



# Provider Connection

SECOND QUARTER 2017

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**Physicians  
Health Plan**

A health plan  
that works for you.

# Working with PHP

## General Training 101

Are you interested in learning more about PHP? Your Provider Relations Team offers free training sessions throughout the year to help you and your office staff work smoothly with PHP.

Learning opportunities include a review of the provider manual, auditing, checking eligibility and benefits, claim status, authorizations, and much more.

Attendees may include management, and all office staff.

July 27 | 8:30 – 10 a.m.

Oct. 19 | noon – 1:30 p.m.

## Pharmacy Training

We have a great opportunity to help reduce the stress of requesting authorizations for prescription medication. This Pharmacy training is presented by our own PHP Pharmacist Joy Wahawisan, Pharm.D., BCPS, and will include; tips and tricks to expediting a pharmacy authorization request, cost-effective prescribing, E-Prescribing, free Medication Therapy Management (MTM) Services and the future of prescribing at Physicians Health Plan.

June 14 | noon – 1:30 p.m.

Please email: [PHPProviderRelations@phpmm.org](mailto:PHPProviderRelations@phpmm.org) indicating which session, the number of attendees, and any questions, at least one week prior to the event. All trainings take place at PHP, are free of charge, and include a light meal.



## Flu, Pneumonia, and Shingles vaccines covered at PHP Network Pharmacies

PHP members with a PHP pharmacy benefit can go to any PHP Network Pharmacy for their Pneumonia Vaccine, Shingles Vaccine\*, or the annual Flu Vaccine. 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.

## Pharmacy Department news and updates

PHP's Prescription Drug List (PDL) is available online. Visit [PHPMichigan.com/Providers](http://PHPMichigan.com/Providers) and select "General Forms and Information" to find the current drug list.

Criteria for medications requiring prior authorization are also available online by selecting "Pharmacy Prior Authorization Criteria."

If you have any pharmacy questions, please call the Pharmacy Department at 517.364.8545 or email us at [pharmacy@phpmm.org](mailto:pharmacy@phpmm.org).

## Medical Policy updates to be available online

PHP Medical Policies will soon be available on the PHP website, [PHPMichigan.com](http://PHPMichigan.com). The updates will be listed under the Provider tab within Case Management. PHP will update the website monthly to keep you up to date and will continue to add any changes to our quarterly newsletter. If you have any questions, please email your Provider Relations Team at [PHPProviderRelations@phpmm.org](mailto:PHPProviderRelations@phpmm.org).

# Physicians Health Plan and CVS Caremark®: Change in unapproved drug coverage



Physicians Health Plan (PHP) and CVS Caremark® recently notified affected members regarding a change in unapproved drugs by the U.S. Food and Drug Administration (FDA). We would like to make sure you are aware of these changes to the pharmacy benefit coverage and have the list of U.S. Food and Drug Administration (FDA) unapproved drugs that will be affecting your Patients. After July 1, 2017, most of our pharmacy insurance/benefit providers will no longer cover certain drugs listed as unapproved by the FDA.

## Background

Under the Federal Food, Drug, and Cosmetic Act (FFDCA), certain drugs may be legally marketed despite lacking approval from the FDA (e.g., drugs with grandfathered status). Historically, Pharmacy Benefit Managers (PBMs) and others in the industry have been challenged with distinguishing these legally marketed drugs from other unapproved drugs. The FDA does not publicly identify which unapproved drugs are legally marketed, maintaining that it is the manufacturer's responsibility to prove that a drug is legally marketed.

Universal exclusion of unapproved drugs is not clinically appropriate and may risk disrupting therapy for members

using legally marketed drugs. Recently, the Centers for Medicare & Medicaid Services (CMS) began publishing a quarterly data<sup>1</sup> file provided by the manufacturers of drugs covered by the Medicaid program.

Utilizing the information in the CMS data file, along with detailed clinical reviews, CVS Caremark developed coverage recommendations for unapproved drugs. These coverage recommendations will help CVS Caremark's clients appropriately manage utilization of unapproved drugs, while maintaining coverage for clinically appropriate, legally marketed<sup>2</sup> drugs.

**Effective July 1, 2017**, CVS Caremark will exclude coverage for all new-to-market unapproved products and certain existing unapproved products. Coverage will remain for select unapproved products that are legally marketed<sup>2</sup> or deemed clinically necessary (e.g., because no alternatives exist).

<sup>1</sup> The data file contains information about unapproved drugs, including the legal authority under which the drug is marketed and the statutory basis for coverage under the Medicaid program.

