COMING SOON REFERRALS ONLINE-

Coming Soon…Authorization online will be available to improve the prior authorization process for our providers. Clear Coverage is available to our entire network. HAP Midwest Health Plan (HAP Midwest Health Plan) has implemented Clear Coverage, a web- based application that can be accessed by logging on to our website www.midwesthealthplan.com and entering your user id and password.

As a HAP Midwest Health Plan provider, you will be able to enter a prior authorization service request and receive automatic authorization for some specific services. With Clear Coverage, you can provide clinical information, upload medical records as needed, view authorization status, and print proof of authorization. It is our expectation that automating this process will improve access to necessary specialty care to our beneficiaries and save valuable time for you and your office staff.

Stay tuned for more information and available training that will be provided for you and your staff.

If you have any questions, please contact your Provider Representative Linda Abdelghani 313 586-6013 or Nehya Ahmed 313 586-6055, Brian Flemming 313 586 -6069
HAP Midwest Health Plan Welcomes Healthy Michigan Plan Members

Overview

The Healthy Michigan Plan provides health care coverage for individuals who:

- Are age 19-64 years
- Have income at or below 133% of the federal poverty level under the Modified Adjusted Gross Income methodology
- Do not qualify for or are not enrolled in Medicare
- Do not qualify for or are not enrolled in other Medicaid programs
- Are not pregnant at the time of application
- Are residents of the State of Michigan

Health Risk Assessment Completion Instructions

Healthy Michigan Plan members are encouraged to complete an annual Health Risk Assessment (HRA) during their first PCP visit. This visit should be scheduled within 60 days of enrollment. Members are mailed the HRA with their welcome packet. The HRA also can be found on the MHP website at: http://www.midwesthealthplan.com/hmp

Sections 1-3 of the Health Risk Assessment form may be completed by the member. If Sections 1-3 have not already been completed, have the member complete it during their office visit.

PCP’s will need to complete Section 4. Fill in the Member Results, select a Healthy Behavior in discussion with the member and complete the Primary Care Provider Attestation. All three parts of section 4 must be complete for the attestation to be considered complete.

Submission Instructions

Primary care providers need to give the member a copy of their completed Health Risk Assessment and submit the HRA to HAP Midwest Health Plan via fax at (313) 429-5186.

Provider Incentives

HAP Midwest Health Plan has implemented an incentive for providers who complete and return the Health Risk Assessment. PCPs must bill with CPT code 99420 AND return the completed & signed HRA via fax.

If you have any questions, please contact your provider service representative.
**MEDICARE SEQUESTRATION**

Below is information taken from the Center’s for Medicare and Medicaid Services Provider e-News regarding mandatory payment reductions in the Medicare Fee-for-Service Program.

---

**Table of Contents for Friday, March 8, 2013**

To All Health Care Professionals, Providers, and Suppliers

*Mandatory Payment Reductions in the Medicare Fee-for-Service (FFS) Program – “Sequestration”*

The *Budget Control Act of 2011* requires, among other things, mandatory across-the-board reductions in Federal spending, also known as sequestration. The *American Taxpayer Relief Act of 2012* postponed sequestration for 2 months. As required by law, President Obama issued a sequestration order on March 1, 2013. The Administration continues to urge Congress to take prompt action to address the current budget uncertainty and the economic hardships imposed by sequestration.

This listserv message is directed at the Medicare FFS program (i.e., Part A and Part B). In general, Medicare FFS claims with dates-of-service or dates-of-discharge on or after April 1, 2013, will incur a 2 percent reduction in Medicare payment. Claims for durable medical equipment (DME), prosthetics, orthotics, and supplies, including claims under the DME Competitive Bidding Program, will be reduced by 2 percent based upon whether the date-of-service, or the start date for rental equipment or multi-day supplies, is on or after April 1, 2013.

The claims payment adjustment shall be applied to all claims *after determining coinsurance, any applicable deductible, and any applicable Medicare Secondary Payment adjustments.*
Though beneficiary payments for deductibles and coinsurance are not subject to the 2 percent payment reduction, Medicare’s payment to beneficiaries for unassigned claims is subject to the 2 percent reduction. The Centers for Medicare & Medicaid Services encourages Medicare physicians, practitioners, and suppliers who bill claims on an unassigned basis to discuss with beneficiaries the impact of sequestration on Medicare’s reimbursement.

Questions about reimbursement should be directed to your Medicare claims administration contractor. As indicated above, we are hopeful that Congress will take action to eliminate the mandatory payment reductions.

The Michigan Department of Community Health sent the following letter outlining the department’s action to the Medicare sequestration.

Michigan Department of Community Health
Medicaid Program Policy
PO Box 30479
Lansing MI 48909

May 2013

<Provider Name>
<Provider Address1>
<Provider Address2>
<Provider City> <state> <zipcode5-zip4>

Dear Provider:

    RE: Medicare Sequestration

As a result of the Budget Control Act of 2011 and the American Taxpayer Relief Act of 2012, the Centers for Medicare and Medicaid Services (CMS) is reducing payments to providers for the provision of services to Medicare beneficiaries by 2% effective for dates of service on and after April 1, 2013. On March 8, 2013, CMS announced that the reduction will be applied as the last step of Medicare payment calculations and will not impact official Medicare payment rates. Instead, the claims payment adjustment will be applied to claims after determining coinsurance, deductible, and Medicare Secondary Payment adjustments. This letter provides information on how the Michigan Department of Community Health (MDCH) will treat the following as a result of the 2% Medicare payment reduction:

- Crossover claims where Medicare is the primary payer and Medicaid is the secondary payer;
- Outpatient hospital and ambulatory surgical center claims where Medicaid is the primary payer; and
- Affordable Care Act-related primary care rate increase.

