ProviderReport

michigan complete health

Marketing in a health care setting

What does this mean for you as a provider?

Provider activities can include:

- Referring patients to Michigan Complete Health marketing materials available in common areas
- Answering questions or discussing the merits of a plan or plans, including benefits information. These discussions may occur in areas where care is delivered
- Distributing unaltered, printed materials created by CMS, such as reports from Medicare Plan Finder, the "Medicare & You" handbook, or "Medicare Options Compare" in areas where care is delivered
- Providing the names of plan sponsors with which they contract or participate

For a complete list of provider activities please review Medicare Communications and Marketing Guidelines (MCMG) section 60.1.

We are asking providers to:

- Display and or distribute plan benefit and health education materials when patients request additional information"
- Sign an attestation form acknowledging the new changes to the Michigan MCMG.

Our Provider Relations Team can answer any question you have about marketing in a health care setting and provide you with materials for distribution. For more information contact the Provider Relations Team.

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.

- **1-844-239-7387**
- **contracting@michigancompletehealth.com**
- **www.michigancompletehealth.com**
- 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

2019 Medicare CAHPS survey

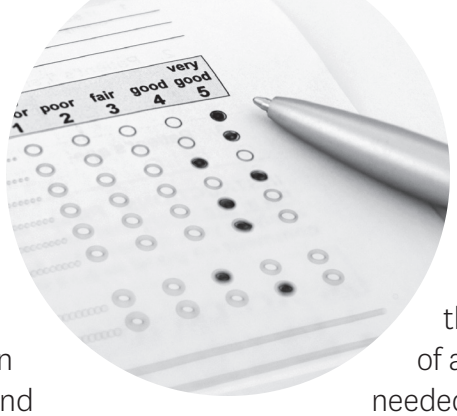
The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey asks consumers and patients to report on and evaluate their experiences with healthcare. Survey results are submitted to the National Committee for Quality Assurance (NCQA) to meet accreditation requirements. These surveys are completed annually and reflect how our members feel about the care they receive from our providers, as well as the service they receive from the health plan. Michigan Complete Health will be using the results to guide our improvement efforts.

We also want to share the results with you, since you and your staff are vital to our members' satisfaction.

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.



Here are some findings from the 2018 survey as compared to other Michigan MMP plans. In particular, Michigan Complete Health and our providers scored 5-stars in the following areas:

- Rating of Personal Doctor
- Getting Needed Care
- Getting Care Quickly
- How Well Doctors Communicate

Based on this important feedback, Michigan Complete Health has been making improvements in several key areas such as:

Coordination of Care

- Care management focused on encouraging members to get health assessment completed, address gaps in care plan including immunization, cancer screening, care for chronic conditions and vision and dental services and timely follow-up after hospitalization.
- Continue to improve non-emergent transportation vendor services.

Customer Service

- Encouraging members to schedule appointments for needed care and offering to warm transfer them to primary care and specialty provider offices.
- Outbound new member welcome calls where we educate members of the MMP and available benefits. We also offer to warm transfer members to their PCP office to establish as a new patient or schedule an annual well visit.
- Promoting the role of the PCP and educating members to keep their PCP informed of any services needed or received.

How can you help as a provider?

Some key areas of focus in the CAHPS survey that providers can help members with include:

- Coordination of care – As a provider are you up to date on any care received from other health care providers? Do you follow-up with patients on their test results?
- Have you offered members health promotion and education materials/classes to try and improve their health?
- Are members given treatment options and included in the decision making process?
- How well do you communicate with members about their needs?
- Do members have access to care quickly to see not only you but other specialist and providers?

Improving member experience and satisfaction with healthcare services has many benefits. Not only does member satisfaction increase member retention, it can assist in improving the member's relationship with the provider and increase patient compliance with physician care and treatment recommendations to improve health outcomes (i.e. closing care gaps). CAHPS® survey responses also impact STAR/QRS ratings, accreditation, and health plan reputation.

New payment policies

Michigan Complete Health is implementing Payment & Clinical Policies that will guide how claims for certain services are adjudicated and paid. We will be instituting these policies to provide clinical based rule content to evaluate claims against payment and clinical policies to ensure accurate reimbursement. This is in addition to all other reimbursement processes that Michigan Complete Health currently employs. The policies that dictate the coding and billing rules applied are based on industry standards and guidelines as published and defined in the Current Procedural Terminology (CPT), Centers for Medicare and Medicaid Services (CMS), and public domain specialty society edits, unless specifically addressed in the fee-for-service provider manual published by the State of Michigan or regulations.