<sup>2</sup> As reported by the manufacturer to CMS and utilized in making a determination of coverage under the Medicaid program.

## Electronic Funds Transfer

Have you signed up for Electronic Funds Transfer (EFT) yet? EFT is now available through a partnership with PNC Bank. Receiving electronic payments is fast and easy.

Requirements for receiving your payments electronically include:

- » Receive your ERA electronically via the 835 files
- » Be a participating provider with PHP
- » Obtain your unique ID number from PHP
- » Register with PNC Bank through the PNC Remittance Advantage website at [rad.pnc.com](http://rad.pnc.com)

Contact your Provider Relations Team at 517.364.8323 or 517.364.8316 to get started today.

## Accessing your Patients' benefit info is about to take on a whole new look

Your new provider web portal is almost ready – a welcome letter will be mailed to your office directly.

You'll learn about how to register and gain access to MyPHP, where you'll find your Patients' health benefit information, be able to search eligibility and coverage, view benefits, claims and more. It's easy, convenient, and always available for you. Stay tuned!





# Care to Care Radiology Benefit Management program

## IMPORTANT PROCESS CHANGE

Effective June 1, 2017, prior authorization will be required for advanced outpatient diagnostic imaging studies, including MRI, MRA, CT, CTA, PET, PET/CT and Nuclear Cardiology.

PHP and its participating providers share a commitment to ensuring the health and well-being of PHP members. In our continuing efforts to improve value-based care, **effective June 1, 2017, PHP will partner with Care to Care LLC**, to improve our Radiology Benefit Management program for advanced imaging in the non-emergency outpatient setting. This partnership will help safeguard appropriate imaging while also making clinical consultation with a radiologist available to all providers who serve our members. Care to Care is ranked highly in provider satisfaction, has a user-friendly web portal (CarePortal), and transparent clinical criteria for Physicians.

**Authorization Process:** As of June 1, 2017, ordering providers will be required to obtain prior authorization from Care to Care for advanced outpatient diagnostic imaging studies including MRI, MRA, CT, CTA, PET, PET/CT, and Nuclear Cardiology. Ordering providers will have the option to submit requests via web, phone, or fax. In order to improve collaboration, Care to Care's imaging criteria and Physician resources are available on its website at PHP.CarePortal.com.

**Next Steps:** PHP has organized several workshops for office, authorization staff, and Physicians to introduce our new partner, learn more about Care to Care's authorization process, Care to Care's evidence based clinical criteria, and

its website portal. Prior to June 1, 2017, Care to Care will also host several web-based demonstrations of its website for those who cannot attend the in-person workshop or who would like their staff to take these easy tutorials. PHP will send detailed information about specific dates, locations, and times for the web tutorials in the near future and they will be listed on our website, PHPMichigan.com.

## About Care to Care:

Care to Care is a URAC accredited Multi-Specialty Management Company, that works collaboratively with providers to address the challenges associated with diagnostic imaging. Care to Care uses evidence based clinical criteria and is staffed by board-certified Physicians who are specialists in their field to assist providers in determining the most appropriate use of advanced imaging and nuclear cardiology studies.

We look forward to working with you in this transition to ensure quality healthcare for our members while appropriately managing the use of high quality advanced imaging services. For questions, please contact your Provider Relations Team at 517.364.8316 or 517.364.8323 or email at [PHPProviderRelations@phpmm.org](mailto:PHPProviderRelations@phpmm.org).

As always, we greatly appreciate the services you provide for PHP members.



# 2017 Triple Aim Incentive Program: Change to Well-Child Incentive

In 2017, PHP elected to make some changes to the Triple Aim Incentive Program (TAIP). These changes are in line with PHP's commitment to work together with our providers to give our members the best possible care.

In previous years, PHP has offered an incentive encouraging providers to see Patients between the ages of birth and 15 months on six separate visits. Working in partnership with our providers and members, PHP has realized a level of improvement in this measure and will realign our focus to other measures for 2017. We are most appreciative to our providers for working with us to see that this portion of our population is served.

When PHP phased out this incentive it was decided to refocus the resources to the next age group which needs special attention. The incentive for the well-child visits for three to six years old has been increased to \$50 per annual visit.

Currently, PHP is reviewing our TAIP for 2018 and is considering making changes to the format. We will be making announcements about those changes in the fall. PHP recognizes the hard work and dedication of our network providers and wants to make sure that our program accurately reflects that sentiment. If you have any recommendations for changes, please contact your Provider Relations Coordinator. We look forward to receiving your feedback.



