√	√	√
J2505	# pegfilgrastim (Neulasta)	√	√	√	√	√ eff 9/1/13	√ eff 9/1/13	√ eff 9/1/13	√
J2507	# pegloticase (Krystexxa)	√	√	√	√	√	√	√	√
J2562	# plerixafor (Mozobil)	√	√	√	√	√	√	√	√
J2724	# protein c concentrate (Ceprotrin)	√	√	▲	▲	√	√	√	√
J2778	# ranibizumab (Lucentis) Prior Notification required for all diagnoses other than 362.07, 362.52, 362.53, 362.62, 362.83	√	√	√	√	√	√	√	√
J2793	# rilonacept (Arcalyst)	√	√	▲	▲	√	√	√	√
J2796	# romiplostim (Nplate)	√	√	√	√	√	√	√	√
J2940	# somatrem (Protropin)	√	√	√	√	**** N/A	**** N/A	**** N/A	**** N/A
J2941	# somatropin (all growth hormones)	√	√	√	√	**** N/A	**** N/A	**** N/A	**** N/A
J3060	# taliglucerase alfa (Elelyso)	√	√	√	√	√	√	√	√
J3095	# televancin (Vibativ)	√	√	√	√	√	√	√	√
J3110	# teriparatide (Forteo) 	√	√	√	√	√	√	√	√
J3262	# tocilizumab, (Actemra)	√	√	√	√	√	**** N/A	**** N/A	**** N/A
J3285	# treprostinil (Remodulin)	√	√	√	√	√	√	√	√
J3357	# ustekinumab (Stelara)	√	√	√	√	√	√	√	√
J3385	# velaglucerase alfa (VPRIV)	√	√	▲	√	√	√	√	√
J3485	# zidovudine (Retrovir)	**** N/A	**** N/A	▲	▲	**** N/A	**** N/A	**** N/A	**** N/A
J3487	# zoledronic acid (Zometa) De'd 1/1/14	√	√	√	√	√	√	√	√
J3488	# zoledronic acid (Reclast) De'd 1/1/14	√	√	√	√	√	√	√	√
J3489	# zoledronic acid (Zometa/Reclast)	√	√	√	√	√	√	√	√
J3490	# Unclassified drugs is a list of drugs without a specific HCPCs or CPT code assigned to it-PA is required for all of the following medications (the list is subject to change) : Bevacizumab/Avastin billed with J3490 for the eye: Notification required for all diagnoses other than 362.52, 362.53, 362.62, 362.83), Corifact/Factor XIII, Factor IX (Rixibus), Ferric Carboxymaltose (Injectafer)	√	√	√	√	√	√	√	√
J3590	# Unclassified biologics	√	√	√	√	√	√	√	√
J7178	# human fibrinogen concentrate (RiaStap)	√	√	√	√	√	√	√	√
J7180	# Factor products	√	√	▲	▲	√	√	√	√
J7183- J7187	# Factor products	√	√	▲	▲	√	√	√	√
J7189- J7199	# Factor products	√	√	▲	▲	√	√	√	√
J7301	# levonorgestrel (Skyla) IUD	√	√	√	√	√	√	√	√
J7308	# aminolevulinic acid HCl (Levulan Kerastick)	√	√	√	√	√	√	√	√