**Crossover claims where Medicare is the primary payer and Medicaid is the secondary payer:**

The current claims crossover process from Medicare to Medicaid for individuals dually eligible for Medicare and Medicaid will continue. (For information regarding crossover claims, refer to Section 4 of the Coordination of Benefits chapter of the Medicaid Provider Manual, available at www.michigan.gov/medicaidproviders >> Medicaid Provider Manual.) MDCH will identify the 2% Medicare sequestration amount within the crossover claim by the presence of Claim Adjustment Reason Code (CARC) “223” *(adjustment code for mandated federal, state or local law/regulation that is not already covered by another code and is mandated before a new code can be created)*. MDCH intends to treat CARC “223” as a contractual obligation; therefore, MDCH’s payment liability will remain the same and will not change due to the 2% reduction in Medicare payment.
Outpatient hospital and ambulatory surgical center claims where Medicaid is the primary payer:

Medicaid payment rates to hospitals for services provided in the outpatient hospital setting are calculated as a percentage of Medicare payment rates. The Medicare rate file used by MDCH for pricing Medicaid outpatient hospital claims was not changed by CMS on April 1, 2013, since the Medicare reduction is applied as the last step of the Medicare payment calculation process. As a result, MDCH did not and will not change its Medicaid Outpatient Prospective Payment System (OPPS) or Ambulatory Surgical Center (ASC) reduction factors for dates of service on and after April 1, 2013.

Affordable Care Act-related primary care rate increase:

Medicaid payment rates to eligible primary care physicians, as part of section 1202 of the Affordable Care Act, will not be affected by the 2% Medicare payment reductions to providers.

CAPITOL COMMONS • 400 SOUTH PINE • LANSING, MICHIGAN 48909
www.michigan.gov • 1-800-292-2550

Numbered Letter L 13-19
April 2013
Page 2

Thank you for your continued participation in the Michigan Medicaid Program and your commitment to providing quality care to Michigan’s most vulnerable citizens. If you have any questions please contact Provider Inquiry at 1-800-292-2550 or providersupport@michigan.gov.

Sincerely,

Stephen Fitton, Director
Medical Services Administration

ACETAMINOPHEN OVERUTILIZATION

Due to a growing number of serious liver injury cases caused by unintentional acetaminophen (APAP) overdoses, The Food and Drug Administration (FDA) is increasing awareness that the maximum daily dose of APAP should not exceed four (4) grams in healthy adults. Many individuals use more than 4 grams of acetaminophen each day without knowing.

Factors that may contribute to APAP overutilization:

- The availability of APAP in many prescription combination medications, and in single-agent and combination over-the-counter (OTC) products
- Lack of patient knowledge and/or awareness
- Patients seeing multiple prescribers who are unaware of what is in the medications the other practitioners have prescribed for the patient
- The use of multiple pharmacies

Acetaminophen overutilization is the leading factor in cases of unintentional acute liver failure in the United States. While some patient populations are already at a higher risk for liver damage, awareness
to the total amount of acetaminophen consumed is paramount in reducing the incidence of liver
damage caused by the overuse of acetaminophen.

ANALGESICS WITHOUT ACETAMINOPHEN
- Tramadol
- Oxycodone – immediate release
- Methadone
- Hydromorphone
- Morphine – immediate or extended release

ANALGESICS WITH ACETAMINOPHEN
- Codeine with Acetaminophen (Tylenol w/Codeine #2, #3, #4)
- Oxycodone with Acetaminophen (Percocet, Endocet, Tylox, Roxicet)
- Hydrocodone with Acetaminophen (Vicodin, Hycet, Lorcet, Norco)

<table>
<thead>
<tr>
<th>Acetaminophen strength (mg)</th>
<th>Maximum tablets / day</th>
<th>Maximum tablets / month</th>
</tr>
</thead>
<tbody>
<tr>
<td>300</td>
<td>13</td>
<td>390</td>
</tr>
<tr>
<td>325</td>
<td>12</td>
<td>360</td>
</tr>
<tr>
<td>500</td>
<td>8</td>
<td>240</td>
</tr>
<tr>
<td>650</td>
<td>6</td>
<td>180</td>
</tr>
<tr>
<td>750</td>
<td>5</td>
<td>150</td>
</tr>
</tbody>
</table>

If you have any questions regarding Acetaminophen Utilization, please contact our Director of
Pharmacy, Brian Peltz at 313-827-5565.

NOTICES

CHARGING CO-PAYS FOR ABW AND HEALTH CHOICE PROGRAMS
HAP Midwest Health Plan pays Medicaid Fee for Service rates for both the well visit and sick
visit when conducted on the same day. Effective 10/1/12, Providers are to charge ONLY ONE
co-pay to the member when both the sick and well visits are conducted on the same day. If you
have any questions, please contact your Provider Representative:

Nehya Ahmed #313-586-6055
Linda Chammout #313-586-6013
Brian Flemming #313-586-6069

HAP/MIDWEST HEALTH PLAN’S WEBSITE
Be sure to visit HAP Midwest Health Plan’s website at www.midwesthealthplan.com. On HAP
Midwest Health Plan’s website, providers will find the following information:

- Member eligibility lists
- “Quick Reference Guide” that tells you when you need referrals and authorizations
- Which codes are included in capitation
- How to request an appeal and the appeals process
- Privacy Notice on how we use member information
- Free educational programs for our members
- Every other Month provider newsletters
- HAP Midwest Health Plan’s QI program, QI plan and annual evaluation
- Pharmacy information, including the formulary and preferred drug list
- MHP’s entire Provider PCP Administrative manual, (this includes our preventive health and clinical guidelines, policies and procedures on confidentiality, member’s rights and responsibilities, medical record documentation, fraud/abuse/false claims, safety information on area hospitals, our formulary, formulary updates and pharmacy procedures, affirmative statement regarding UM decision making, etc.)

