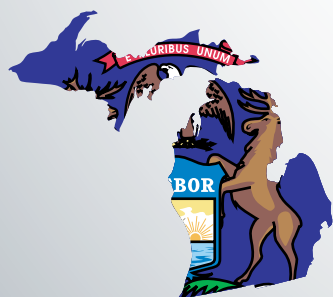




Michigan | April 2016

the compass



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Overutilization of Antibiotics

Antibiotics are losing their effectiveness, and inappropriate prescribing is one factor. Repeated exposure can lead germs to become resistant to the drugs. The CDC estimates that drug-resistant bacteria cause 2 million illnesses and 23,000 deaths each year in the U.S.

UnitedHealthcare Community Plan annually measures use of antibiotics in outpatient management of URI, bronchitis and pharyngitis diagnoses. The HEDIS URI rate measures members 3 months -18 years old who were diagnosed with a URI and who were not prescribed antibiotics. The HEDIS Bronchitis rate measures members 18-64 years old who were diagnosed with Bronchitis and who were not prescribed antibiotics. The HEDIS Pharyngitis rate measures member 2-18 years old who were diagnosed with Pharyngitis, prescribed antibiotics and who had a strep test completed.

Best Practice Tips

- Avoid treating viral syndromes with antibiotics, even when patients ask for them.
- Talk to your patients about appropriate use of antibiotics.
- Printed materials to use in patient education are available from the CDC <http://www.cdc.gov/getsmart/community/materials-references/printmaterials/index.html>
- Write prescriptions for over the counter medications. UnitedHealthcare Community Plan covers over the counter medications.
- Recommend home remedies to help patients feel better.
- If you are diagnosing pharyngitis, do a strep test and bill for it. It is covered by UnitedHealthcare Community Plan.

Covered Over the Counter Medications

UnitedHealthcare Community Plan covers many over-the-counter (OTC) medications. A network provider must write a prescription for the OTC medication. The supply is limited to 30 days. View the chart on page 2 for The list of OTC products on the PDL. Some but not all OTC products are listed on the drug list. OTC products covered are restricted to generics when available. Brand names are provided as reference only.

Visit: <http://www.uhccommunityplan.com/health-professionals/mi/pharmacyprogram.html> for the plan's PDL and a complete OTC listing.

Cough/Cold Allergy	
Anthistamines	Chlor-Trimeton, Benadryl, Claritin, Alavert, Zyrtec
Antihistamine/Decongestant Combinations	Actifed, Dimetapp, Alavert D
Cetirizine/Pseudoephedrine OTC	Zyrtec D
Loratadine/Pseudoephedrine	Alavert Alrg Tab/Sinus, Allergy/Cong
Cough/Cold Age edit applied. Not covered for members under the age 2.	Robitussin, Robitussin DM, Robitussin PE, Robitussin CF, Delsym
Nasal Sprays	Neo-synephrine, Afrin, Dimetapp DRO Deconges
Pain	
Acetaminophen tabs, liquid, drops, suppositories	Tylenol
Aspirin tabs, EC. tabs	Bayer, Ecotrin
Aspirin with buffers tabs ibuprofen tabs, chew tabs and susp	Advil, Motrin IB

Get Smart: Know When Antibiotics Work

The Centers for Disease Control (CDC) Get Smart: Know When Antibiotics Work program is designed to educate health care providers, parents of young children and the general public, about the importance of appropriate antibiotic use with the intention of decreasing the spread of antimicrobial resistance, additionally the CDC Get Smart program has a wealth of provider educational materials available for download. Physicians sometimes deal with patients who visit their offices intent on obtaining antibiotics despite diagnoses. The program has patient educational materials as well that physicians can adopt for use in their practices. Tools are available to aid providers in addressing patients' concerns by visiting: <http://www.cdc.gov/getsmart/community/about/index.html>.

Permission is not needed to print, copy, or distribute any materials from the Get Smart: Know When Antibiotics Work program. Your practice can also order small quantities of select materials for free or purchase large quantities.

Sources: Healio; "CDC officials want physicians to 'Get Smart' about antibiotic use", Stan L. Block, MD, November 2010, Retrieved March 2016 from: <http://www.healio.com/pediatrics/practicemanagement/news/print/infectious-diseases-in-children/%7B6dce1214-df0a-4358-9c1b-4009ea021a28%7D/cdc-officials-want-physicians-to-get-smart-about-antibiotic-use> CDC Get Smart: Know When Antibiotics Work, Retrieved March 2016 from <http://www.cdc.gov/getsmart/community/about/index.html>

Antibiotics: Medicaid Parent Misconceptions

A study published in the June online edition of Pediatrics, found that parents of children covered by Medicaid are more likely to believe that antibiotics can treat colds and flu. Also, that these parents of Medicaid recipient children are more likely to request antibiotics for viral conditions. The study included both parents of commercial and Medicaid covered children equally. Questions were posed to parents about antibiotics. Parents of Medicaid covered children were more likely to believe antibiotics would help many non-bacterial conditions as depicted below.

