Score a Touchdown in this HEDIS Year

Gain yards for your practice by helping your patients tackle the diabetic measure

1st Down = Fasting LDL-C (CPT code 80061, 83700, 83701, 83704 or 83721)

2nd Down = Urine Microalbumin Testing (CPT 82042, 82043, 82044 or 84156)
** GFR, BUN/CREAT, Urinalysis and Urine dip stick does not count**

3rd Down = HbA1C (CPT 83036 or 83037)
** Fasting glucose or random glucose test does not count**

Touchdown = Pay-for-Performance physicians earn a $100 bonus for timely completion of all screenings AND diabetic eye exam.

Schedule the diabetic eye exam by contacting the Vision Service Plan (VSP) at 1-800-877-7195.

Be a part of our winning team this HEDIS year

Ranked 17th in the Nation by NCQA

UnitedHealthcare Great Lakes was recently ranked number 17 nationally among Medicaid health plans. This is the fifth year in a row that UnitedHealthcare Great Lakes has ranked in the top 20 Medicaid health plans nationally. All health plans featured in "NCQA’s Medicaid Health Insurance Plan Rankings, 2011–2012" are rated based on access to care, overall member satisfaction, prevention, and overall quality score. UnitedHealthcare Great Lakes Health Plan was originally accredited by NCQA in 2008 with an “Excellent” accreditation designation and has maintained that designation continuously since that time.

We sincerely value the partnership between our health plan and our practitioner partners in making UnitedHealthcare Great Lakes one of the top-rated Medicaid health plans in the nation.

NCQA is a private, non-profit organization dedicated to improving health care quality. NCQA accredits and certifies a wide range of health care organizations. It also recognizes clinicians and practices in key areas of performance. NCQA’s Healthcare Effectiveness Data and Information Set (HEDIS®) is the most widely used performance measurement tool in health care.

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Welcome New Providers

CONGRATULATIONS

...to the lucky winners of our October Trivia contest

- Lisa Guyton - St. Mary’s of Michigan Birch Run
- Samantha Lamb - Bronson LakeView LakeView Family Care - Marcellus

...to the lucky winners of our October Trivia contest
Diabetes in Michigan - The Facts Based on 2010 Statistics

Diabetes is Common
• Michigan ranks 15th highest in the nation for diabetes prevalence.
• Diabetes prevalence in Michigan has increased 15% over the past 5 years.
• Just over 9% of Michigan adults have been diagnosed with diabetes – an estimated 701,000 people.
• An additional 364,400 Michigan adults are estimated to have diabetes, but are currently undiagnosed.

Diabetes is Costly
• Nationally, 1 in 10 health dollars is spent on diabetes.
• Over the next 25 years, the cost of treating diabetes is expected to triple.
• Michigan can save an estimated $545 million across all chronic diseases by investing $10 per person in diabetic preventive care per year.

Health Disparities compared to White, non-Hispanic adults
• African Americans and Native Americans have twice the prevalence of diagnosed diabetes.
• Hispanics have 75% more diagnosed diabetes.
• Asians and Pacific Islanders have 55% more diagnosed diabetes.

Diabetes is Serious
• Nationally 6 in 10 people with diabetes have one or more diabetes-related complications.
• Risk of heart attack/stroke is 2-4 times higher among people with diabetes.
• Diabetes is the leading cause of kidney failure, blindness and lower-limb amputation.
• Keeping A1C test values below 7% can prevent or delay complications.

Diabetes is Controllable
• 80% of the increase in diabetes prevalence over the past 30 years is attributable to increases in obesity.
• Physical activity can help control blood glucose, weight, blood pressure and cholesterol.
• People with diabetes need to see a doctor at least once a year for regular exams and lab tests.

Diabetes self-management education works
• Diabetes education results in 50% more people seeking recommended clinical exams and performing recommended self-care activities.
• Over 60% more people monitor their glucose levels on a more regular basis (both short-term and long-term) with diabetes education.