This web site also includes information for our members such as our free educational programs, our policies and procedures and even the entire membership guide/handbook that tells the members what their MHP benefits are! Hope you visit our website. If you would like a hard copy of any of the information on our website, please contact me. Let us know what you think about it. If you have any questions or comments, please call Kathy Harkness at #313-586-6063.

NOTICE OF PRIVACY PRACTICES
HAP/Midwest Health Plan Notice of Privacy Practices tells you how we use and protect member information. Since your office also accesses member information, you need to also keep member information secure and private. This notice is included in the member handbook, annually in the member newsletter and is posted on our website. Please review the Notice of Privacy Practices attached at the end of the newsletter and adopts it for your office. Treat member information as if it was your personal information! If you have any questions, please contact me at #313-586-6063.

BALANCE BILLING MEMBERS
This serves as a reminder that HAP Midwest Health Plan and Midwest Advantage beneficiaries cannot be balance billed for services. For our Midwest Advantage members, you are required to bill HAP Midwest Health Plan for the Medicare services and bill the State of Michigan for any co-pays, coinsurance and deductible amounts (similar to how you bill the State for the Medicaid Fee For Service patients). The member should not be balance billed. Please refer to our website of www.Midwesthealthplan.com in the provider section under Administrative Manual for this information as well as additional information on member benefits, rights and responsibilities.

LANGUAGE INTERPRETATION SERVICES
HAP Midwest Health Plan has language interpretation services available for all members and providers in both written and oral communication. HAP Midwest Health Plan employs bilingual speaking staff that speaks English, Arabic, and Spanish. HAP Midwest Health Plan also contracts with a vendor to assist when communicating with non-English speaking persons. Please contact the Customer Services department at 888-654-2200 for assistance.

MEDICAID AND MICHILD ACCESS
As a reminder, Medicaid and MIChild members may receive services at Federally Qualified Health Centers (FQHC), Rural Health Centers (RHC), Tribal Health Centers (THC), and Child and Adolescent Health Centers (CAHC). A list of these centers is available by calling your Provider
Representative. Prior authorization is NOT required for in network FQHC, RHC, THC and CACH. If a member wishes to visit one of these facilities that are out of network, they must receive a prior authorization.

As a reminder, women who want to see an OB/GYN doctor for a well-woman check-up or for pregnancy can make an appointment with any OB/GYN within MHP’s network, without a PCP referral. If you need help finding an OB/GYN for your member, call customer service at 888-654-2200.

Your members under 18 years old may see any pediatrician in MHP’s network for well-child visits without a PCP referral. If you need help finding a Pediatrician for your member, call Customer Service at 888-654-2200.

**MICHILD PROGRAM**

MIChild recipients are **ineligible for the VFC Program**. The Provider should bill their usual/customary charge for these services and will be reimbursed as FFS. Any questions regarding this matter please contact your Provider Representative in the Provider Services Department.

**MCIR, VFC, and REPORTING COMMUNICABLE DISEASES**

**MCIR**: You are required to report all vaccines to MCIR. MCIR (formerly the Michigan Childhood Immunization Registry) is now the Michigan Care Improvement Registry. As per your contract with HAP/Midwest/Medicaid and per Public Act 91 of 2006, it is required that all immunization providers report childhood immunizations (those administered to persons born 1/1/1994 to present) to the MCIR. If you need information on reporting or access please contact # 1-888-217-3900. Information on MCIR is easily found on their web site at www.mcir.org. MCIR can also assist you in improving your immunization rates by using MCIR to run batch reports and monthly immunization recall letters.

**Vaccines for Children (VFC)**: As a Medicaid provider, you are required to get your vaccines through the VFC program. The Alliance for Immunization in Michigan (AIM) tool kits include information on VFC and MCIR as well as “catch up schedules”, storage information, vaccine information sheets and much, much more!. Contact your local health department if you have questions about the VFC program. The AIM tool kit can be found at [www.aimtoolkit.org](http://www.aimtoolkit.org).

**Reporting Communicable Diseases**: You are required by State law to report all communicable diseases to the local health department. The Alliance for Immunization in Michigan Provider Tool Kit includes a helpful brochure titled “Table of Reportable Diseases in Michigan.” If you need an additional copy of this or any other information found in the AIM kit, it is found on the website at [www.aimtoolkit.org](http://www.aimtoolkit.org).
HEALTH SERVICES:
Member Appeals
HAP Midwest Health Plan (MHP) recognizes that participating providers may choose to exercise their right to appeal a utilization management decision. The appeals process is established to facilitate this right. If a provider disagrees with a utilization management decision the provider may file an appeal. The provider must make the appeal in writing to the HAP Midwest Health Plan Medical Director. HAP Midwest Health Plan will accept verbal appeals only in emergent situations.

