



**Provider Newsletter
July 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.

As you know, we've made several 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](#).

Healthy Michigan Plan health risk assessment completion instructions

We offer a \$25 incentive for primary care physicians who complete and return the HMP 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

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

Physician incentive disclosure

HAP Empowered doesn't pay financial incentives to practitioners or providers to withhold any health care or health care related services. HAP Empowered doesn't make decisions about hiring, promoting, or terminating practitioners, providers or other staff based on the likelihood that the individual supports, or tends to support, the denial of benefits or services. HAP Empowered does not reward practitioners, providers or other individuals for issuing denials of coverage. HAP Empowered makes decisions on evidence-based criteria and benefits coverage.

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 hap.org/empoweredproviders, then *Quality Program* under *Provider resources*.

Important contacts

For	Contact
Claims questions	(888) 654-2200
<ul style="list-style-type: none">• New provider orientation or existing provider training• Online authorization tool, CareAffiliate, training• Provider portal setup and questions	Email providernetwork@hap.org
<ul style="list-style-type: none">• 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.
<ul style="list-style-type: none">• Questions regarding your contract or to add a provider	Email providernetwork@hap.org

Access and availability standards

Per your HAP Empowered Health Plan contract, all providers must follow our access and availability standards. You can find these standards in the HAP Empowered Provider Manual. Visit hap.org\empoweredproviders, then *Provider Manual*.

Reporting fraud, waste and abuse

HAP Empowered is committed to the prevention, detection, and correction of any criminal conduct. Any HAP Empowered associate (member, employee, provider, first tier and downstream related entity and their governing bodies) must share this commitment to remain compliant, lawful and ethical conduct.

The HAP Compliance Special Investigations Unit (SIU) is dedicated to detecting, preventing and investigating all reported issues of potential, suspected or known cases of fraud, waste and abuse and issues of non-compliance resulting from fraudulent and abusive actions committed by providers, contractors, subscribers and employees.

- **Fraud:** When a person knowingly tells a lie that could lead to an unauthorized benefit.
- **Waste:** When a person misuses benefits and costs the health plan or the Medicaid program extra money.
- **Abuse:** When a provider gives advice or treatment that's not in line with sound business or medical practices. This could lead to extra costs to the Medicaid program or the provider being paid for services that are not necessary.

Examples of provider fraud and abuse	Examples of member fraud and abuse
<ul style="list-style-type: none">• Billing for services not actually performed• Falsifying a patient's diagnosis• Prescribing unnecessary medications to patients• Upcoding for expensive, medically unwarranted services	<ul style="list-style-type: none">• Lying to get unnecessary medical or pharmacy services• Loaning their ID card to a friend or family member• Changing a prescription or going to multiple doctors for the same prescription• Asking for transportation for a non-covered benefit

Waste occurs when services are over-utilized resulting in unnecessary costs to the health care system due to the misuse of resources.

All reported cases of suspected fraud, waste and abuse are monitored and handled by the HAP Office of Compliance and Special Investigations Unit (SIU).

If you suspect any provider, member, employee or contractor of HAP Empowered of potential fraud, waste or abuse of Medicare or Medicaid assets, please contact us immediately. We have a 24-hour, toll-free compliance hotline. You can also mail your concern. Please see information below. The report can be filed anonymously so you are not required to leave your name or any contact information.

- **Phone: (877) 746-2501**
- **Mail:** HAP Empowered Health Plan Compliance Officer
P.O. Box 2578
Detroit, MI 48220

You may also report your concern to Medicaid, Michigan Department of Health and Human Services, Office of Inspector General by:

- **Phone: 1-855-MI-FRAUD (643-7283)**
- **Mail:** MDHHS-OIG
P.O. Box 30062
Lansing, Michigan 48909
- **Visiting:** Michigan.gov/fraud

Pharmacy

Drug Utilization Review (DUR)

In January 2019, we implemented a new DUR program in conjunction with the pharmacy benefit manager that processes HAP pharmacy claims.

Concurrent DUR

The core of the program is concurrent DUR. This program is automatic; providers don't have to opt in. Point-of-sale alerts are communicated to dispensing pharmacists identifying health and safety concerns. Pharmacists can then conduct clinical reviews of these potential medication problems and take action as needed. Concurrent DUR includes the following alerts focused on drug safety:

- Drug-Drug
- Drug-Disease
- Drug-Age
- Drug-Gender
- Drug-Allergy
- High Dose
- Pregnancy
- Therapy Duplication
- Prescriber Consultation (DEA Red Flag Combo)
- Care Coordination (Morphine equivalent dose limits)
- Low/Min Dose
- Additive Toxicity (e.g. acetaminophen)
- Potential Drug Name Confusion
- Opioid Naïve

Retrospective DUR

Retrospective DUR evaluates a prescription against a patient's prescription history and evidence-based guidelines to alert the prescribing physician 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.