Statement	Insurance Coverage
Antibiotics are not needed for the cold or flu	Commercial Medicaid
Green nasal discharge does not need antibiotics	Commercial Medicaid
Would rather give an antibiotic rather than wait to see if the child gets better	Commercial Medicaid
Antibiotics rarely work for bronchitis	Commercial Medicaid

World-wide, health officials are working to educate health care providers and consumers about unnecessary use of antibiotics. The Centers for Disease Control (CDC) advises that annually in the US, at least 2 million people develop infections that are resistant to antibiotics, and at least 23,000 of those individuals then die as a direct result.

Part of the knowledge gap by insurance type may be due to the fact that families with Medicaid may be poorer and less educated, advise researchers. Decreased health literacy is common among disadvantaged families.

These findings are important as parental attitudes may influence pediatricians to prescribe antibiotics when they may not be necessary, contributing to overuse of antibiotics. The CDC provides downloadable, printable parent educational information about antibiotics. These materials may assist the health professionals in your practice educate adults about the risks of antibiotics and appropriate use. Please visit the CDC website at: <http://www.cdc.gov/getsmart/community/materialsreferences/index.html>

Sources: bit.ly/1Vlu8Cu and bit.ly/1fhFEhq Pediatrics, online July 20, 2015. <http://www.cdc.gov/getsmart/community/about/index.html>, retrieved April 2016.

Primary Care Practitioner (PCP) Pay For Performance Program

As an innovator of pay for performance contracts in Michigan, UnitedHealthcare Community Plan consistently re-evaluates our program. We make changes to ensure that we align our programs with our state partners, while supporting provider partners. We understand that our Primary Care Practitioner efforts are critical to ensuring our success as well as ensuring our members receive the highest quality of care.

The 2016 Incentive Program will continue to pay a monthly Care Management Fee while focusing more dollars towards Quality Incentives based on HEDIS.

Care Management Fee

Level 1

Monthly Care Management Fee* \$1.00 PMPM

- Open Panel
- 50 or more members
- HEDIS Rate of 75th Percentile
- .10 cent PMPM Bonus for NCQA PCMH designation

Level 2

Monthly Care Management Fee* \$2.00 PMPM

- Open Panel
- No member limits
- HEDIS Rate of 90th Percentile
- .25 cent PMPM Bonus for NCQA PCMH designation

Level 3

Monthly Care Management Fee* \$3.00 PMPM

- Open Panel
- No member limits
- HEDIS Rate of 95th Percentile
- .50 cent PMPM Bonus for NCQA PCMH designation
- * \$10,000 annual CAP applies per provider

Quality Incentives

The Quality Incentives are presented on the attached 2016 Quality Incentive insert of this newsletter.

4X4 Bonus

In order to qualify for this bonus payment, claims must be received with the appropriate Diagnosis and/or CPT codes. Incentive payments will be paid annually with the Pay for Performance Quality Incentive payments.

Body Mass Index (BMI)

\$5.00 Bonus

- Category II code 3008F
- Z68.51-Z68.54

Blood Pressure

\$5.00 Bonus

- Category II codes 2000F, 3074F-3080F

Cholesterol Level

\$5.00 Bonus

- Category II codes 3011F

Blood Glucose Level

\$5.00 Bonus

- 82947*, 82948

* Do not use in conjunction with diagnosis code E08-E13.xxx unless the patient is a diabetic. Each member qualifies for each incentive; one time per member per year.

Blood Lead Screening Rates

UnitedHealthcare Community Plan annually measures blood lead screening of all continuously enrolled children who turned two years of age in the measurement year. Review the chart of blood lead screening rates calculated by the health plan using HEDIS® technical specifications in 2015. They are displayed by the county in which network primary care practitioner offices are located. Also provided are the 2015 National Medicaid Percentiles for Blood Lead Screening. Overall, the blood lead screening rate of UnitedHealthcare Community Plan two year olds in service year 2014 was 79.28%, falling into the 50th percentile nationally among Medicaid health plans. The state of Michigan Medicaid Program's HEDIS performance goal for blood lead screening is 81%. Cass County PCPs performed the lowest and in the 10th percentile compared nationally. Van Buren, Ottawa and Allegan PCPs performed in the 25th percentile compared nationally. Conversely, PCPs in Huron, Saginaw, Jackson, St. Clair and Kent counties performed in the 90th percentile compared nationally.