If the HAP Midwest Health Plan Medical Director cannot reverse the adverse determination:

- A physician not involved in the initial denial will review the case.
- The physician reviewer will be of the same specialty of the requesting physician with similar credentials and licensure.
- The appeal will be resolved within 15 calendar days (up to 30 calendar days total for all levels of appeal) of the request for appeal.

When the request for urgent care is denied by the HAP Midwest Health Plan Medical Director, HAP Midwest Health Plan gives members and practitioners confirmation of the decisions within 72 hours of receipt of the request. Verbal notification is given within 72 hours of receipt of the appeal request, with written notification within 3 calendar days.

Case Management
HAP Midwest Health Plan has a telephonic case management program. Case Management Services include:

- Education on current disease process
- Coordination of services
- Referral to community agencies
- Support with adherence to plan of care

Claims, utilization reports, discharge planners and utilization review staff, disease management, providers and member/caregiver self-referral, may identify members who may benefit from case management services. The program is voluntary and requires the involvement of the member or caregiver.

The case manager will assess the needs of the member, develop a plan of care with the member and health team, establish mutual goals, and implement interventions designed to reach Health Services Registered Nurse will set up a specific care plan. The RN will contact members via phone to discuss
goals and the plan to attain the goal.

Please contact HAP Midwest Health Plan Health Services Department (313) 586-6031 to initiate an evaluation for case management services.

**Community Resources: 2-1-1**

2-1-1 is the health and human service equivalent of 9-1-1 to give or get help spearheaded by United Way. 2-1-1 is a free, easy-to-remember telephone number that connects people with resources that improve their lives. The 2-1-1 call specialists are available 24 hours a day, 7 days a week, and are ready to provide information about a wide range of community services – including health care, job training, childcare, mortgage foreclosure assistance and more. 2-1-1 is available in all of the HAP Midwest Health Plan service area, including Wayne, Washtenaw, Oakland, Macomb, St. Clair, and Livingston counties.

Anyone can ask a 2-1-1 call specialist about resources for:
- Rent/Utility Assistance
- Food
- Legal Assistance
- Shelter
- Support Groups, and more

Help your patients get in touch with community resources by telling them about 2-1-1! For more information go to: [http://www.uwsem.org/gethelp/index.html](http://www.uwsem.org/gethelp/index.html)

**Screening for Depression**

Primary Care practitioners play an important role in screening for and treating depression. HAP Midwest Health Plan recommends the use of **PHQ-9 Questionnaire** as a depression screening tool. The Tool is available online as part of the MacArthur Initiative on Depression & Primary Care at Dartmouth and Duke at: [http://www.depression-primarycare.org/clinicians/toolkits/materials/forms/phq9/](http://www.depression-primarycare.org/clinicians/toolkits/materials/forms/phq9/).

You will find useful information and a Depression Management Tool Kit on their website that includes the following:
- Recognition and Diagnostic Information
- Patient Education Materials
- Treatment Information
- Monitoring and Follow-up Information
- Bibliography

Please remember to screen for depression in asthmatic, diabetic and post-partum patients and refer patients for behavioral health services if needed. You can find behavioral health providers in the HAP Midwest Health Plan Provider Directory which is online at
www.midwesthealthplan.com. If you have questions about the depression screening tool, please call the Health Management department at 313-586-6071.

FREE GLUCOMETER PROGRAM
HAP Midwest Health Plan (MHP) provides glucometers FREE of charge to our diabetic members. The form that must be completed in order for members to receive the FREE glucometer is available on the MHP website at: http://www.midwesthealthplan.com/providers/forms

There are two types of glucometers available, the Bayer Breeze 2 and Bayer Contour. The glucometer can be shipped to your office for the member to pick up, or mailed directly to the member’s home.

Because diabetic supplies (i.e. alcohol swabs, lancets, and test strips) are billed under the prescription drug benefit, your patient will need a prescription to take to the pharmacy for those items.

If you have questions regarding this program, please call Customer Service at 888-654-2200.

Instructions for Accessing the FWA Medicare Learning Network® (MLN) Training Module
2. Under “Related Links”, at the bottom of the page, click on “Web-Based Training (WBT) Courses”.
3. Click on Medicare Parts C and D Fraud, Waste and Abuse Training, not the icon next to it.
4. At the top of the Course Description Window, you will be able to click on either “Login” or “Register”.
5. If you already have an MLN account, click “Login” and enter your User ID and Password.
6. If you do not have an MLN account, click “Register”.
   ① You will be re-directed to a page with an e-mail address field stating “Please type your E-mail address and press Submit”.
   ② Enter an e-mail address and click “Submit”.
   ③ The next screen will read: “No account was found matching your search criteria. Please click here to proceed with registration”.
   ④ Click the word “Here” to continue with registration.
7. After logging in or completing the registration, you will be re-directed to your home page.
8. Click on the “Web-Based Training Courses” link.
9. Click the Medicare Parts C and D Fraud, Waste and Abuse Training title, not the icon next to it.
10. Scroll to the bottom of the page and click the “Please click here to access Provider Compliance Web Page” not the “Take Course” button.
11. You will be re-directed to the Provider Compliance Web Page.
12. Under “Downloads” click on **Medicare Parts C and D Fraud, Waste and Abuse Training**.
13. You will be asked whether you would like to “Open” or “Save the File”. Choose which Option you prefer.
14. After you unzip the file, you will see two versions of the same training slides – one in PDF format and the other in PPT format. Choose either version to access the training.
15. Once you have finished the training, go to slide 59 for a “Certificate of Completion” template that can be used to document course completion. If you choose to use this certificate, click on slide 59 in the **PowerPoint** format, clear the existing fields - “Type Your Name Here” and “Insert Today’s Date” - and replace the contents with your name and the date that you completed the training. **FAX THIS COMPLETED FORM TO KATHY HARKNESS AT # 313-827-5694.** This form will be used a proof you complied with Quality Improvement as well as State and Federal requirements as stated in your contract with HAP/Midwest. **
16. Congratulations! You have successfully accessed the **Medicare Parts C and D Fraud, Waste and Abuse Training**!