# Utilization Management news and updates

Procedures and services requiring prior authorization are available online. Visit [PHPMichigan.com/Providers](http://PHPMichigan.com/Providers) and select “General Forms and Information,” then “Prior Authorization Forms” to locate the Prior Authorization Notification Table and Prior Authorization Request Forms.

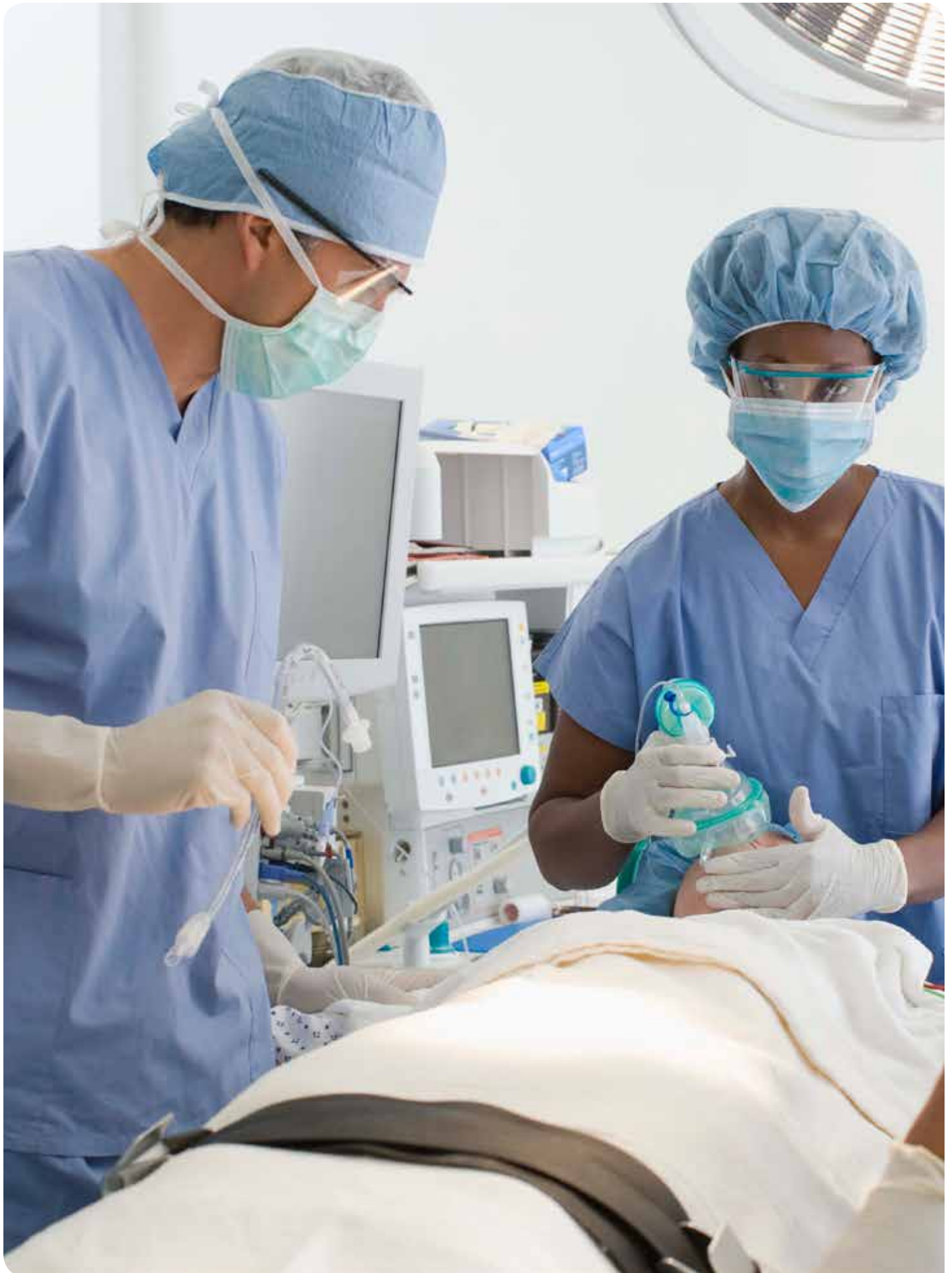
Below is a list of recent changes:

