hap EMPOWERED

Provider Newsletter
December 2020

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COVID-19

We appreciate your partnership during this unprecedented time. We are grateful to your health care teams who are on the front lines ensuring the safety and well-being of our community.

We continue to make changes to our policies and processes during this time so you can quickly and easily provide care to your HAP Empowered patients. These changes, along with other resources, can be found in the [HAP Empowered Provider Newsroom](#).

Reminder: HAP Empowered claims submission guidelines

Effective December 1, 2020, all HAP Empowered claims, regardless of date of service, must be submitted to HAP Empowered as follows:

- **Electronic**
  - Use Change Healthcare clearinghouse
  - HAP Payer ID: 38224
- **Paper**
  - Send to:
    HAP Empowered Claims
    P.O. Box 2578
    Detroit, MI 48202

Claims with date of service older than one year must be submitted via paper to the address above.

Member grievances filed directly with the provider

Per your contract with HAP Empowered, you are required to cooperate and participate in all aspects of our grievance system. Providers must send any grievances they receive directly from a member to HAP Empowered. They can be sent by mail, fax or email.

Mail: HAP Empowered Health Plan
Appeal & Grievance
P.O. Box 2578
Detroit, MI 48202
Fax: (313) 664-5866
Email: appealsandgrievance@hap.org

Detailed information about our appeal and grievance processes for members and providers can be found online. Visit **hap.org/empoweredproviders** and select *Provider Manual*.

Important contacts

For	Contact
Claims questions	**(888) 654-2200**
• New provider orientation or existing provider training • Online authorization tool, CareAffiliate, training • Provider portal setup and questions	Email **providernetwork@hap.org**
• Credentialing information • Newsletters, updates and Provider Manual • Practice Guidelines and HAP Empowered Quality Program	Visit **hap.org/empoweredproviders** You don't need to log in.
• Questions regarding your contract or to add a provider	Email **providernetwork@hap.org**

Quality management program for HAP Empowered

We have an ongoing Quality Assessment and Performance Improvement Program (QAPI) for HAP Empowered members. The program is designed to:

- Promote and improve the delivery of member medical and health care services consistent with our mission and goals.
- Objectively and systematically monitor and evaluate the appropriateness of clinical and nonclinical member care and services.

We pursue opportunities to improve care and services and resolve identified problems. We, along with PCPs and specialists, have a role in monitoring, maintaining and improving the quality of care and services.

QAPI effectiveness is evaluated annually. You can find a copy of the QAPI program, including progress on our annual goals and the annual evaluation by visiting https://www.hap.org/providers/provider-resources/midwest-providers/quality-programs.

Dental care

Dental care is an important part of your patients overall health. Dental benefits for your HAP Empowered patients are outlined below.

Dental care for	Benefit details
Pregnant women	Dental services are a covered benefit for pregnant women. Pregnant members will receive a Delta Dental benefit card. They can receive dental services during pregnancy through the last day of the third calendar month after pregnancy due date.
Children	The state of Michigan's Medicaid program covers dental care for children. The state contracts with Delta Dental and Blue Cross Blue Shield of Michigan. Together, they provide a network of dentists for children ages 0-20. Children are enrolled automatically and get an ID card from the dental plan.

If your HAP Empowered patients have questions about their dental benefits, they can call HAP Empowered Customer Service at **(888) 654-2200 (TTY: 711)**.

New program for your HAP Empowered MI Health Link patients

The Aging and Adult Services Agency (AASA) at Michigan Department of Health and Human Services (MDHHS) is excited to launch a new partnership to bring **free** virtual educational and social engagement opportunities to older Michiganders. Supported by the Michigan Health Endowment Fund, GetSetup is a digital education platform for older adults, offering 150+ technology and enrichment classes, all taught by retired educators.

GetSetup is a safe place for older adults to hang out, learn, teach and engage with their peers over videos to live healthier, happier, and more connected lives and from the comfort of home. Here are some of the classes offered:

- Learning how to Zoom and connect with others
- Fitness classes
- Joining a social hour to talk about their interests
- Getting to know their device
- Staying independent by learning about Apps

To learn more and register for classes, your patients can visit: https://www.getsetup.io/partner/michigan.

Healthy Michigan Plan health risk assessment instructions for providers

Within 60 days of enrollment, Healthy Michigan Plan members are encouraged to schedule an appointment with their primary care provider and complete an annual health risk assessment. Members receive an HRA in their welcome packet.

Below is the process for completing the HRA.

- HAP Empowered partners with Genesee Health Plan to process HRAs for HAP Empowered members.
- Genesee Health Plan staff contacts the member to complete sections one, two and three. They also help members schedule their first PCP appointment if needed. Note: If the member brings their HRA directly to your office, please complete your portion and fax it to Genesee Health Plan at **(844) 225-4602**.