Tips to Improve Performance:

- Obtain the blood sample before the child leaves the office, do not assume the parents will leave the office and go to a draw site. Many issues may impact parent abilities to go to another site.
- Use MedTox capillary sampling, these kits are free of charge to UnitedHealthcare Community Plan network PCPs.
- Use a hand held analyzer and do the lead testing in your office.

Provider County	Num	Den	2015 Calculated Rate	2015 National Percentiles
CASS	12	24	50.00%	10th: 40.4%
VANBUREN	59	101	58.42%	25th: 58.39%
OTTAWA	8	13	61.54%	50th: 71.93%
ALLEGAN	12	17	70.59%	75th: 79.67%
BERRIEN	77	103	74.76%	90th: 85.98%
LAPEER	3	4	75.00%	
TUSCOLA	19	25	76.00%	
MACOMB	721	947	76.14%	
WAYNE	1405	1842	76.28%	
WASHTENAW	23	30	76.67%	
CALHOUN	156	202	77.23%	
HILLSDALE	17	22	77.27%	
LENAWEE	48	61	78.69%	
BRANCH	44	55	80.00%	
SAINT JOSEPH	67	83	80.72%	
OAKLAND	1031	1269	81.25%	
SANILAC	26	32	81.25%	
LIVINGSTON	31	38	81.58%	
KALAMAZOO	280	330	84.85%	
MUSKEGON	42	49	85.71%	
MONROE	23	26	88.46%	
KENT	174	196	88.78%	
SAINT CLAIR	149	166	89.76%	
OCEANA	9	10	90.00%	
JACKSON	73	81	90.12%	
SAGINAW	170	188	90.43%	
HURON	30	33	90.91%	

**The health plan offers a \$50 incentive per child to PCPs for completion of blood lead screening on children identified in the HEDIS denominator.

Michigan Quality Improvement Consortium Clinical Practice Guideline

Earlier this year, the Michigan Quality Improvement Consortium (MQIC) Michigan Quality Improvement Consortium (MQIC) released three updated clinical practice guidelines and alerts. They are available at <http://www.mqic.org/>

Management of Acute Low Back Pain in Adults Low back pain update alert

Adult Preventive Services (Ages 18-49) Adult PS 18-49 update alert

Adult Preventive Services (Age ≥ 50) Adult PS ≥ 50 update alert

CDC 2015 Sexually Transmitted Diseases Guidelines

Physicians and other health-care providers can use 2015 CDC STD guidelines to assist in the prevention and treatment of Sexually Transmitted Disease. The CDC makes the STD Guidelines available in a 2015 STD Treatment (Tx) Guide app, an easy-to-use reference that combines information from the STD Treatment Guidelines as well as CDC MMWR updates, and features a streamlined interface so providers can access treatment and diagnostic information. The free app is available for Apple and Android devices.

View the print version of the guidelines: <http://www.cdc.gov/std/tg2015/tg-2015-print.pdf>

HEDIS: Childhood Immunizations Tips

Measure Tips: Complete immunizations on or before the child's second birthday.

Combination (Combo) 3

4 doses – DTaP/DT

Do not count dose administered birth through 42 days
CPT/CPT II Codes: 90698, 90700, 90721, 90723

3 doses – IPV

Do not count dose administered birth through 42 days
CPT/CPT II Codes: 90698, 90713, 90723

3 doses – Hep B

Document the first Hep B vaccine given at the hospital or at birth when applicable, or—if unavailable—name of the hospital where the child was born in the child's record.

CPT/CPT II 90723, 90740, 90744, 90747-48

HCPCS Code: G0010

ICD-10 Code: 3E0234Z

3 doses – Hib

CPT/CPT II Codes: 90645-48, 90698, 90721, 90748

4 doses – PCV

Do not count dose administered birth through 42 days

CPT/CPT II Code: 90669, 90670

HCPCS Code: G0009

1 dose – MMR

CPT/CPT II Codes: 90704-05, 90707-08, 90710

1 dose – VZV

CPT/CPT II Codes: 90710, 90716

Combination (Combo) 10

1 dose – Hep A

CPT/CPT II Codes: 90633

2 or 3 doses- Rotavirus (2 dose or 3 dose series)

Do not count dose administered birth through 42 days

CPT/CPT II Codes: 90680-81

2 doses - Influenza

Do not count dose administered prior to 6 months after birth

CPT/CPT II Codes: 90655, 90657, 90661-62, 90673, 90685

HCPCS Code: G0008

Tips:

- Document all seropositives and illness history of chicken pox, measles, mumps, and rubella in the child's record.
- Document the first Hep B vaccine given at the hospital or at birth when applicable, or—if unavailable—name of the hospital where the child was born in the child's record.
- Document any anaphylactic reactions in the child's medical record.
- Document the name of the specific antigen and the date of the immunization.

