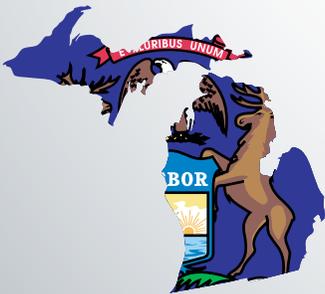




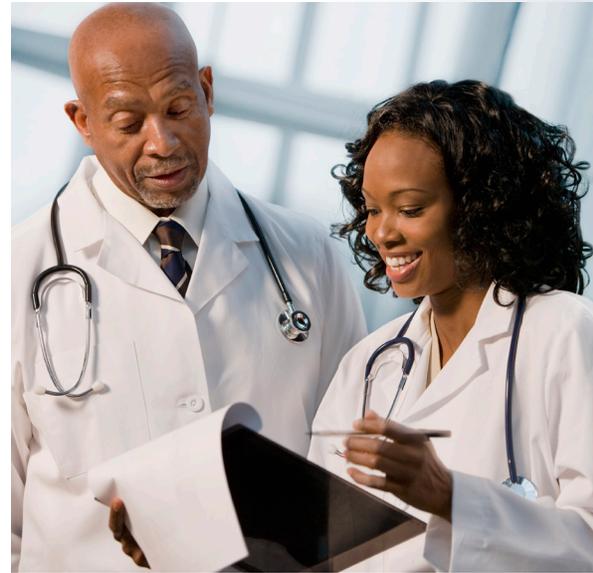
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## CDC Releases New Guidelines for Prescribing Opioids

Earlier this year, the Centers for Disease Control and Prevention (CDC) released new guidelines for prescribing opioids to address drug abuse epidemic in the US. The new CDC guidelines stress that other methods of treating pain should be preferred to opioids and when the drugs are used, doctors should prescribe the lowest possible doses.

The CDC stressed that the final decision on prescribing drugs will remain with prescribing physicians and that the guidelines are non-binding.

Because opioid use often begins as a shortterm solution for acute pain, the CDC guidelines recommend that three days or fewer of the drugs is often enough, and more than seven days will rarely be needed.

The guidelines also call for doctors to review databases to make sure patients are not already receiving opioids elsewhere, and to use urine testing to check for drugs before beginning a prescription.

Michigan prescribers have access to the Michigan Automated Prescription System (MAPS), which is the prescription monitoring program for the State of Michigan.

MAPS is used to identify and prevent drug diversion at the prescriber, pharmacy and patient levels by collecting Schedule 2-5 controlled substances prescriptions dispensed by pharmacies and practitioners. Physicians may register for MAPS and generate reports from MAPS at: [http://www.michigan.gov/lara/0,4601,7-154-72600\\_72603\\_55478---,00.html](http://www.michigan.gov/lara/0,4601,7-154-72600_72603_55478---,00.html).

## Medicaid Autism Behavioral Health Treatment is Available

In light of the Flint water crisis and the potential long-term impact of lead poisoning, we want to remind care providers that the state of Michigan offers Medicaid Autism Behavioral Health Treatment (BHT). BHT includes Applied Behavior Analysis (ABA) services for children and adolescents through age 21 with Autism Spectrum Disorders (ASD) where medically necessary. The following provides information on ABA services.

### Health Care Services

- Medicaid Health Plans, including UnitedHealthcare Community Plan cover well care visits, known as Early and Periodic, Diagnosis, Screening and Treatment (EPSDT), as required by federal law. EPSDT includes screening for ASD.
- ABA services are delivered through the Prepaid Inpatient Health Plans (PIHP)/Community Mental Health Services Program (CMHSP) system.

### Screening

- Screening for ASD occurs during an EPSDT well child visit with the child or adolescent's primary care provider (PCP).
- Anyone can refer a child or adolescent for concerns of the child showing early signs of ASD.
- The validated and standardized screening tool used may be completed by the parent and reviewed and verified by the PCP.
- A full medical and physical examination must be performed before a child is referred for further evaluation.

### Referral

- The PCP who screened the child for ASD and determined that a referral for further evaluation was needed, contacts the PIHP directly to arrange a follow-up evaluation.
- The PIHP contacts the child's parents/guardians to arrange a follow-up appointment for a comprehensive

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diagnostic evaluation, behavioral assessment, ABA services and for the related EPSDT medical necessary mental Health Specialty Services.