**Provider contract excerpt: Section 2.2.2 Rules and Regulations.** Provider agrees to comply with all federal, state and local laws, rules and regulations, medical laws, and CMS instructions applicable to the provision of Covered Services and with all state laws requiring health professionals to comply with reporting requirements for communicable diseases and other health indicators. Provider agrees to comply with all applicable rules, regulations, policies and procedures as set forth in the PCP Provider Manual, and all requirements under any contracts between Plan and any Program that are applicable to Plan’s subcontractors, including but not limited to cooperating with and complying with quality improvement programs, grievance procedures, appeal procedures and utilization management procedure.

**Helpful HEDIS tips**

**HEDIS BMI Measures:**
HEDIS has two BMI measures, Adult BMI Assessment and Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents.

**Adult BMI Assessment** looks at those members that have had a BMI documented in the medical record in 2012 or 2013. Documentation in the record must include the following in order to count towards a HEDIS hit:
- Date of BMI
- Weight
- BMI Value

**Weight Assessment and counseling for Nutrition and Physical Activity for Children/Adolescents** looks at children ages 3-17 years of age who had a visit in 2013 and has had the following documented in their medical records. All components must be documented to count towards a HEDIS hit. BMI percentile documentation must include:
- Date of BMI
- Height and Weight
- BMI percentile calculated or plotted on a growth chart (dated and calculated)

Counseling for Nutrition and Counseling for Activity should be documented in chart if it was addressed during a visit or Anticipatory Guidance was given regarding it.

PCP offices may also enter the child’s height and weight into MCIR which will calculate the BMI and BMI percentile, which is required for HEDIS reporting. MCIR also allows providers to check a box stating nutrition and activity was addressed. By entering these findings into MCIR, this will allow HAP Midwest Health Plan to capture the data and help reduce onsite medical record review at PCP offices.

**Lead Screening:**
Michigan State law states that all Medicaid-enrolled children, between the age of 12 and 24 months or 36 and 72 months if not tested previously, must have a blood lead test. **NO EXCEPTIONS OR WAIVERS EXIST!** The HEDIS lead screening measure requires that children receive a blood lead screening on or before their second birthday. Medical record documentation needs to include the DOS and the result of the blood lead screen.

PCP offices may also enter the results of blood lead screening into MCIR to reduce onsite medical record review.

**WIN CANDY:**
Your office will have the chance each month to win a free box of candy. All you have to do is answer the questions toward the last page of the newsletter and fax the page to us at 313-827-5694. If your answers are correct, the candy will be mailed to your office. Please refer to our website at www.midwesthealthplan.com for the list of winners. **If you do not answer the questions correctly, you will not receive the candy.** So keep up the good work and keep responding. If you’re not participating, you should. It’s quick and easy and all you have to do is read the newsletter and answer the questions. Please try it. **Congratulations** to those offices who responded correctly. We hope you are enjoying the candy!
AUGUST CANDY CONTEST 2014

1. **True or False (circle one):** With Clear Coverage, you can provide clinical information, upload medical records as needed, view authorization status, and print proof of authorization.

2. **Fill in the blank:** The Healthy Michigan Plan provides health care coverage for individuals who are ages ________________.

3. **True or False (circle one):** Training will not be provided to office staff on how to access authorizations online.

4. **Fill in the blank:** HAP Midwest Health Plan has implemented an incentive for providers who complete and return the Health Risk Assessment. PCPs must bill with CPT code _______ and return the completed & signed HRA via fax.

Name: _________________________________
From the office of Doctor: ______________________ PIN _______
Office Site Name: ________________________________
Phone Number: _______________________________

*Please note the Provider Newsletter will be posted every other month.*
Back to School–Resources and Tools to Help Prepare for ICD-10

CMS and industry partners have developed many resources to help you get ready for ICD-10. These tools provide information and step-by-step guidance for providers and staff to prepare for a smooth transition. We encourage you to share these resources with all members of your team who are taking part in the transition to ICD-10.

New Online ICD-10 Implementation Guide

CMS has just released the new Online ICD-10 Guide. This web-based tool includes an overview of ICD-10 as well as information on how to transition to ICD-10 for small/medium practices, large practices, small hospitals, and payers.

Below are links to other helpful tools available on the CMS ICD-10 Website:

- The ICD-10 Transition: An Introduction
- ICD-10 FAQs
- ICD-10 Basics for Medical Practices
- ICD-10 Basics for Small and Rural Practices
- Talking to Your Vendors About ICD-10: Tips for Medical Practices
- ICD-10 Resources List
- National ICD-10 Provider Education Teleconferences

CMS works with Medscape to produce videos and articles that offer tips and advice on ICD-10, along with an opportunity for physicians to earn continuing medical education credits and nurses to earn continuing education credits. CMS has recently released two new Medscape videos:

- ICD-10: A Roadmap for Small Clinical Practices
- ICD-10: Small Practice Guide to a Smooth Transition

You can also reference resources from provider associations and other industry organizations. Many of these groups also host ICD-10 webinars and trainings that you can attend to get up to speed on ICD-10. Visit the ICD-10 Provider Resources page to find a list of some organizations that offer ICD-10 resources, and check with
any organizations to which you belong for members-only resources. To make sure you have all the tools you need, we recommend purchasing the new ICD-10 code book. You and your team can begin looking up the ICD-10 codes for the ICD-9 codes frequently used in your practice.