Changes to Coverage for Services:		
Code, Procedure or Service	Action	Implementation Date
29862 Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	Changed from Prior Approval to Covered	3/1/17
29914 Arthroscopy, hip, surgical; with femoroplasty (i.e., treatment of cam lesion)	Changed from Prior Approval to Covered	3/1/17
29915 Arthroscopy, hip, surgical; with acetabuloplasty (i.e., treatment of pincer lesion)	Changed from Prior Approval to Covered	3/1/17
29916 Arthroscopy, hip, surgical; with labral repair	Changed from Prior Approval to Covered	3/1/17
56620 Vulvectomy simple; partial	Changed from Covered to Prior Approval	3/1/17
82533 Cortisol, total	Changed from Covered to Prior Approval	3/1/17
83518 Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semi-quantitative, single step method (e.g., reagent strip)	Changed from Covered to Not Covered	5/1/17
83519 Immunoassay ... by radioimmunoassay (e.g., RIA)	Changed from Covered to Not Covered	5/1/17
90901, 90911 Biofeedback training	Changed from Not Covered to Prior Approval	3/1/17
A9274 External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories.	Change from Covered to Prior Approval	3/1/17
O346T Ultrasound, elastography	Changed from Not Covered to Covered	7/1/17
O402T Collagen cross-linking of cornea (including removal of the corneal epithelium and intraoperative pachymetry when performed)	Changed from Not Covered to Covered	7/1/17
22858 Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); second level, cervical	Changed from Not Covered to Prior Approval	7/1/17

If you have any authorization questions, please call the Customer Service Department at 517.364.8500 or 800.832.9168 between the hours of 8:30 a.m. and 5:30 p.m., Monday through Friday.

Reminder: Fax prior authorization requests to 517.364.8409, 8 a.m. to 5 p.m., Monday through Friday.









# HEDIS Corner

## Chlamydia Screening in Women

This measure looks at the percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for Chlamydia every year.

Chlamydia is the most commonly reported STD in the United States according to the Centers for Disease Control and Prevention (CDC). The total number of Chlamydia cases in Michigan for 2015 was 47,702 and prevalence is highest in females under the age of 24, with 24,780 cases reported between ages of 16-24.

PHP supports and follows the Michigan Quality Improvement Consortium (MQIC) guidelines which are based on national sources. Evidence based clinical practice guidelines for Routine Preventive Services for Children and Adolescents (Ages 2-21) recommend Chlamydia and other STI screening annually for sexually

active Patients  $\geq$  11 years. This recommendation and other clinical practice guidelines can be found at MQIC.org.

### Chlamydia Tests CPT Codes

87110 87320 87491 87810  
87270 87490 87492

State reporting is required for positive test results for Chlamydia. All positive test results must be reported within three days to the local health department.

### Reporting options:

Michigan Disease Surveillance System (MDSS) is a web-based communicable disease reporting system developed for the state of Michigan.

For a complete list of reportable diseases in Michigan and Health Department directory visit Michigan.gov.

County	Health Dept.	CO. Office	Phone	Fax
Clinton	Mid-MI DGD	St. Johns	989.227.3111	989.227.3126
Eaton	Barry-Eaton DHD	Charlotte	517.541.2641	517.541.2666
Gratiot	Mid-MI DHD	Ithaca	989.875.1019	989.875.1032
Ingham	Ingham County	Lansing	517.887.4308	517.887.4379
Ionia	Ionia County	Ionia	616.527.5341	616.527.8208
Isabella	Cent MI DHD	Mt. Pleasant	989.773.5921	989.773.4319
Montcalm	Mid-MI DHD	Stanton	989.831.3615	989.831.3666
Shiawassee	Shiawassee County	Wayne	734.727.7078	313.967.3044

Source: Michigan Sexually Transmitted Diseases Database, STD & HIV Prevention Section, Bureau of Epidemiology, Michigan Department of Health & Human Services.

## New: CMS MOON requirement

Effective March 8, 2017, all hospitals were required to give all Medicare and Medicare Advantage Patients notice that they are admitted as an Observation Patient, per a CMS order. The notice is referred to as a MOON (Medicare Outpatient Observation Notice) and must be given to a Patient within the first 36 hours of their Observation stay. This notice will explain to Patients that the services they are receiving are outpatient benefits, not inpatient, and therefore Patient liabilities and benefits will be billed as such, which may be different than anticipated.

If your Patients have questions or concerns regarding this notice and their specific coverage and/or benefit, PHP will be happy to discuss their financial responsibility with them. Please direct them to call Customer Service at 517.364.8500. If you have further questions, please refer to the [cms.gov](http://cms.gov) website under the Beneficiary Notices Initiative (BNI) page.



# Using modifiers 54, 55 and 56

Physicians Health Plan global periods follow Centers for Medicare and Medicaid Services (CMS) global periods.

## Modifier 54: Surgical care services only

When using Modifier 54 the surgeon is billing for surgical care only: pre, intra and inpatient post-operative care.

