

# ProviderReport



## Giving back to our providers



Michigan Complete Health is doing its part to help frontline healthcare workers during the COVID-19 pandemic. We have donated Personal Protective Equipment (PPE), medical equipment, made donations to doctors, hospitals, frontline workers and other groups across Metro Detroit and the state. The PPE and other donations included:

- **40,000** disposable masks
- **1,000** COVID-19 testing kits
- **\$200,000** in PPE frontline support including the Detroit Police Department, Oakland County Sheriff, Wayne County Sheriff and the Michigan National Guard
- **\$200,000** in hospital support to help supplement overtime, food and lodging for frontline health workers at Ascension, Beaumont, DMC, Henry Ford, U of M
- **\$75,000** to the groups that help seniors and the disabled
- **\$50,000** to hospital foundations to support employee assistance funds

### Reminder balance billing is prohibited

Members of Michigan Complete Health **cannot** be balance billed by any provider for any reason for covered services. Existing Medicare limitations on beneficiary liability set out in Social Security Act s.1879 apply to members enrolled in Michigan Complete Health. **Balance billing is prohibited** under the terms of your provider agreement with Michigan Complete Health.

Please don't hesitate to reach out to the Provider Relations team with any questions.

# TurningPoint Surgical and Safety Management Program

We are pleased to announce the launch of a new and innovative Surgical Quality and Safety Management Program.

Michigan Complete Health has contracted with TurningPoint to provide an innovative solution to work collaboratively with providers, facilities and physicians to reduce surgical treatment variability, promote safety, quality of care improvements, and support for your patients. As part of this program, Michigan Complete Health has delegated its utilization management function to TurningPoint for a limited scope of procedures.

If you have any questions please contact the Provider Relations team at 1-844-239-7387 or email [contracting@michigancompletehealth.com](mailto:contracting@michigancompletehealth.com).

# Updated Formulary List

DATE OF CHANGE	DRUG NAME	CHANGE	POSSIBLE ALTERNATIVE
2/1/2020	ACETAMINOPHEN SUPP RE 325 MG	REMOVED (from market)	
2/1/2020	AMICAR SOL 0.25 ML	REMOVED (from formulary)	AMINOCAPROIC ACID ORAL SOLN 0.25 ML
2/1/2020	BRAFTOVI CAP 50 MG	REMOVED (non-Part D eligible)	
2/1/2020	BUDESONIDE (NASAL) SUSP	REMOVED (from market)	
2/1/2020	CIPROFLOXACIN ER TAB 24 HR 500 MG; 1000 MG	REMOVED (non-Part D eligible)	
2/1/2020	DAKLINZA TAB 60 MG	REMOVED (non-Part D eligible)	
2/1/2020	DUZALLO TABS 200 MG-300 MG	REMOVED (from market)	
2/1/2020	ESTROPIATE TAB 0.75 MG; 1.5 MG	REMOVED (non-Part D eligible)	
2/1/2020	FLUOXYMESTERONE TABS	REMOVED (from market)	
2/1/2020	HEXALEN CAP	REMOVED (non-Part D eligible)	
2/1/2020	ILARIS SOLR	REMOVED (from market)	
2/1/2020	JADENU TAB 90 MG; 360 MG	REMOVED (from formulary)	DEFERASIROX TAB 90 MG; 360 MG
2/1/2020	KETOPROFEN CAPS 75 MG	REMOVED (non-Part D eligible)	
2/1/2020	KYNAMRO SOLN	REMOVED (non-Part D eligible)	
2/1/2020	LANOXIN TAB 0.1875 MG	REMOVED (non-Part D eligible)	
2/1/2020	MOEXIPRIL-HYDROCHLOROTHIAZIDE TAB 7.5-12.5 MG; 15-12.5 MG	REMOVED (non-Part D eligible)	
2/1/2020	NADOLOL & BENDROFLUMETHIAZIDE TAB 80-5 MG	REMOVED (from market)	NADOLOL & BENDROFLUMETHIAZIDE TAB 40-5 MG
2/1/2020	NOXAFIL TAB 100 MG	REMOVED (from formulary)	POSACONAZOLE TAB 100 MG DR
2/1/2020	THEOPHYLLINE TAB ER 12 HR 100 MG; 200 MG	REMOVED (non-Part D eligible)	
2/1/2020	TRISENOX INJ 12 MG/6 ML	REMOVED (from formulary)	ARSENIC TRIOXIDE IV SOLN 12 MG/6 ML (2 MG/ML)
2/1/2020	UVADEX SOLN	REMOVED (from market)	
2/1/2020	VIDEXPEDIATRIC SOL 4 GM	REMOVED (non-Part D eligible)	
2/1/2020	ZERIT SOL 1 MG/ML	REMOVED (non-Part D eligible)	
3/1/2020	ADCETRIS	REMOVED (non-Part D eligible)	
3/1/2020	AFINITOR TAB 2.5 MG; 5 MG; 7.5 MG	REMOVED (from formulary)	EVEROLIMUS TAB 2.5 MG; 5 MG; 7.5 MG
3/1/2020	BUTISOL SODIUM	REMOVED (non-Part D eligible)	
3/1/2020	KHEDEZLA TAB 50 MG ER; 100 MG ER	REMOVED (non-Part D eligible)	DESVENLAFAX TAB 50 MG ER; 100 MG ER
3/1/2020	NEBUPENT INH 300 MG	REMOVED (from formulary)	PENTAMIDINE INH 300 MG
3/1/2020	NUVARING MIS	REMOVED (from formulary)	ETONOGESTREL-ETHINYL ESTRADIOL VA RING 0.120-0.015 MG/24 HR