This week is the third annual National Health IT Week (September 16-20). Visit the CMS eHealth website to access new eHealth tools and resources that help providers participate in eHealth programs.

Keep Up to Date on ICD-10
Visit the CMS ICD-10 website for the latest news and resources to help you prepare for the October 1, 2014, deadline. Sign up for CMS ICD-10 Industry Email Updates and follow us on Twitter.
Receive up to $63,750 for adopting and using an EHR. It’s that simple. Now is the time to invest in your practice’s future.

Specialists can qualify for our subsidized consulting services. As Michigan’s designated Regional Extension Center, we are the resource to help you reach your Meaningful Use goals. Our experts guide you through the process of electronic health record (EHR) adoption and Meaningful Use attestation.

Take advantage of government-funded incentives for assistance before time runs out.

Call 888-MICH-EHR or email mceita@altarum.org to see if you qualify.

M-CEITA is led by Altarum Institute, originally as a cooperative agreement of the Office of the National Coordinator for Health IT under Grant EP-HIT-09-003, now expanded to offer private, state, and federally funded services.
Having trouble viewing this email? View it as a Web page.

Please see the attached files for updated ICD-10 Information!

The ICD-10 and Awareness Team have revised the FAQ's document and have also added additional ICD-10 Virtual Trainings to our website! Remember to register early as they fill up quickly!

- icd10 awareness FAQs.pdf
- ICD10 13-14 winter trainings.pdf

If this email was forwarded to you and you would like to receive updates from MDCH directly, please sign up here.

If you have questions, please Contact Us.

STAY CONNECTED:

SUBSCRIBER SERVICES:
Manage Subscriptions | Unsubscribe All | Subscriber Help

This email was sent to vgadgil@midwesthealthplan.com using GovDelivery, on behalf of: Michigan Department of Community Health · 201 Townsend St., Lansing, MI 48913 · 517-373-3740

Notice of Privacy Practices
THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

HAP Midwest Health Plan, Inc.
A subsidiary of Health Alliance Plan

Last Review: September 2013

Your Protected Health Information (PHI)

PHI stands for the words Protected Health Information. PHI is health information that includes your name, member ID number or other items that can be used to identify you.

Important Information About Privacy

Protecting the privacy of your personal and health information is important to HAP/Midwest. We are required by law to maintain the privacy of your information and to provide you with notice of our legal duties and privacy practices. That is what this notice is for. It explains how we use information about you and when we can share that information with others. It also tells you about your rights with respect to your personal and health information and how you can use your rights. We are required to stand by the terms of this notice. If your information is subject to a breach (if it is used by or shared with someone who is not authorized to use or have your information), we are required to notify you in writing.

When we use the term "member information" or "information" in this notice, we are referring to the personal and health information about you that we collect when you fill out enrollment and other forms or when you obtain our services. We keep this information and use it to provide services to you and to operate Midwest.

When we use the term "HAP Midwest Health Plan", "we" or "us" in this notice, we are referring to HAP Midwest Health Plan.

How We Protect Your PHI

We protect your PHI whether it is written, spoken or in electronic form by requiring employees and others who handle your information to follow specific confidentiality and technology usage policies. When they begin working for HAP/Midwest, all employees and contractors must sign that they have reviewed HAP Midwest Health Plan's policies and that they will protect member information even after they leave HAP/Midwest. An employee or contractor's use of protected information is limited to the minimum amount of information necessary to perform a legitimate job function. Employees and contractors also are required to comply with this privacy notice, and may not use or disclose your information except as described in this notice.

We expect all our Providers will also safeguard your PHI and follow our policies and procedures for the use and disclosure of your PHI.
Using and Disclosing PHI

The following sections describe how HAP Midwest Health Plan uses and your health information. We share your information only with those who have a "need to know" in order to perform the tasks listed below:

**Treatment**

We may share your member information with your doctors, hospitals or other providers to help them provide medical care to you. For example, if you are in the hospital, we may give them access to any medical records sent to us by your doctor.

We may use or share your member information with others to help manage your health care. For example, we might talk to your doctor to suggest a disease management or wellness program that could help improve your health.

**Payment**

We may use or share your member information to help us determine who is financially responsible for your medical bills.

**Operations**

We share your member information with affiliated companies as permitted by law, non-affiliated third parties with whom we contract to help us operate HAP Midwest Health Plan, and with others who are involved in providing or paying for health care services for you. We may share your information with others who help us conduct our business operations. If we do so, we will require these persons or entities to protect the privacy and security of your information, and to return or destroy such information when it is no longer needed for our business operations.

**Other Uses and Disclosures that are Permitted or Required**

HAP Midwest Health Plan may also use or release your health information:

- For certain types of public health or disaster relief efforts
- To give you information about alternative medical treatments and programs or about health related products and services that you may be interested in. For example, we might send you information about smoking cessation or weight loss programs.
- To give you reminders relating to your health such as a reminder to refill your prescription(s) or to schedule recommended health screenings.
- For research purposes. For example, a research organization may wish to compare outcomes of all patients that receive a particular drug and will need to review a series of medical records. In all cases where your specific authorization has not been obtained,
your privacy will be protected by strict confidentiality requirements applied by an institutional review board or privacy board, which oversees the research, or by representations of the researchers that limit their use and disclosure.