Primary care provider responsibilities
Primary care providers need to complete section four of the HRA. Here are the steps.
- Enter the member's results.
- Agree on a healthy behavior with the member.
- Sign the primary care provider attestation. **All three parts of section four must be completed for the attestation to be considered complete.**

HRA submission and incentives
HAP Empowered offers a $25 incentive for primary care providers who complete and return the HRA. This incentive payment is part of the Pay for Performance (P4P) bonus program. To be eligible, PCPs must:
- Complete and sign the HRA.
- Give the member a copy.
- Fax the completed HRA to **(844) 225-4602**.
- Bill with CPT code 96160. It will be processed at a $0.00 fee. The transaction will appear on the remittance advice and submitted to the Michigan Department of Health and Human Services as an encounter.

If you have any questions, please call **(844) 214-0870**.

Medicaid low birth weight project

The Michigan Department of Health and Human Services-Medical Services Administration (MDHHS-MSA) implemented an initiative for Medicaid Health Plans to specifically address Michigan's 10.4 percent low birth weight rate. This project is a multi-year, statewide initiative to align MDHHS efforts to promote health equity in maternity care and infant care.

A comprehensive literature review yielded several prenatal factors associated with increased risk for infant low-birth weight, including:
- Maternal chronic disease
- Pregnancy acquired (gestational) diabetes
- Maternal stress and depression
- Substance misuse
- Maternal smoking

Current literature and experience in the Michigan Medicaid population suggest the factors that seem more apt to positively impact Michigan's low birth rate weight include:
- Timely entry into prenatal care
- Maternal smoking reduction/cessation
- Appropriate identification and treatment of women with short cervix
- Home visiting programs that incorporate community health workers

Project Goals
- To promote the collective efforts of Medicaid health plans, existing home visiting (Maternal Infant Health Program) and Community Health Worker programs, to:
    - Design and implement a project addressing documented health disparities and health inequities
    - Improve infant health outcomes
    - Reduce the low birth weight rate in Michigan

Prosperity Region 6 - Genesee County Project
Molina Healthcare, McLaren Health Plan and HAP Empowered are working jointly to implement member and provider interventions to reduce the low birth weight rate of 13.5 percent in Prosperity Region 6. Genesee County is the focus of the project because 70 percent of the collective births of the three health plans occur here.

Provider Training and Resources
- Provider Health Equity Training can be found at hap.org/empoweredproviders or by visiting **michigan.gov/mdhhs** then: *Keeping Michigan Healthy*; *Chronic diseases; Office of Equity and Minority Health; Health Equity Online Training*. This training will help to better understand:
    - Health equity and health disparities
    - Factors that contribute to health inequities
    - Populations that are most affected
    - The impact of health inequities
    - How to improve the health equity for Michigan residents
- The resources below can be found at hap.org/empoweredproviders.
    - Notification of Pregnancy Form
    - MIHP Referral Tool Kit
    - Tobacco Quit Line Program Information (National Jewish Health)
    - BH/SUD information for referral to the PIHPs

Pharmacy – HAP Empowered Medicaid

HAP Empowered Medicaid drug formulary

Effective Oct. 1, 2020, Medicaid Health Plans aligned with the State's Fee-for-Service Medicaid Preferred Drug List. All Medicaid Health Plans administer the Common Formulary, including drugs on the Single Preferred Drug List (SPDL). For covered drugs, the SPDL identifies:

- Relevant drug class
- Applicable preferred agents (some require prior authorization)
- Applicable non-preferred agents (all require prior authorization

Since July 2020, HAP Empowered has been working with prescribers and pharmacies to transition members to preferred products on the SPDL as required by Michigan Department of Health and Human Services (MDHHS). When prescribing, please consider the drugs in Tier 1 and Tier 2.

- Tier 1: Covered on Common Formulary
- Tier 2: Preferred PDL Product
- Tier 3: Non-Preferred PDL Product
- NF (Non-Formulary) Drug: Please contact HAP to request an exception to the formulary for medical necessity
- SCO (State Carve-Out): Drugs are paid directly to a pharmacy by the MDHHS fee-for-service program. These drugs are not payable by HAP, but are covered through the state.

Prior authorization requests for HAP Empowered Medicaid, MIChild, Healthy Michigan Plan, and Children's Special Health Care Services patients

Fax completed *Prior Authorization Form* for prior authorization or exceptions	The form can be found at: **hap.org/empoweredmedicaid**; *Prescription coverage; Formulary and Forms.* **Fax: (313) 664-5460**
Call the prior authorization line	**Phone: (313) 664-8940, option 3**

Online resources

Provider resources	
Providers can visit **hap.org/empoweredmedicaid**; *Prescription coverage; Formulary and Forms* for:	• The HAP Empowered formulary (updated annually and throughout the year as needed). • List of formulary changes* • Prior authorization criteria • Other related formulary documents
Member resources	
Members can visit **hap.org/empoweredmedicaid**; *Prescription coverage* for:	• How to use the formulary • Formulary restrictions and preferences • Explanation of limits • Generic drugs or brand preferred drugs, prior authorization, step therapy • Specialty drugs • Pharmacy reimbursement form

*We send a letter to members and their prescriber if they are affected by formulary changes that result in drug restrictions or replacements.