For more information please go to:

- Michigan Autism Program Website at [www.michigan.gov/autism](http://www.michigan.gov/autism)
- Michigan Medicaid Applied Behavior Analysis and Autism Services Provider FAQ at: [http://www.michigan.gov/documents/mdhhs/ABA\\_Policy\\_Provider\\_FAQs\\_514113\\_7.pdf](http://www.michigan.gov/documents/mdhhs/ABA_Policy_Provider_FAQs_514113_7.pdf)
- MSA Bulletin 15-59 EPSDT Autism Coverage: [https://www.michigan.gov/documents/autism/MSA\\_Bulletin\\_15-59\\_507763\\_7.pdf](https://www.michigan.gov/documents/autism/MSA_Bulletin_15-59_507763_7.pdf)

## Michigan Primary Care Transformation Project

MiPCT is a demonstration project testing the value of the patient centered medical home (PCMH) model. The PCMH model expands access to primary care while improving care coordination.

MiPCT provides capital to physicians to hire care coordinators and implement disease registries to track and follow up with patients, especially those with multiple chronic diseases. In addition, MiPCT pays physicians to expand office hours and offer same-day appointments and rewards physicians for improving their patients' health and decreasing unnecessary emergency room visits.

Michigan has the largest demonstration project in the country, reaching over 1.2 million patients served by 1900 providers in 350 primary care practices. MiPCT provides assistance and support to providers and their practices by providing training for care managers, facilitating community among practices, and hosting learning collaborative.

Focus areas include:

- Care Management
- Self-management support
- Care coordination
- Linkages to community services.

Clinical Focus areas include:

- Addressing social determinants of health and overcoming barriers
- Integrating behavioral health
- Patient registry and data support for population health
- Integrating palliative and end-of-life care
- Addressing appropriateness of care (e.g., Choosing Wisely program, etc.)

The project runs through year-end. For more information please go to: <https://mipct.org/about-us/> and <http://www.chrt.org/collaborations/michigan-primary-care-transformation-mipct/>.

## HEDIS Tips

### HEDIS: Adolescent Immunizations

**Measure:** Complete immunizations on or before the adolescent's 13th birthday.

#### Combination (Combo) 1

1 dose meningococcal vaccine on or between the adolescent's 11th and 13th birthdays

Special Circumstances: At least one dose must be administered between the 11th and 13th birthdays  
CPT/CPT II Codes: 90733-34

1 dose Td or Tdap on or between the adolescent's 10th and 13th birthdays

Special Circumstances: At least one dose must be administered between the 10th and 13th birthdays  
CPT/CPT II Codes: 90714-15, 90718-19

#### Tips:

- Add a note indicating the name of the specific antigen and the date of the immunization in the adolescent's medical record, OR
- Document a certificate of immunization prepared by an authorized health care provider or agency, including the specific dates and types of immunizations administered in the adolescent's medical record.

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### **HEDIS: Human Papillomavirus Vaccine for Female Adolescents**

**Measure:** Female adolescents who are age 13 who had three doses of the human papillomavirus (HPV) vaccine by their 13th birthday.

3 HPV vaccines administered between the adolescent's 9th and 13th birthdays

Special Circumstances: Doses must be administered between the 9th and 13th birthdays

CPT/CPT II Codes: 90649-51

**Tips:**

- Document the name of the specific antigen and date of the immunization.
- Document the certificate of immunization prepared by an authorized health care provider or agency including the specific dates and types of immunizations administered.

### **HEDIS: Blood Lead Screening**

**Measure:** Children who are age 2 who had one or more capillary or venous lead blood tests for lead poisoning by their second birthday.

1 or more Lead Tests

CPT/CPT II Code: 83655

LOINC Codes: 10368-9, 10912-4, 14807-2, 17052-2, 25459-9, 27129-6, 32325-3, 5671-3, 5674-7

**Tips:**

- Use a free capillary kit from MedTox to obtain the specimen. Visit: <http://www.medtox.com/>
- Use a handheld analyzer for in office screening, see [http://www.michigan.gov/mdhhs/0,5885,7-339-71551\\_2945\\_5103\\_7168-15018--,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_5103_7168-15018--,00.html)
- Document a note indicating the date the test was performed in the child's medical record.
- Document the result or finding in the child's medical record.