3/1/2020	PENTAM 300 INJ 300 MG	REMOVED (from formulary)	PENTAMIDINE ISETHIONATE FOR SOLN 300 MG
3/1/2020	POTASSIUM CHLORIDE ER 20 MEQ	REMOVED (non-Part D eligible)	K-TAB 20 MEQ
3/1/2020	SILENOR TAB 3 MG; 6 MG	REMOVED (from formulary)	DOXEPIH HCL (SLEEP) TAB 3 MG; 6 MG
4/1/2020	CAMPTOSAR INJ 300 MG/15 ML	REMOVED (from formulary)	IRINOTECAN HCL INJ 300 MG/15 ML
4/1/2020	DEPEN TITRA TAB 250 MG	REMOVED (from formulary)	PENICILLAMINE TAB 250 MG
4/1/2020	DOXYCYCLINE HYCLATE FOR INJ 100 MG	QUANTITY LIMIT	
4/1/2020	EXJADE TAB 125 MG; 250 MG; 500 MG	REMOVED (from formulary)	DEFERASIROX TAB 125 MG; 250 MG; 500 MG
4/1/2020	FIRAZYR INJ 30 MG/3 ML	REMOVED (from formulary)	ICATIBANT ACETATE INJ 30 MG/3 ML
4/1/2020	ISOSORBIDE DINITRATE ER TAB 40 MG	REMOVED (non-Part D eligible)	
4/1/2020	KETOCONAZOLE 2% CREAM; FOAM; SHAMPOO	QUANTITY LIMIT	
4/1/2020	LETAIRIS TAB 5 MG; 10 MG	REMOVED (from formulary)	AMBRISENTAN TAB 5 MG; 10 MG
4/1/2020	LYRICA CAP 25 MG; 50 MG; 75 MG; 100 MG; 150 MG; 200 MG; 225 MG; 300 MG	REMOVED (from formulary)	PREGABALIN CAP 25 MG; 50 MG; 75 MG; 100 MG; 150 MG; 200 MG; 225 MG; 300 MG
4/1/2020	LYRICA SOL 20 MG/ML	REMOVED (from formulary)	PREGABALIN SOLN 20 MG/ML
4/1/2020	MUPIROCIN 2% CREAM; OINTMENT	QUANTITY LIMIT	
4/1/2020	NITROGLYCERIN LINGUAL AEROSOL	REMOVED (from market)	
4/1/2020	NYSTATIN 100000 UNIT/GM CREAM; OINTMENT; TOPICAL POWDER	QUANTITY LIMIT	
4/1/2020	RANEXA TAB 500 MG; 1000 MG	REMOVED (from formulary)	RANOLAZINE 500 MG TAB; 1000 MG
4/1/2020	REPAGLINIDE/MET FORMIN HYDROCHLORIDE TAB 1-500 MG; 2-500 MG	REMOVED (non-Part D eligible)	
4/1/2020	ROZEREM TAB 8 MG	REMOVED (from formulary)	RAMELTEON 8 MG TAB
4/1/2020	SUPRAX CAP 400 MG	REMOVED (from formulary)	CEFIXIME CAP 400 MG
4/1/2020	TEKTURN 150 MG; 300 MG	REMOVED (from formulary)	ALISKIREN FUMARATE TAB 150 MG; 300 MG
4/1/2020	TOLMETIN SODIUM TAB 200 MG	REMOVED (non-Part D eligible)	
4/1/2020	ZOHYDRO ER CAP 10 MG; 15 MG; 20 MG; 30 MG; 40 MG; 50 MG	REMOVED (from formulary)	HYDROCODONE CAP ER 10 MG; 15 MG; 20 MG; 30 MG; 40 MG; 50 MG
5/1/2020	CESAMET CAP 1 MG	REMOVED (non-Part D eligible)	
5/1/2020	FAZACLO ODT 150 MG	REMOVED (non-Part D eligible)	CLOZAPINE ODT 150 MG
5/1/2020	RANITIDINE HCL CAP 150 MG; 300 MG	REMOVED (from market)	FAMOTIDINE TABS 20 MG; 40 MG
5/1/2020	RANITIDINE HCL SYRUP 5 MG/ML (75 MG/5 ML)	REMOVED (from market)	FAMOTIDINE SUSR 40 MG/5 ML
5/1/2020	RANITIDINE HCL TAB 75 MG; 150 MG; 300 MG	REMOVED (from market)	FAMOTIDINE TABS 20 MG; 40 MG
5/1/2020	TOLAZAMIDE TAB 250 MG; 500 MG	REMOVED (non-Part D eligible)	