PHYSICIANS HEALTH PLAN NOTIFICATION/PRIOR AUTHORIZATION TABLE-ALL PRODUCTS

		 Physicians Health Plan	 Physicians Health Plan	 PHP FamilyCare	 PHP FamilyCare MICHild	 Physicians Health Plan	 Sparrow Physicians Health Network	 Sparrow Physicians Health Network	 PHP Insurance Company
		Commercial & Federal Employee (FEHB)	Lansing Board of Water and Light	Medicaid	MICHild	Self Funded (L000264; DAS00100, 200, 300)	SPHN (MNA, IUE, UAW & SEIU. DAS00600, 900, 1000, 1200)	SPHN (Non-Union, DAS01100)	PPO
J7309	# methyl aminolevulinate (MAL), (Metvixia)	√	√	√	√	√	√	√	√
J7312	# dexamethasone (Ozurdex)	√	√	√	√	√	√	√	√
J7316	# ocriplasmin (Jetrea)	√	√	√	√	√	√	√	√
J7508	# tacrolimus (Prograf)	√	√	√	√	√	√	√	√
J7527	# everolimus (Zortress) 	√	√	√	√	√	√	√	√
J7686	# treprostinil	√	√	√	√	√	√	√	√
J7699	# NOC drugs, inhalation solution administered through DME	√	√	√	√	√	√	√	√
J7799	# NOC drugs, other than inhalation drugs, administered through DME	√	√	√	√	√	√	√	√
J8498	# antiemetic drug, rectal/suppository, not otherwise specified	√	√	√	√	√	√	√	√
J8499	# prescription drug, oral, non chemotherapeutic, NOS	√	√	√	√	√	√	√	√
J8562	# fludarabine phosphate (Oforta)	√	√	√	√	√	√	√	√
J8565	# gefitinib (Iressa)	Health Help must Review	√			Health Help must Review	Health Help must Review	Health Help must Review	Health Help must Review
J8700	# temozolomide (Temodar)	√	√	√	√	√	√	√	√
J9002	# doxorubicin hydrochloride liposomal doxil (Lipodox)	√	√	√	√	√	√	√	√
J9019	# asparaginase (Erwinaze)	√	√	√	√	√	√	√	√
J9027	# clofarabine (Clolar)	√	√	√	√	√	√	√	√
J9041	# bortezomib (Velcade)	Health Help must Review	√			Health Help must Review	Health Help must Review	Health Help must Review	Health Help must Review
J9042	# brentuximab vedotin (Adcetris)	√	√	√	√	√	√	√	√
J9043	# cabazitaxel (Jevtana)	√	√	√	√	√	√	√	√
J9047	# carfilzomib (Kyprolis)	√	√	√	√	√	√	√	√
J9155	# degarelix (Firmagon)	√	√	√	√	√	√	√	√
J9160	# denileukin diftitox (Ontak)	√	√	√	√	√	√	√	√
J9171	# docetaxel (Taxotere)	√	√	√	√	√	√	√	√
J9179	# eribulin (Halaven)	√	√	√	√	√	√	√	√
J9185	# fludarabine phosphate (Fludara)	√	√	√	√	√	√	√	√
J9225	# histrelin implant (Vantas)	√	√	√	√	√	√	√	√
J9226	# histrelin implant (Supprelin LA)	√	√	√	√	√	√	√	√
J9228	# Ipilimumab (Yervoy)	√	√	√	√	√	√	√	√
J9262	# omacetaxine mepesuccinate (Synribo)	√	√	√	√	√	√	√	√
J9268	# pentostatin (Nipent)	√	√	√	√	√	√	√	√
J9302	# ofatumumab (Arzerra)	√	√	√	√	√	√	√	√
J9306	# pertuzumab (Perjeta)	√	√	√	√	√	√	√	√
J9307	# pralatrexate	√	√	√	√	√	√	√	√
J9310	# rituximab (Rituxan)	√	√	√	√	√	√	√	√

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J9315	# romidepsin (Istodax)	√	√	√	√	√	√	√	√
J9328	# temozolomide (Temodar)	√	√	√	√	√	√	√	√
J9351	# topotecan (Hycamtin)	√	√	√	√	√	√	√	√
J9354	# ado-trastuzumab emtansine (Kadcyla)	√	√	√	√	√	√	√	√
J9400	# ziv-aflibercept (Zaltrap)	√	√	√	√	√	√	√	√
J9999	# Unclassified biologics	√	√	√	√	√	√	√	√
Q0090	# levonorgestrel (Skyla) IUD De'd 1/1/14	√	√	√	√	√	√	√	√
Q2050	# doxorubicin hydrochloride liposomal doxil (Lipodox)	√	√	√	√	√	√	√	√
Q2054	# zoledronic acid De'd 1/1/14	√	√	√	√	√	√	√	√
Q3026	# Interferon Beta-1A (Rebif) 					**** N/A	**** N/A	**** N/A	**** N/A
Q4081	# epoetin alfa (Epogen, Procrit)	√	√	√	√	√	√	√	√
Q4096	# antihemophilic factor (Alphanate)	√	√			√	√	√	√
# Compounded drugs: all		√	√	√	√	**** N/A	**** N/A	√	√
Not otherwise classified, unspecified, unlisted, miscellaneous CPT or HCPCS services- services will be reviewed prior to claim payment and may be denied as cosmetic, investigational, experimental, unproven, or not medically necessary services.									
* Non-emergent/urgent requests for benefit review are to be submitted >14 days in advance of the service or as soon as the service is determined to be appropriate by the practitioner. Urgent requests are requests for care or treatment for which a routine application of time periods for making the determination could seriously jeopardize the life or health of the member or the member's ability to regain maximum function or in the opinion of a practitioner would subject the member to severe pain that cannot be adequately managed without the care or treatment that is included in the request.									
** Bariatric surgery candidates must participate in the case management program with PHP's approved designee for a case management evaluation and interventions.									
*** Notification must occur at least five (5) business days before surgery is scheduled to occur.									
**** N/A - prior authorization is not required but the service may have a limited benefit, be covered at the non-network benefit level, not be a covered benefit. For mental health/substance use disorder services for commercial products contact Optum Health @ 800.608.2667. For inpatient mental health/substance use disorder services for Medicaid members contact Community Mental Health.									
# Medications that are reviewed and processed by the Pharmacy Department.									
Services requiring prior authorization must be reviewed in advance of the service even if PHP is a secondary payor.									
Δ Weight management and surgical treatment of obesity is covered for PPO products ONLY with a rider and, if rider is purchased, prior authorization is required.									
 Covered as a pharmacy benefit only with quantity limits									
 All Home Care Providers must bill claims for Medicaid/FamilyCare, Childrens Special Health Care Services (CSHCS) or MICHild CSHCS to Magellan/Michigan Department of Community Health (MDCH) for the services indicated. MDCH may have authorization requirements. You must contact Magellan at 1-877-864-9014. All other Providers must submit an authorization form to PHP for review. If the request is approved claims are billed to PHP. The PHP billing information is on the member's card.									
√ * Check member's identification card to determine who is to be notified of service.									
Health Help contact information: Phone: 1-877-883-5689 Fax: 1-877-820-7137 Web site: http://www.healthhelp.com/PHPMM									
R - Lansing Board of Water and Light: It is recommended the service be reviewed to determine medical necessity in advance of the service. If it is not clinically reviewed prior to the service medical necessity will be determined when the claim is received for processing.									