- » Report modifier 54 when post-operative care will be performed by or transferred to another Provider which is not in the same group and does not apply to assistant surgery services.
- » Use modifier 54 when the CPT code has a global surgical period of 10 or 90 days Surgical Care only.
- » Do not bill the global surgical code when post-operative care is provided by another healthcare provider.

## Modifier 55: Post-operative services only

Modifier 55 indicates that a Physician other than the surgeon is billing for the outpatient postoperative care or could be used if a surgeon is providing a portion of the post discharge post-operative care.

- » Reimbursement will be made based on the dates that post-operative care was rendered. The post-operative period begins the day after surgery.
- » The claim must show the date of surgery as the date of service. In addition, the date care was assumed and relinquished must be on the 1500 form or the electronic equivalent.
- » When two different Physicians share in the postoperative care, each bills for their portion-reporting modifier 55 and indicate the assumed and relinquished dates on the claim.
- » Do not use this modifier when there is no global surgical period (10 or 90 days) associated with the CPT code.

## Modifier 56: Pre-operative management only

When a Physician performs the pre-operative care and evaluation only (another Physician performs the surgical procedure), the pre-operative component may be identified by adding modifier 56 to the appropriate surgical CPT codes.

- » Modifier 56 should not be used with (Modifier 80) Assistant Surgeon, (Modifier 81) Physician Assistant, (Modifier 82) Assistant Surgeon when qualified resident surgeon not available (Modifier AS) Nurse Practitioner, or Clinical Nurse Specialist.
- » The CPT code has a global surgical package; if there is no global package, the appropriate E&M service may be more appropriate to report.
- » It is known that the surgical services/post-operative care will be performed by or transferred to another healthcare provider.
- » Do not bill the global surgical code when pre-operative services are the only services rendered.
- » Do not submit modifier 56 on E&M services.

Resource: [wpsgha.com](http://wpsgha.com)





## How to contact us

Department	Contact Purpose	Contact Number	Email Address
<b>Medical Resource Management</b>	<ul style="list-style-type: none"> <li>Notification of procedures and services outlined in the Notification/Authorization Table</li> <li>To request benefit determinations and clinical information</li> <li>To obtain clinical decision-making criteria</li> <li>Behavioral Health/ Substance Abuse Services, for information on mental health and/or substance abuse services including prior authorizations, case management, discharge planning and referral assistance</li> </ul>	517.364.8560 866.203.0618 (toll free) 517.364.8409 (fax)	
<b>Network Services</b>	<ul style="list-style-type: none"> <li>Credentialing - report changes in practice demographic information</li> <li>Coding</li> <li>Provider/Practitioner education</li> <li>To report suspected Provider/Practitioner fraud and abuse</li> <li>EDI claims questions</li> <li>Initiate electronic claims submission</li> </ul>	517.364.8312 800.562.6197 (toll free) 517.364.8412 (fax)	Credentialing <a href="mailto:PHP.Credentialing@phpmm.org">PHP.Credentialing@phpmm.org</a>  Provider Relations Team <a href="mailto:PHPProviderrelations@phpmm.org">PHPProviderrelations@phpmm.org</a>
<b>Quality Management</b>	<ul style="list-style-type: none"> <li>Quality Improvement programs</li> <li>HEDIS</li> <li>CAHPS</li> <li>URAC</li> </ul>	517.364.8466 877.803.2551 (toll free) 517.364.8408 (fax)	Quality <a href="mailto:PHPQualityDepartment@phpmm.org">PHPQualityDepartment@phpmm.org</a>
<b>Customer Services</b>	<ul style="list-style-type: none"> <li>To verify a covered person's eligibility, benefits or to check claim status</li> <li>To report suspected member fraud and abuse</li> <li>To obtain claims mailing address</li> </ul>	517.364.8500 800.832.9186 (toll free) 517.364.8411 (fax)	
<b>Pharmacy Services</b>	<ul style="list-style-type: none"> <li>Request a copy of our Preferred Drug List</li> <li>Request drug coverage</li> <li>Fax medication prior authorization forms</li> <li>Medication Therapy Management</li> </ul>	517.364.8545 877.205.2300 (toll free) 517.364.8413 (fax)	Pharmacy <a href="mailto:pharmacy@phpmm.org">pharmacy@phpmm.org</a>
<b>Change HealthCare (TC3)</b>	<ul style="list-style-type: none"> <li>When medical records are requested</li> </ul>	Mail to: Change HealthCare 5720 Smetana Drive, Suite 400, Minnetonka MN 55343  Fax: 952.949.3713 or 949.943.8843	