Working with the formulary

Using the formulary is easy.
- You can search the formulary to:
  - Check the status of a specific drug
  - Look at a drug category to view preferred and non-preferred status
  - View restrictions and prior authorization criteria
- You can view or print the complete formulary document

You can also request a printed copy of the drug formulary and related documents by contacting Pharmacy Care Management at **(313) 664-8940, option 3**.

Brand versus generic drug list

The Medicaid SPDL includes some drugs where the brand drug is preferred over the generic version of the drug. The MDHHS maintains the list of these drugs. You can find it when you visit **michigan.magellanrx.com\provider**; select *Documents; Other Drug Information* and *Brand Preferred Over Generic Products List*. Pharmacies submitting a claim for the generic drug, when the brand drug is preferred, will receive a rejection and point-of-service message that reminds them to bill the brand drug.

Federal Medicaid Drug Rebate Program (MDRP)

Since Oct. 1, 2020, Medicaid Health Plans can only cover drugs made by manufacturers that participate in the federal Medicaid Drug Rebate Program (MDRP). This includes both prescription drugs and over-the-counter drugs. Pharmacies will receive a rejection for claims submitted for a drug made by a manufacturer that does not participate in the federal MDRP. They will be instructed to bill a product from another manufacturer. This happens mostly with OTC products made by multiple manufacturers. The Medicaid Health Plan can override this rejection in certain circumstances with supporting documentation.

HAP Empowered Medicaid Drug Utilization Review (DUR) Program

Concurrent DUR is the core of the DUR program. Point-of-service alerts are sent to dispensing pharmacists that identify health and safety concerns when a prescription claim is being processed. Pharmacists can then conduct clinical reviews based on these potential medication issues and act as needed.

Retrospective DUR evaluates a prescription against a patient's prescription history and evidence-based guidelines to alert the prescriber to important, drug-specific, patient-specific health and safety issues. This program integrates pharmacy claims, medical claims and lab data at the individual patient level, focusing on:
- Adverse drug risk
- Coordination of care opportunities
- Omission of essential care

This program alerts physicians to potentially life-saving risks as well as opportunities to:
- Improve care
- Increase adherence
- Prevent hospitalizations
- Improve health outcomes

Patient-specific alerts are sent to physicians via EHR, fax or letter. Pharmacist alerts are sent specific to adverse drug-disease.

Below are the HAP Empowered Medicaid top three safety and drug-disease events by volume from January-September 2020.

Safety events
- Omission of Essential Therapy- Statins (Diabetes)
- Polypharmacy (for beneficiaries > 18 and < 65)
- Suboptimal Patient Drug Adherence- Hypertension

Drug-disease events
- Calcium Channel Blockers (select) & Systolic Heart Failure
- Statins & Skeletal Muscle Effects
- Salicylates (select) and Renal Dysfunction

The success of the DUR program depends on collaboration with prescribers and pharmacists for patient care. Thank you for your willingness to receive and review patient-level information and consider opportunities to improve care.

The SUPPORT Act - Medicaid opioid prescribing

DUR provisions for the state fee-for-service Medicaid and managed Medicaid health plans can be found in section 1004 of the *Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act.* This act, also known as the SUPPORT Act, was effective Oct. 1, 2019, and designed to reduce opioid related fraud, misuse and abuse.

HAP Empowered monitors claims data for potential fraud and abuse of controlled substances by members, providers and pharmacies.

Specific edits related to opioids for Medicaid pharmacy claims
Below are specific edits related to opioids.

Prospective safety edits. These are alerts in the claims processing system when the pharmacy is processing the claim. Passive edits **pause** the claim at the pharmacy and send an alert message to the dispensing pharmacist. A soft block **stops** the claim. The dispensing pharmacist can override it after reading the alert. A hard edit requires a patient-level override from the plan. Types of prospective safety edits include:
- A passive concurrent DUR rule that identifies beneficiaries who request a long acting opioid or fentanyl product, but the beneficiary appears to be opioid naïve based on the absence of another opioid in their claims history.
- A passive concurrent DUR rule that identifies beneficiaries with a greater than 7-day supply of a short acting opioid for beneficiaries new to therapy.
- A soft block concurrent DUR rule that identifies beneficiaries using multiple long acting opioids.
- Quantity limits on acetaminophen-containing combination products, including but not limited to, opioids to prevent unsafe doses of acetaminophen from the use of multiple products (in alignment with the MCO Common Formulary).