Now Accepting Referrals

Sparrow Cancer Center High PSA Clinic

(a new service within our
existing multidisciplinary GU clinic)

When: 1st & 3rd Wednesdays every month
Time: 9:00 am – 2:00pm
Location: Sparrow Cancer Center (Free parking).
Referrals: By Phone: 517.364.2318 or 800.968.5570
By Fax: 517.364.2987
In EPIC: (REF 33 – Hematology/Oncology referral to Sparrow Cancer Center- Genitourinary High PSA Multi-Disciplinary Clinic)

Initial Clinic Appointment:

- Prostate-specific patient education session with our nurse navigator.
Topics: Prostate anatomy & function, screening, observation & biopsies, Gleason scores & pathology reports, & decision-making.
- Consultation, evaluation, & education by urology & radiation oncology
- Clinical trials discussion & screening by a medical oncologist.
- Collaborative Multidisciplinary Team Recommendations.
- Development of an evidence-based, patient-driven treatment plan.

Follow-Up clinic appointments:

- Follow-up PSA monitoring, Digital Rectal Exams (DRE), & team review.
- Regular communication with the patient's primary care provider.
- Urology follow-up / referrals as needed.
- Ongoing nurse navigation services, patient education, and support.

For More Information contact:

Debra Batterbee, MSN, RN, ACCNS-AG

GU Health Navigator

Phone: 517.364.3849

Debra.Batterbee@Sparrow.org



REQUIREMENT FOR PROVIDERS TO MAINTAIN AND DISSEMINATE WRITTEN FRAUD & ABUSE AND FALSE CLAIMS ACT POLICIES

All providers that participate with federal programs such as Medicaid or Medicare have a responsibility to detect and prevent fraud and abuse and to understand and comply with the Federal False Claims Act. Additionally, the Michigan Department of Community Health (MDCH) and Section 1902(a)(68)(A) of the Social Security Act* requires that providers that receive \$5 million or more dollars in Medicaid funds annually, maintain and disseminate written policies to their employees that include:

- Methods of identifying and detecting fraud, waste and abuse by employees, providers and members;
- A process to guard against (prevent) fraud, waste and abuse committed by employees, providers and members;
- Detailed information about the Federal False Claims Act and the Michigan Medicaid False Claims Act and other provisions named in Section 1902(a)(68)(A) of the Social Security Act*;
- Rights of employees to be protected as Whistleblowers.

This information must also be included in the employee handbook (if one exists).

Under Section 6032 of the Deficit Reduction Act of 2005, any employer who receives more than \$5 million per year in Medicaid payments is required to provide information to its employees about the federal False Claims Act, any applicable state False Claims Act, the rights of employees to be protected as whistleblowers, and the employer's policies and procedures for detecting and preventing fraud, waste and abuse. This information must be provided to the employees through written policies and included in the employee handbook (if one exists).