Thank you for your willingness to receive and review patient-level information and consider opportunities to improve care.

Medicaid opioid prescribing

There are new DUR provisions for the state fee-for-service Medicaid and managed Medicaid health plans. These provisions 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 October 1, 2019. Its purpose is to reduce opioid related fraud, misuse and abuse. The SUPPORT Act includes the following requirements for prescription claims processing review for opioids:

1. Safety edits including early fills, duplicate fills, and quantity limits
2. Maximum daily morphine milligram equivalents (MME) safety edits
3. Concurrent utilization alerts for opioids with benzodiazepines or antipsychotics or both

There are also requirements for a process to identify potential fraud or abuse of controlled substances by:

- Medicaid enrollees
- Health care providers prescribing drugs to enrollees
- Pharmacies dispensing drugs to enrollees

HAP Empowered works with the State to report concurrent utilization and monitor overall opioid MME patterns.

Do you have questions or need assistance 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 many 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

REMINDER

Please be sure your office address, phone, fax, etc. are up to date in the National Plan & Provider Enumeration System or NPPES. Pharmacy benefit managers typically use DEA and NPPES systems to send required patient-level notices, such as transition letters and approval or denial letters.

It's also important to update your office information directly with HAP. Email changes to providernetwork@hap.org.

Medicaid prescription drug therapy

What's coming for Medicaid? Effective October 1, 2020, MDHHS will require Medicaid Health Plans (MHPs) to follow the Michigan Preferred Drug List (PDL) used by the State's fee-for-service (FFS) pharmacy program. This will be referred to as the Single PDL. MHPs currently use a Common Formulary, which is different than the Michigan PDL. The Single PDL will align drug formulary coverage for all Medicaid beneficiaries in the State.

In some cases, formulary changes will impact members who are currently receiving medications. For example, a drug may no longer be preferred or will have new requirements such as prior authorization or step therapy.

MDHHS expects all MHPs to fully implement the Single PDL changes by October 1, 2020. To help ensure a smooth transition, we will notify any impacted members and their prescriber in advance.

HAP Empowered Medicaid drug formulary

General information about the Medicaid Common Formulary and a list of formulary changes can be found at www.hap.org/emp/hap-empowered/medicaid/prescription. Note: The Single PDL will be available October 1, 2020.

Annually, we post the drug formulary on our website. Updates are posted throughout the year. If there are formulary changes that result in drug restrictions or replacements, we send a letter to affected members and their prescriber. You can search the formulary to:

- Check the status of a specific drug
- Look at a drug category
- 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. Please contact Pharmacy Care Management at **(313) 664-8940, option 3**.

The formulary information on the website includes:

- How to use the formulary
- Formulary restrictions and preferences
- Explanation of limits
- Generic drugs, prior authorization, step therapy
- How to submit an exception request for a drug that is not on the list
- Information about specialty drugs
- Pharmacy forms (prior authorization request form, formulary exception request form)

Contact information for HAP Empowered Medicaid, MICHild, Healthy Michigan Plan, and Children's Special Health Care Services

For	Contact
Faxed requests for prior authorization or exceptions	Fax: (313) 664-5460
Prior authorization phone line	Phone: (313) 664-8940, option 3

Need pharmacy authorization or exception forms? Visit hap.org/Medicaid; *Prescription coverage; Formulary and forms*.

Refills during COVID-19

During the COVID 19 pandemic, HAP Empowered is allowing members to refill prescriptions early so they can have an adequate supply of medication on hand. For additional safety and convenience, we offer free in-home delivery of medications through Pharmacy Advantage. If you have any questions, you can contact Pharmacy Advantage at **(800) 456-2112**.

New policy for coverage of Avastin, Herceptin and Rituxan

On June 1, 2020, HAP implemented a new policy for preference of biosimilar (generic) products for Avastin, Herceptin and Rituxan. For patients starting therapy on these agents, the brand name products are no longer covered. Members just starting on therapy can receive the biosimilar products without a prior authorization. For members that have been on therapy prior to June 1, 2020 a prior authorization can be approved to allow the member to continue current therapy.

Coming soon in pharmacy

HAP Empowered members can receive prior authorization decisions through electronic prior authorization.

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