For more diabetes information in Michigan, please visit www.michigan.gov/diabetes
Dr. Alexander Ruthven and his staff are committed to increasing their HEDIS scores. By implementing new processes, Dr. Ruthven and his staff are noticing increases in scores across several different measures. The office follows recommended clinical practice guidelines from Michigan Quality Improvement Consortium (MQIC) and created a best practice process to follow when serving their patients:

- Staff members check all patients who have appointments the next day against what measures they need in OSCR.
- After pulling monthly list of patients who need various measures from OSCR, staff members contact the patients by phone or mail until they come in for the appropriate care.
- If a patient is in the office for an appointment and will be due for certain tests or studies in the future, staff members remind the patient of the services he or she needs and set up the appointment in advance.

Dr. Ruthven and his staff acknowledge the seriousness of chronic disease, particularly diabetes. By following the above process, the office has been able to achieve better outcomes their patients and excellent HEDIS rates for the diabetic measure. Dr. Ruthven and his staff focus specifically on:

- Insisting that the diabetic patient has a Hemoglobin AIC every three months, along with annual eye exams, diabetic foot exams, microalbumins and an LDL-C every year.
- Striving to keep the patient’s Hemoglobin AIC’s between 6-7. The average across the practice at this time is 6.8.
- Employing all possible measures to keep the patient’s LDL-C below 100. If the patient’s microalbumin is positive, the staff makes sure the patient is on an ACE or an ARB, and the office reports that most patients meet this goal.
- Doing Ankle Brachial Index studies on all diabetics over the age of 50.

Being a Patient Centered Medical Home, Dr. Ruthven’s office uses electronic medical records (EMR), registry and test tracking tools to help them track patients with chronic disease. The office uses group visits, planned visits, educational tools and the patient portal to reach out to these patients with chronic illness. Educating patients on the importance and necessity of well-visits and regular health maintenance exams is a priority. Dr. Ruthven and his staff go one step further by connecting patients to various community agencies that can assist patients with maintaining good health practices. Thank you Dr. Ruthven and staff for your Best Practice efforts and commitment to quality care.
PROVIDERS GAIN REVENUE
PATIENTS HAVE A CHANCE TO STOP DISEASE EFFECTS
when you perform
AN EASY URINE TEST or VAGINAL CULTURE FOR CHLAMYDIA SCREENING

Important Chlamydia Screening Points

• UnitedHealthcare Great Lakes Health Plan provides a $20 incentive payment to providers for screening members ages 16 to 24 for Chlamydia. Primary care practitioners must be on a Pay for Performance contract to be eligible for this incentive.
• Use an easy and discreet test to obtain a urine specimen, not clean catch, to screen all patients ages 16 to 24 for Chlamydia.
• All sexually active female patients, ages 16 to 24, need a Chlamydia test. The only reason you will not test a female patient in this age range is if you are absolutely certain the patient is not sexually active.
• Another excellent method for screening is a vaginal culture for Chlamydia testing.
• Medical and pharmacy claims are used to identify patients who need Chlamydia screening.
• An Explanation of Benefits (EOB) will not be sent to your patient or her parent/guardian/responsible party for Chlamydia screening.
• You will not receive an incentive payment if the lab does not use the proper screening codes. Identify your urine specimen or vaginal culture specifically for Chlamydia testing when sending to the lab.

Urine Screening Process

In order to collect a urine specimen, procedure suggests that the patient does not void for one hour prior to the specimen collection. The urine specimen collection should NOT be a midstream urine collection.

Many provider offices have a lab courier service. The specimen may be obtained and sent to a laboratory that provides this service for you. The lab will do the Chlamydia test (87491) and the Gonococcus test (87491) if you choose to order both tests.

The CDC recommends all patients with a Chlamydia infection be tested again in three to four months after treatment. It is VERY important to control the spread of this disease, and the use of this quick reliable test will assist all physicians in this endeavor.

Additional Information

• Call members up to and including 21 years of age to schedule appointments for adolescent well care or routine adult annual health care visits. UnitedHealthcare Great Lakes Health Plan covers these visits in full.
• Remind UnitedHealthcare Great Lakes Health Plan patients about the transportation benefit to and from appointments. UnitedHealthcare Great Lakes Health Plan members need to call 877-892-3995 at least four days in advance for free transportation.
• Remind UnitedHealthcare Great Lakes patients about free preventive screenings and examinations.
HEDIS® Measure: Care for Older Adults 66 Years of Age (COA)

HEDIS measures adult members, aged 65 and older, who had each of the following during the measurement year:

- Advance care planning
- Medication review
- Functional status assessment
- Pain screening

**Advance Care Planning**
Annually, discuss your patient’s preferences for resuscitation, life-sustaining treatment and end-of-life care. Document the discussion. Documentation suggestion: “The patient has prepared the following advance care plan document which is included in the medical record:

- Advance Directive
- Actionable Medical Orders
- Living Will
- Surrogate Decision Maker

If the patient has not prepared an advance care plan, we recommend that your medical record documentation include the following statement: “The patient does not have an Advance Directive, Actionable Medical Orders, Living Will or a Surrogate Decision Maker. However, education was provided to the patient on (enter date).”