***Section 1902(a)(68)(A) of the Social Security Act:** Provide that any entity that receives or makes annual payments under the State plan of at least \$5,000,000, as a condition of receiving such payments, shall— (A) establish written policies for all employees of the entity (including management), and of any contractor or agent of the entity, that provide detailed information about the False Claims Act established under sections 3729 through 3733 of title 31, United States Code, administrative remedies for false claims and statements established under chapter 38 of title 31, United States Code, any State laws pertaining to civil or criminal penalties for false claims and statements, and whistleblower protections under such laws, with respect to the role of such laws in preventing and detecting fraud, waste, and abuse in Federal health care programs(as defined in section 1128B(f));

SUMMARY OF THE FEDERAL FALSE CLAIMS ACT

The federal False Claims Act is a federal statute that covers fraud involving any federally funded contract or program, including the Medicare or Medicaid program. The act establishes liability for any person who knowingly presents or causes to be presented a false or fraudulent claim to the U.S. government for payment.

The term “knowingly” is defined to mean a person who:

- Has Actual knowledge of falsity of information in a claim;
- Acts in deliberate ignorance of the truth or falsity of the information in a claim; or
- Acts in reckless disregard of the truth or falsity of the information in a claim.

The act does not require proof of a specific intent to defraud the U.S. government. Instead, health care providers can be prosecuted for a wide variety of conduct that leads to the submission of fraudulent claims to the government or its contractors, such as knowingly making false statements, falsifying records, double-billing for items or services, submitting bills for services never performed or items never furnished, or otherwise causing a false claim to be submitted.

For purposes of the federal False Claims Act, a “claim” includes any request or demand for money that is submitted to the U.S. government or its contractors.

Health care providers and suppliers who violate the False Claims Act can be subject to civil monetary penalties ranging from \$5,500 to \$11,000 for each false claim submitted. If a provider or supplier is convicted of a False Claims Act violation, the OIG may seek to exclude the provider or supplier from participation in federal health care programs.

To encourage individuals to come forward and report misconduct involving false claims, the False Claims Act includes a “qui tam” or whistleblower provision. This provision essentially allows any person with actual knowledge of allegedly false claims to the government to file a lawsuit on behalf of the U.S. government, and the individual may be eligible for a financial award.

SUMMARY OF THE MICHIGAN FALSE CLAIMS ACT

The Deficit Reduction Act of 2005 offered an incentive to states to enact their own False Claims Act requirements. Michigan has enacted both the Medicaid False Claim Act (MCL §§400.601 - 400.615) and the Health Care False Claim Act (MCL §§752.1001 - 752.1011). Persons who violate either the Medicaid False Claim Act or the Health Care False Claim Act are guilty of a felony punishable by imprisonment, a monetary fine or both. Under the State False Claim Acts, an employer is prohibited from discharging, demoting, suspending, threatening, harassing or discriminating against an employee because the employee initiates, assists or participates in an investigation under these Acts.

PHP’S COMPLIANCE PLAN AND POLICIES

Physicians Health Plan (PHP), through its Compliance Plan, policies, and actions is committed to the highest standards of ethical behavior, the payment of accurate claims to all providers, and adhering to mandates by federally-funded payers such as Medicaid.

PHP has an established Compliance Plan that includes policies to detect and prevent fraud, waste and abuse. This Plan helps to ensure appropriate claims are made to government programs such as Medicaid.

PHP has an established Billing Integrity Program which is a systematic method to audit and review provider records to detect provider billing fraud and abuse. Additionally, PHP has implemented Code Edit Compliance software hosted by TC³. The Code Edit Compliance software applies nationally recognized coding standards to validate correct coding and identify claims where these standards have not been applied. TC³ has

developed edits for both facility and professional claims. These claim edits are based on specific criteria that include: CPT codes, HCPCS codes, ICD-9 codes and place of service codes.

PHP has established expectations related to acceptable business practices for providers of health care services and their associates. These expectations have been communicated in the PHP Provider Manual.

It has always been a requirement that claims submitted for payment represent the services provided, and that documentation is complete, accurate and timely.

Examples of false claims include: billing for items or services not rendered or not provided, double billing resulting in duplicate payment, upcoding claims, miscoding claims to allow for billing services not covered, excluding diagnoses that could impact claim payment, etc.

HOW TO REPORT SUSPICIOUS OR FRAUDULENT ACTIONS

REPORTING TO PHP

If you have any knowledge of, or suspicion that, someone within your practice is involved in fraudulent actions; you may report this to PHP by any of the following methods:

- Call the Sparrow Health System Compliance Hotline: (517) 267-9990;
- Send a letter to: Physicians Health Plan, PO Box 30377, Lansing, MI 48909-7877; or
- Contact the PHP Compliance Department at (517) 364-8553 or (800) 562-6197.