New policies and effective dates are listed below.

The policies can be found on Michigan Complete Health web site: **https://mmp.michigancompletehealth.com/mmp/for-providers/payment-policies.html**.

NUMBER	POLICY NAME	POLICY DESCRIPTION	LINE OF BUSINESS (LOB)
CP.MP.99	Wheelchair Seating	The purpose of this policy is to define medically necessary special wheelchair seating cushions.	Medicaid, Medicare
CC.PP.053	Leveling of Emergency Room Services	The purpose of this policy is to define payment criteria for non-emergent emergency room services to be used in making payment decisions and administering benefits.	Medicaid, Medicare

New hearing aid provider

Michigan Complete Health has contracted with AudioNET America to provide hearing aid services to our MMP members. AudioNET America is a national "audiologist only" provider network with over 4,400 audiologists at more than 7,700 locations.

Providers may select an audiology provider from the Find a Provider tool https://mmp.michigancompletehealth.com/mmp/benefits/find-a-doctor-or-pharmacy.html and send a member for an initial exam without a referral. If the member needs a hearing aid the Audiologist will work with AudioNET and us to authorize the device and fitting. An authorization is needed for the dispensing of the hearing aid.

Plan design includes:

- Exam, evaluation assessment, dispensing, conformity, and up to two digital mid-level hearing devices as "covered in full"
- Five-year repair warranty, including a five-year Loss & Damage (L&D) allowing for a one-time replacement of lost or irreparable devices

Subcontracted networks include:

- Great Lakes Provider Network, LLC
- American Hearing Benefits
- Beltone
- Hear USA Hearing Care Network
- YHN (your hearing network)

For more information contact the Provider Relations Team.

Updated Formulary List

DRUG NAME	CHANGE	TIER/ LIMITS	DATE EFFECTIVE
NEUDEXTA	Added	Tier 2/PA	1/1/2019
SYMTUZA	Added	Tier 2	1/1/2019
XOFLUZA	Not Added	NF	1/1/2019
COPIKTRA	Added	Tier 2/PA	2/1/2019
DELSTRIGO	Added	Tier 2	2/1/2019
IMVEXXY	Not Added	NF	2/1/2019
KAPSPARGO SPRINKLE	Not Added	NF	2/1/2019
NOCDURNA	Not Added	NF	2/1/2019
OLUMIANT	Added	Tier 2/PA	2/1/2019
PLENVU	Not Added	NF	2/1/2019
SIKLOS	Not Added	NF	2/1/2019
TIBSOVO	Not Added	Tier 2/PA	2/1/2019
ZTLIDO	Not Added	NF	2/1/2019
EPIDIOLEX	Added	Tier 2/PA	2/1/2019
ZYTIGA	Generic substitution	Tier 2/PA	2/1/2019
AMICAR	Generic substitution	Tier 2	2/1/2019
TRISENOX	Generic substitution	Tier 2	2/1/2019
FINACEA	Generic substitution	Tier 2	2/1/2019
ANDROGEL	Generic substitution	Tier 2	2/1/2019

PA= Prior authorization is required to verify member eligibility and that the member satisfies clinical protocols to ensure appropriate use of the medication.

NF= Nonformulary; These medications require member-specific medical reasons why formulary medications cannot be considered.

ST= Step Therapy; These medications require that the member first try preferred formulary medication(s)

QL= Quantity Limit; These medications require prior authorization for daily doses above the limit.

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 the Provider Relations team at 1-844-239-7387.

Provider TRIVIA contest

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

Answer **TRUE** or **FALSE** to each question. **TOPIC:** Winter Provider Report articles

QUESTION 1:	Michigan Complete Health's new hearing aid provider is AudioNet?	☐ **TRUE** ☐ **FALSE**
QUESTION 2:	Providers can refer patients to plan marketing materials located in common areas of a provider office?	☐ **TRUE** ☐ **FALSE**
QUESTION 3:	Balance billing is prohibited under the terms of your provider agreement with Michigan Complete Health?	☐ **TRUE** ☐ **FALSE**

Provider Name _____ Staff Name _____

Address _____ Phone # _____

Print/copy and fax this completed page by Friday, March 22, 2019 to 844-276-9874 or email to **contracting@michigancompletehealth.com**. One submission per office and one winner per quarter. The winning office will be notified and the gift card delivered by a Provider Relations Team.