- To report information to state and federal agencies that regulate us, such as the US Department of Health and Human Services and the Michigan Office of Financial and Insurance Services.

- When needed by the employer/plan sponsor to administer your health benefit plan

- For certain FDA investigations such as investigations of harmful events, product defects or for product recalls.

- For public health activities if we believe there is a serious health or safety threat.

- For health oversight activities authorized by law.

- For court proceedings and law enforcement purposes.

- To a government authority regarding abuse, neglect or domestic violence.

- To a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also share member information with funeral directors as necessary to carry out their duties.

- To comply with workers' compensation laws.

- For procurement, banking or transplantation of organs, eyes or tissue.

- When permitted to be released to government agencies for protection of the president.

- For underwriting purposes, when allowed by law. We are not permitted to use or release genetic information about you for underwriting purposes.

If one of the above reasons does not apply, we must get your written permission to use or disclose your member information. We must get your written permission to share your information for marketing purpose or to sell your information. If you give us written permission and change your mind you may cancel your written permission at any time. Cancellation of your permission will not apply to any information we have already disclosed. We may ask you to complete a form when making a request. Once you give us authorization to release your member information, we cannot guarantee that the person to whom the information is provided will not disclose the information.

**Other Uses of Health Information**
• We may release your member information to a friend, family member or other individual who is authorized by law to act on your behalf. For example, parents may obtain information about their children covered by HAP/Midwest, even if the parent is not covered by HAP/Midwest.

• We may use or share your information with an employee benefit plan through which you receive health benefits. Except for enrollment information or summary health information and as otherwise required by law, we will not share your information with an employer or plan sponsor unless the employer or plan sponsor has provided us with written assurances that the information will be kept confidential and will not be used for an improper purpose. Generally, information will only be shared when needed by the employer/plan sponsor to administer your health benefit plan.

• We may give a limited amount of information to someone who helps pay for your care. For example, if your spouse contacts us about a claim, we may tell him/her whether the claim has been paid.

• We may use your information so that we can contact you, either by phone or by mail, in order to conduct surveys, such as the annual member satisfaction survey.

• In certain extraordinary circumstances, such as a medical emergency, we may release your information as necessary to a friend or family member who is involved in your care, if we determine that the release of information is in your best interest. For example, if you have a medical emergency in a foreign country and are unable to contact us directly, we may speak with a friend or family member who is acting on your behalf.

Your Member Rights

The following are your rights with respect to your member information. If you would like to exercise the following rights, please contact us as described below, under "Who to Contact".

• You have the right to ask us to restrict how we use or disclose your member information for treatment, payment, or health care operations. You also have the right to ask us to restrict member information that we have been asked to give to family members or to others who are involved in your health care or payment for your health care. Please note that we are not required to agree to these restrictions.

• You have the right to ask to receive confidential communications of information. For example, if you believe that you would be harmed if we send your information to your current mailing address (for example in situations involving domestic disputes or violence), you can ask us to send the information by alternative means, for example, by fax or to an alternative address. We will try to accommodate reasonable requests.

• You have the right to inspect and obtain a copy of member information that we maintain about you. We may deny your request to inspect and copy your member information in certain, limited circumstances. For example, we may deny your request if review of the
records could endanger you or another person. We may charge you a fee for copies. We will inform you in advance of the fee and provide you with an opportunity to withdraw or modify your request.

- **You have the right to ask us to amend** member information we maintain about you. We will require that the information you provide be accurate. We are unable to delete any part of a legal record, such as a claim submitted by your doctor. *Please note that we are not required to agree to a request to amend.*

- **You have the right to receive an accounting** of certain disclosures of your member information made by us during the six years prior to your request. Please note that we are not required to provide you with an accounting of all disclosures we make. For example, we are not required to provide you with an accounting of member information collected prior to April 14, 2003; information disclosed or used for treatment, payment, and health care operations purposes; or information disclosed to you or pursuant to your authorization.

  Your first accounting in any 12-month period is free. However, if you request an additional accounting within 12 months of receiving your free accounting, we may charge you a fee. We will inform you in advance of the fee and provide you with an opportunity to withdraw or modify your request.

- **You have a right to receive a paper copy of this notice upon request at any time.**

Your request to exercise any of the above member rights must be in writing and be signed by you or your representative. We may ask you to complete a form when making a request.

**Changes to this Privacy Statement**

We may from time-to-time change the contents of this notice and reserve the right to do so. If we do so the new notice will be effective for all the member information maintained by us. Once revised, we will provide the new notice to you by mail and post it on our website.

**Who to Contact**

If you have any questions about this notice or about how we use or share member information, you may contact the HAP Midwest Health Plan Privacy Officer by mail at:

HAP Midwest Health Plan  
Attn: Privacy Officer  
4700 Schaefer Road, Suite 340  
Dearborn, MI 48126.

You may also call us at (888) 654-2200.

**Complaints**
If you believe your privacy rights have been violated, you may file a complaint with us by contacting the Privacy Officer as noted above, or filing a grievance with the Customer Services Department. You may also notify the Secretary of the U.S. Department of Health and Human Services of your complaint. We will not take any action against you for filing a complaint.

Internet Privacy Statement

Using the Internet-the Choice is Yours
Using the Internet to communicate with HAP Midwest Health Plan is completely voluntary. You should read this statement to understand the benefits and risks of communicating over the Internet. If you do not choose to communicate with us over the Internet by sending us an email or using one of our Internet services requiring an ID and password, you browse our web site anonymously.