## **PCP Pay For Performance Program**

As an innovator of pay for performance programs in Michigan, UnitedHealthcare Community Plan consistently re-evaluates our programs. We make changes to help ensure that we align our programs with our state partners, while supporting primary care provider partners who take the extra steps to help ensure our members are receiving quality-focused care.

Our 2016 provider 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
- \$0.10 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
- \$0.25 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
- \$0.50 PMPM Bonus for NCQA PCMH designation
- ! \* \$10,000 annual CAP applies per provider

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## Quality Incentives

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

### 4X4 Bonus

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.

## PHQ Available to Help Assess Mental Health Issues

Recognizing signs of mental health issues is not always easy. The Patient Health Questionnaire (PHQ) is a diagnostic tool for mental health disorders used by health care professionals that is quick and easy for patients to complete.

The PHQ, a self-administered version of the PRIME-MD, contains the mood (PHQ-9), anxiety, alcohol, eating, and somatoform modules as covered in the original PRIME-MD.

The GAD-7 scores 7 common anxiety symptoms.

The PHQ-9, a tool specific to depression, simply scores each of the 9 DSM-IV criteria based on the mood module from the original PRIME-MD. Various versions of the PHQ scales are discussed in the Instruction Manual. The Screeners are available in a variety of languages to meet your patients' needs.

All PHQ, GAD-7 screeners and translations are downloadable from the following website and no permission is required to reproduce, translate, display or distribute them: <http://www.phqscreeners.com/select-screener>.

## MC3 Offers Psychiatric Support to PCPs

The Michigan Child Collaborative Care (MC3) program provides psychiatry support to PCPs in Michigan who are managing patients with mild to moderate behavioral health problems. It was designed to meet the needs of rural and underserved areas where access to child psychiatrists is limited.

MC3 serves children, adolescents and young adults through age 26, and women who are contemplating pregnancy, pregnant or postpartum with children up to age 1. Psychiatrists are available to offer guidance on diagnoses, medications and psychotherapy interventions so that PCPs can better manage patient care. Support is available through educational phone consultations to referring providers as well as remote psychiatric evaluation to patients and families through video telepsychiatry.

Research shows that up to 20% of children and 50% of impoverished children have common behavioral health illnesses; and there is a shortage of child psychiatrists, particularly in rural and underserved areas.

MC3 can assist with establishing/improving screening in clinical practices including:

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- Implementation of screening to PCP workflow (along with the PCP and clinic staff)
- Triaging positive screens
- Identifying local resources for screen positives
- Diagnostic clarification
- Medical consultation/telepsych

Currently, the program is limited to PCPs in designated geographic counties, including Genesee county.

For more information and a map of covered counties, please visit: <https://mc3.depressioncenter.org/>.

## Encourage Your Patients to Get Timely Preventive Care and Screenings through Automated Messaging Program

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. To support your efforts, we invite you to participate in a new cost-free program to help your patients get these important services.

Through the program, we facilitate recording of automated messages to encourage your patients who are due for services to schedule appointments. You simply record the message in the comfort of your own office or home. The message may 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 seek timely care. Please contact HEDIS Project Coordinator Marisela Reyes at 248-728-9016 to learn more or to participate.

## Diabetes Screening for People with Schizophrenia or Bipolar Disorder: The FACTS

Diabetes is common and seen in one in five patients with schizophrenia. It is more prevalent than in the general population and contributes to increased morbidity and shortened lifespan in this population. Screening and treatment for diabetes and other metabolic conditions is low for these patients. As a result, patients with schizophrenia as well as bipolar disorder are at high risk to develop diabetes among other serious health conditions.

This risk is further increased if the patients are prescribed an antipsychotic medication that can cause major weight gain and changes in a person's metabolism, which may also lead to diabetes.

PCPs should be aware of adverse effects of psychotropic medications that can cause or exacerbate diabetes and its complications. Management of diabetes requires physicians to tailor treatment recommendations to address special needs of this population.

**Source:** Aniyizhai Annamalai and Cenk Tek, "An Overview of Diabetes Management in Schizophrenia Patients: Office Based Strategies for Primary Care Practitioners and Endocrinologists," *International Journal of Endocrinology*, vol. 2015, Article ID 969182, 8 pages, 2015. doi:10.1155/2015/969182

## Michigan's Partner Services Program Helps Patients with HIV and STDs Notify Partners

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.

If HIV or 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.

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- 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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