**Medication Review**
Annually, make a list of prescribed and OTC medications and document discussion of medications the patient is taking, both prescribed and OTC to include the date of discussion.

**Functional Status Assessment**
Annually:

- Perform a patient functional independence assessment or required assistance with ADLs and IADLs such as bathing, dressing, toileting, housekeeping, taking medications and meal preparation.
- Perform a sensory ability assessment of the patient’s vision, hearing, speech clarity or ability to express thoughts with or without the use of aids.
- Ascertain what social activities the patient enjoys.
- Perform an assessment of the patient’s ambulation independence or the need for assistance of a device or person.
- Perform an assessment of the patient’s mental alertness and/or orientation status.

Document the results of the assessments to include the date of assessment.

**Pain Screening**
Annually conduct a comprehensive pain screening to include:

- All sites of pain;
- The degree of pain on a pain scale to assess the average pain;
- The activity which the pain interferes with;
- Sleep problems due to pain; and
- Treatments/medication/exercise for pain with assessment of results.

Document the results of the pain screening to include the date of screening.
UnitedHealthcare Great Lakes Health Plan is proud to be a United-Healthcare Community & State health plan. UnitedHealthcare Community & State, the nation’s premier provider of high quality, personalized public sector health care programs, acquired UnitedHealthcare Great Lakes in February 2004. UnitedHealthcare Great Lakes is one of twenty-two UnitedHealthcare Community & State health plans that serve more than 3.2 million Medicaid, Child Health Insurance Program (CHIP) and Medicare beneficiaries from coast to coast. UnitedHealthcare Community & State is a business unit of UnitedHealth Group, one of the largest health and well-being companies in the country.

Blood Lead Specimen Filter Paper Kit

UnitedHealthcare Great Lakes is contracted with the full service laboratory MEDTOX, which worked with numerous national pediatricians, clinics, hospitals, laboratories and health departments to positively impact lead screening rates. MEDTOX developed and uses a unique test called a filter paper lead screen.

Compliance is a major obstacle for successful pediatric lead screening programs. This collection method offers hope. Only two drops of fingerstick blood are required to obtain a quantitative blood lead screen, and the collection can be performed almost anywhere. Once collected, the samples are sent to the Medtox laboratory in prepaid envelopes via the U.S. Mail. The results are faxed to you and reported electronically to the Michigan Department of Community Health lab, usually within 48 hours of sample receipt at the Medtox laboratory.

Portable Blood Lead Specimen Analyzer (e.g. LeadCare II)

The Michigan Department of Community Health Laboratories provides the following information regarding portable blood lead specimen analyzers to laboratories and provider offices:

- Be registered with the Michigan Department of Community Health, Childhood Lead Poisoning Prevention Program (CLPPP). For information on registering with CLPPP, please contact Courtney Pendleton at 517/335-8912 or PendletonC@michigan.gov.
- Report all blood lead levels, for both adults and children living in Michigan, to MDCH CLPPP.
- Blood lead results must be reported within five business days per Michigan law, Administrative Rules R325.9082 and R325.9083. A document with all of the required information will be provided upon registration.

Once the laboratory or provider is registered and reporting with CLPPP, the results received will be linked with Medicaid and MCIR databases. There is now an option to manually enter results into MCIR. The blood lead results must be reported to CLPPP. If providers have reported a blood lead result to CLPPP, and it is not showing in the child’s MCIR record, please contact Courtney Pendleton at 517/335-8912 for information.

MDCH asks that providers do not email confidential and/or protected health information. Whether your office sends the specimen out to a lab, uses the Medtox filter paper method or has a portable blood lead analyzer like LeadCare II, the results must be reported to the State of Michigan with in five business days.
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