Information We Collect When You Visit Our Web Site
When we implement our member portal, we will automatically collect IP addresses and aggregate information on what web pages people use and the frequency and length of their visits. We use this information to evaluate and improve our web site. HAP Midwest Health Plan also uses "cookie" technology to obtain information from its online visitors by placing a small text file on your hard drive. The file is time-sensitive and expires after several minutes to increase the security of your session and data. Data is encrypted when stored on our servers or in cookies. We do not collect any information that can be used to personally identify you unless you voluntarily register to use one of our Internet services requiring an ID and password, or send an email to us.

Information We Collect When You Communicate with Us Over the Internet
When HAP Midwest Health Plan implements our member portal, we are committed to protecting the privacy of the personal information you provide to us over the Internet. All information is protected by our privacy policies, which we periodically review and update.

If you choose to communicate with us over the Internet, we may request personally identifiable information from you necessary for us to process your request for information, respond to your questions or deliver a product or service. Personally identifiable information is any information that can be used to identify you, such as your name, address, web address or HAP Midwest Health Plan number. When you send information to us using email or through one of our Internet services requiring an ID and password, the information may be shared with our employees and contractors who need to know the information to respond to your request and as permitted by law. We keep some of this information for a period of time as determined necessary by us.

Information collected when you respond to surveys and promotions on our web site will be used for internal purposes, including developing web site information and services. We may inform you of new products and services from HAP Midwest Health Plan based on the information you provide us.

Using Email and Internet Services Requiring an ID and Password
There are a number of risks you should consider before using email to communicate with us: email can be circulated, forwarded and stored in numerous paper and electronic files; email can
be intercepted, altered, forwarded or used without authorization or detection; email senders can easily misaddress an email; backup copies of email may exist even after the sender deletes the email; employers and online services have the right to inspect email transmitted through their systems; email is easier to falsify than handwritten or signed documents; and email can be used to introduce viruses into computer systems. Confidentiality of Internet communications cannot be guaranteed by HAP/Midwest. Use of the Internet is solely at your own risk.

Links to Other Web Sites
We have links from our web site to a number of different health care related web sites. When you click on one of these links, you leave www.midwesthealthplan.org and link to another web site not controlled by HAP/Midwest. We do not control the privacy policies or security measures of any these health care related sites. You should read the privacy statements on the other sites you visit to understand their privacy practices.

Security
HAP Midwest Health Plan has taken steps to make all information received from our online visitors as secure as possible against unauthorized access and use. All information is protected by our security measures, which we periodically review and update.

We use security technology to protect you during your Internet communications with us. This security includes server authentication, privacy using encryption, and data integrity. Your personal information is protected from unauthorized access by a secure firewall and security infrastructure. During transmission of information using one of our Internet services requiring an ID and password, your privacy is protected. We employ extensive physical, electronic and procedural safeguards to maintain the security of your information. HAP Midwest Health Plan also conducts periodic reviews of its web security to ensure that our electronic security safeguards remain up-to-date and effective.

Safeguarding Your Identification Number
You must take all reasonable precautions to safeguard your Identification Number (ID). This ID allows the user to access confidential information. Such access is provided solely to facilitate the performance of legitimate business functions. Please ensure that you share your ID only with those individuals who require such access to perform legitimate business functions on your behalf. You remain responsible for any use, or misuse, of your ID by you or your employees or agents.

Here's What You Can Do To Protect Your Internet Communications
There are things you can do to improve the privacy and security of your Internet communications. Here are a few of them:

- When you register to use an Internet service requiring an ID and password, communications between us will be protected by encrypting software.
- Do not submit sensitive or confidential information over email links on this web site. Instead, use one of our Internet services requiring an ID and password, or contact us by telephone or mail.
- Do not communicate sensitive or confidential information to us over the Internet from work. Your employer has the right to inspect your email, co-workers may see the information on a computer screen and you can inadvertently forward the email to co-workers or others.

- After you submit information online, end your browser session before leaving your computer. This helps preserve the confidentiality of your data by ensuring that you are not leaving personally identifiable information on the computer for those who use the computer after you. This is especially important if you are using a computer in a public area.

- If you communicate with us over the Internet, tell us when your email address changes.

**Members Can Opt Out**

If you prefer not to have your information available in Midwest’s Member Portal, please notify the HAP Midwest Health Plan Customer Services Department in writing. Mail your request to:

HAP Midwest Health Plan  
4700 Schaefer Road, Suite 340  
Dearborn, MI 48126  
Attn: Customer Services

Once this request is processed, the system will not allow you or anyone to register online and use Member Services Online. If you decide you want to remove this restriction after opting out, notify the Customer Services Department in writing at the above address. You should also contact Customer Services if you receive email from us that you do not wish to receive in the future.

**Changes to This Statement**

We periodically review and update our privacy policies and security measures. When we do so we may need to change or update this statement and reserve the right to do so. All updates and changes automatically apply to you without notice.

If you do not believe that the policies in this Internet Privacy Statement give you the Internet privacy and security protection you need, you have the ability and right to stop interacting with HAP Midwest Health Plan over the Internet by exiting this web site now.

Original Effective Date: April 2003
Last Reviewed 9/13 (HAP)  
Updated October 2013 (based on Health Alliance Plan Notice)

You can view a copy of this notice on our web site at www.midwestadvantage.org.