All reports can remain anonymous and confidential.

REPORTING MEDICAID FRAUD TO THE STATE OF MICHIGAN

If you have any knowledge of, or suspicion that, someone within your practice is involved in fraudulent actions involving Medicaid claims or services; you may report this directly to the Michigan Department of Community Health (MDCH) Office of Inspector General (OIG) at the following:

In Writing:

Office of Inspector General
PO Box 30479
Lansing, MI 48909

By Phone:

1-855-MI-FRAUD (643-7283)

Online:

www.michigan.gov/fraud

All reports can remain anonymous and confidential. You can report directly to the Michigan OIG before or without reporting to PHP.

Advance Directive Standard

The Physicians Health Plan (PHP) Facility Site/Medical Record Review (FSMRR) standards include the following standard that applies to Primary Care Practitioners:

Is there documentation that advance directives have been discussed with adult patients? (Standard #7)

To Score a “Yes” on the PHP FSMRR: Documentation must be present that advance directives have been discussed with adult patients. Documentation should include either that the member has declined an offer to receive additional information or if an advance directive has been executed, a copy is maintained in the patient’s medical record.

What Are Advance Directives? Advance directives allow patients to make their own decisions regarding the care they would prefer to receive if they develop a terminal illness or a life-threatening injury. There are three types of advance directives. A durable power of attorney for health care allows the patient to name a “patient advocate” to act for the patient and carry out their wishes. A living will allows the patient to state their wishes in writing, but does not name a patient advocate. A do-not-resuscitate declaration allows a patient to express their wishes in writing that if their breathing and heartbeat cease, they do not want anyone to resuscitate them.

Ways to Accomplish Compliance with this Standard: The question concerning advance directives could be included on the patient registration form or health history form. Having a question that asks if the patient has an Advance Directive with a box to check yes or no along with a statement that they may obtain more information regarding the subject from you would meet PHP’s standard.

Why is there so much interest in Advance Directives? Questions about medical care at the end of life are of a great concern today, partly because of the growing ability of medical technology to prolong life and partly because of highly publicized legal cases involving comatose patients whose families wanted to withdraw treatment. “The Michigan Dignified Death Act” (Michigan law) and the Patient self-Determination Act (federal law) recognizes the rights of patients to make choices concerning their medical care, including the right to accept, refuse or withdraw medical and surgical treatment, and to write advance directives for medical care in the event they are unable to express their wishes.

Advance care directives can reduce:

- Personal worry
- Futile, costly, specialized interventions
- Overall health care costs
- The feeling of helplessness and guilt for family members
- Legal concerns for everyone involved

REQUIREMENT FOR PROVIDERS PARTICIPATING IN MEDICAID TO SCREEN EMPLOYEES AND CONTRACTORS FOR EXCLUSIONS

All providers that participate in the Michigan Medicaid program are required to screen their employees and contractors for individuals debarred by federal agencies. The following individuals are covered under this requirement:

- All of your employees, including but not limited to, directors, officers or partners;
- Your agents; and
- Any person with beneficial ownership of more than 5% of your equity.

Federal regulations prohibit those that participate in the Medicaid program from affiliation with individuals who have been debarred by federal agencies and preclude reimbursement for any services ordered, prescribed or rendered by a provider who is currently suspended or terminated from direct and indirect participation in the Michigan Medicaid program or federal Medicare program.

Pursuant to Section 42 CFR 438.610, as a participant in the Michigan Medicaid program, you may not knowingly have a director, officer, partner, managing employee or person with beneficial ownership of 5% or more of your equity who is currently debarred or suspended by any state or federal agency. Additionally, you are prohibited from having a contractual, employment, consulting, or any other agreement with a debarred or suspended person for the provision of items or services that are significant and material to your obligations as a Medicaid provider.

PHP does not allow providers who have been excluded from Medicaid/Medicare, or who have employees who have been excluded from Medicaid/Medicare to participate with PHP. Providers and any of their employees who have Medicaid/Medicare sanctions according to the Office of Inspector General (OIG) published listing, National Practitioner Data Bank (NPDB) Query, General Services Administration (GSA), and/or Excluded Parties List System (EPLS), as applicable, or have opted out of Medicare, or signed a private contract with a Medicare beneficiary will result in denial of continued participation for relevant products.

It is your obligation to screen all of your employees and contractors to determine if they have been excluded. The exclusion databases must be queried on a monthly basis.