**LEARN MORE:** You can always check Michigan Complete Health's up-to-date Drug List which includes the procedures for prior authorization and other guidelines such as step therapy, quantity limits and exclusions, at <https://mmp.michigancompletehealth.com/mmp/prescription-drug-part-d.html>. If you have questions call Envolve Pharmacy Solutions at 1-888-865-6567.

## Provider resource corner

Contact Michigan Complete Health at the number below for all matters dealing with credentialing and recredentialing, claims, billing, medical management, quality, compliance or any general questions.

- Phone: **1-844-239-7387**
  - Prior authorization fax: **1-833-783-3178**
  - Email: **contracting@michigancompletehealth.com**
  - Website: **www.michigancompletehealth.com**
  - Secure provider portal login: **provider.michigancompletehealth.com/sso/login**
  - Claims disputes can be mailed or faxed to:  
**Michigan Complete Health  
Attn: Claims  
P.O. Box 3060  
Farmington, MO 63640  
Fax: 1-844-276-9874**
- Please note our phone menu options have changed.

# New Partnership for Quality (P4Q) Bonus Program

2020 PROGRAM YEAR DATES OF SERVICE JUNE 1, 2020 - DEC. 31, 2020	
% of Appointment Agendas Completed	Bonus Amount Per Paid Appointment Agenda
<50%	\$100
>50% to <80%	\$200
>80%	\$300

Michigan Complete Health is committed to supporting your efforts to provide the highest quality of care for our members. We are excited to announce that effective June 1st, 2020, Michigan Complete Health will be partnering with our WellCare brand to adopt the Partnership for Quality (P4Q) program.

The P4Q program is designed to support your outreach to

members for annual visits and condition management, which will help us better identify members who are eligible for case management programs. The program achieves this goal by increasing PCP visibility into members' existing medical conditions for better quality of care for chronic condition management and prevention. It rewards providers for assessing

members for pre-existing or suspected chronic conditions. Our members benefit from this program by receiving more regular and proactive assessments and chronic condition care.

Provider is eligible for a bonus for each completed Appointment Agenda (Disease Conditions/ Continuity of Care portion only) with verified/documented diagnoses.

For program requirements and instructions on how to submit the documentation for the P4Q Bonus contact the Provider Relations team at 1-844-239-7387 or email [contracting@michigancompletehealth.com](mailto:contracting@michigancompletehealth.com).

## Provider **TRIVIA** contest

Take Our Quiz! **Win a \$25 Gift Card!**

**TOPIC:** Spring/Summer Provider Report. Answer **TRUE** or **FALSE** to each question.

**QUESTION 1:** Michigan Complete Health has a new Quality Bonus Program (P4Q) for providers.

TRUE  FALSE

**QUESTION 2:** Michigan Complete Health has donated 40,000 disposable masks.

TRUE  FALSE

**QUESTION 3:** TurningPoint is a new and innovative Surgical Quality and Safety Management Program.

TRUE  FALSE

Provider Name \_\_\_\_\_ Staff Name \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

**Print/copy and fax this completed page by Friday, June 18, 2020 to 844-276-9874** or email to [contracting@michigancompletehealth.com](mailto:contracting@michigancompletehealth.com). One submission per office and one winner per quarter. The winning office will be notified and the gift card delivered by Provider Relations.