Prospective safety edits specifically to address Morphine Milligram Equivalents (MME) dose limitations. These edits include:

- A passive concurrent DUR rule provides information to the dispensing pharmacist if a beneficiary is new to opioid therapy and the opioid prescription has a dosage between 50-90 MME.
- A passive concurrent DUR rule that identifies if a beneficiary is new to opioid therapy and the opioid prescription has a dosage greater than 90 MME.
- A passive concurrent DUR edit for any opioid claims above 90 MME.
- A cumulative edit for the previous 30 days of opioid use above 120 MME threshold. This is a hard reject and an override must be manually placed by the plan, after a review of the beneficiary's claims history and medical conditions, and a discussion with the prescriber if necessary.
- Quantity limits on certain opioid products.

We also perform retrospective review of claims data for various scenarios, both at the plan level and by the pharmacy benefit manager. This helps to identify patterns and trends for further review at the beneficiary, pharmacy, and provider level.

We perform claims reviews at least monthly to identify beneficiaries with multiple prescriptions, prescribers, and pharmacies for opioid medications. We focus on beneficiaries with an average daily MME above 90. Using prescription claims carve-out data from the State, we review claims data for concurrently prescribed opioids and benzodiazepines, or opioids and antipsychotic medications.

Questions or help with opioid management?

HAP was involved in developing and endorsing provider education for opioid management for the Genesee County Opioid Prevention Project. Visit **https://knowmoregenesee.org** for helpful resources, such as:

- Information about how to become a medication-assisted treatment (MAT) provider
- Information and training resources
- Information about opioid legislation and MAPS
- Opioid prescribing guidelines and educational resources
- Opioid education and prevention-proper disposal of opioid prescriptions, signs of misuse and overdose
- National, state and local resources for assistance related to opioids

Pharmacy - HAP Empowered MI Health Link

Remicade

Effective January 1, 2021, HAP will cover two biosimilar infliximab products - Inflectra and Renflexis. Remicade and other biosimilar infliximab products (e.g. Avsola) will no longer be preferred agents. This update to the Biosimilar Products Benefit Administration Manual Policy applies to all HAP Medicare members, to include HAP Empowered MI Health Link (Medicare-Medicaid).

Starting in 2021, the following codes will be preferred agents and no prior authorization is needed:
- Q5103: Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg
- Q5104: Injection, infliximab-abda, biosimilar, (renflexis), 10 mg

The following codes will be non-preferred agents and claims will not pay without prior authorization:
- J1745: Injection, infliximab, excludes biosimilar, 10 mg
- Q5121: Injection, infliximab-axxq, biosimilar, (avsola), 10 mg

Continuous glucose monitoring

Since July 1, 2020, retail and mail order pharmacies were enabled to dispense continuous glucose monitoring (CGM) products to Medicare members, to include HAP Empowered MI Health Link (Medicare-Medicaid). Pharmacies may submit claims for Dexcom and Libre readers and sensors. Pharmacy enabled dispensing of Dexcom and Libre products will continue in 2021. Prior authorization is required for members who are not receiving meal-time insulin.

Please note: Occasionally, the CGM sensors will need an application of Tegaderm to stay in place for the duration.
- **Dexcom**: The Dexcom supplier can provide Tegaderm. Contact Pharmacy Advantage for assistance at **(888) 995-3929**.
- **Libre**: MI Health Link members using Libre sensors may obtain Tegaderm from any contracted DME supplier.
  - (Medicare Advantage members may obtain Tegaderm from this dispenser, the OTC Servicing Center, and use their OTC allowance by calling (844) 427-6821.)

Tecfidera

Since December 1, 2020, branded Tecfidera is non-formulary (not covered) for all Medicare members, to include HAP Empowered MI Health Link (Medicare-Medicaid). Dimethyl fumarate (generic Tecfidera) is added to the formulary (a covered drug). Prior authorizations previously set will continue for the generic product, dimethyl fumarate. If your patient cannot use the generic product, please submit a request for a formulary exception to HAP Pharmacy Care Management by calling Customer Service at **(888) 654-0706**.

Questions about HAP Empowered Health Plan?

You can always call us at **(888) 654-2200** for more information. We also have the following information posted online and in our Provider Manual at **hap.org/empoweredproviders**. If you prefer a hard copy, just call us and we'll mail it to you.

- Affirmative statement about UM incentives
- Complex case management
- Coordination of care between behavioral health and primary care providers
- Covered and non-covered benefits
- Credentialing information
- Fraud, waste and abuse information
- Evaluation of medical technology
- HAP Empowered's policy for making an appropriate practitioner reviewer available to discuss any utilization management denial decision and how to contact a reviewer
- Member rights and responsibilities
- Pharmacy procedures and formularies
- Privacy and HIPAA information
- Utilization management criteria