Encourage our Patients to Get Timely Preventive Care and Screenings

UnitedHealthcare Community Plan's Pay for Performance Incentive Program rewards PCPs who deliver timely preventive care and screenings as reflected by their Healthcare Effectiveness and Data and Information Set (HEDIS[®]) scores.

We invite you to participate in a new program to help your patients obtain timely preventive care through use of automated messages reminding your patients who are due for services to schedule appointments. You will be able to record the message in the comfort of your own office or home and messages can be recorded in English or any language of your choosing.

Hearing your voice and the friendly reminder might be all your patient needs to encourage them to obtain timely care. This program requires minimal time by your office and is offered at no cost. Please contact HEDIS Project Coordinator Marisela Reyes at 248-728-9016 with questions or to participate.

EPSDT Provider Toolkit

The Michigan State University Institute for Health Policy College of Human Medicine, provides a Early and Periodic Screening, Diagnosis and Testing (EPSDT) Clinician Toolkit that corresponds to the American Academy of Pediatrics (AAP) Bright Futures guidelines and federal EPSDT requirements. Well Child Exam forms correspond with the current AAP/Bright Futures guidelines. Parent educational materials are available in English, Arabic and Spanish. The toolkit includes downloadable materials for use in your practice:

Well Child

- AAP/Bright Futures Periodicity Table
- Reminder Postcard for Parents
- EPSDT brochure for Parents
- Well Child and Immunization Billing Codes
- EarlyON Information Sheet

Head Start Information

- Social-Emotional Development in Young Children Guide
- Medicaid Behavioral & Mental Health Benefits General Information

Immunization Websites

- Alliance for Immunization in Michigan (AIM) Provider Toolkit
- CDC Immunization information
- Immunization Schedule from CDC Web Site

Resources

- MDHHS Clearinghouse Resources
- State of Michigan Childhood Lead Poisoning Prevention Program
- Links to immunization and Lead Pamphlets and other MDHHS brochures
- Reminder Labels
- Michigan Chapter of the American Academy of Pediatrics

Women, Infants, & Children (WIC)

- Michigan WIC Program Guidelines
- WIC Information

To download materials visit: http://www.ihcs.msu.edu/qi/epsdt_clinician_toolkit.html

Michigan Partner Services Program Helps Patients Notify their Partners of Exposure to HIV, STDs

Michigan's Partner Services program assists people diagnosed with HIV and/or sexually transmitted disease (STDs) in notifying their partners of possible exposure. Partner Services is offered by local health departments, physicians and community-based organizations.

Role of PS

If HIV or an STD is identified by local health departments or community-based organizations (resulting from new diagnosis or previous infection), their respective staffs will:

- Investigate cases and provide confidential disease prevention counseling to infected clients.
- Elicit information about at-risk partners for confidential one-on-one notification of a possible exposure.
- Assure the availability of STD treatment to partners when feasible and provide access to other care and support services.
- Promote and educate providers on the availability of Partner Services.

Benefits of Partner Services

- Confidential notification of exposure
- Early diagnosis for unsuspecting partners
- Better disease outcomes
- Promote healthier communities by reducing disease burden

Benefits of Partner Services for Your Patients

- Provide linkage to care regardless of ability to pay
- Assist clients in notifying sex and needle sharing partners of possible exposure
- Provide no-cost HIV and STD testing to at-risk partners
- Provide STD treatment to at-risk partners

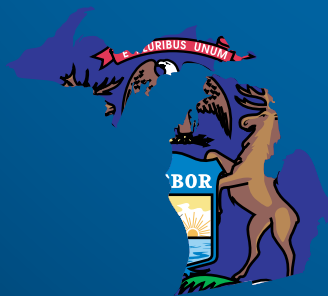
Michigan Newsletters

Members:

<http://www.uhcommunityplan.com/mi/medicaid/community-plan/member-information.html>

Providers:

<http://www.uhcommunityplan.com/healthprofessionals/mi/provider-news.html>



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