



Provider Newsletter



Fall/Winter 2011



Assuring Better Health & Development For ABCD

ProCare Health Plan, Inc. (ProCare) in conjunction with the Michigan Department of Community Health, (MDCH) is participating in the Assuring Better Child Health and Development Program (ABCD). The program's objective is to ensure our children are receiving developmental screenings in accordance with the American Academy of Pediatrics guidelines.

The focus of the ABCD Program is to:

- Identify children ages 3 to 36 months
- Ensure that children enrolled with ProCare have a developmental screening at ages 9, 18, 24 or 30 months

Measurement outcome includes:

- Identify and determine the percentage of all medical records with standardized developmental screening
- Identify and determine the percentage of medical records with abnormal results
- Identify and determine the percentage of medical records with evidence of a referral with abnormal screening

ProCare's goal over the course of the next three (3) years is to increase standardized developmental screening rates with all of our contracted practitioners who provide pediatric care. We are asking for your assistance with this process. Please have your office staff contact parents of members within the age criteria to schedule an appointment for developmental screenings. By partnering with ProCare in the ABCD Program, we will improve the overall health of our children.

If you have any question regarding this program please contact ProCare's Quality Improvement, at (313) 267-0306 or toll free at 1-877-255-3005.

Take Note of Record-Keeping Standards

ProCare audits medical records in a random sample of provider offices annually using standards developed by URAC. It is important to incorporate these standards into your patients' medical records to maintain and increase patient safety, confidentiality and medical care.

Please make sure your patients' medical records are:

- Available for review for seven years
- Organized with dividers by type of service
- Not accessible by other patients

It is important to include in your patients' medical record:

- Medication allergies or adverse reactions displayed
- Documentation of all referred diagnostic and therapeutic services
- A list of significant illnesses and medical conditions
- Medical history for patients seen more than three times
- A signed and dated release of information form
- Legible, signed and dated entries
- Acknowledgment of receipt of privacy notice

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2011 Healthcare Effectiveness Data & Information Set Audit (HEDIS)

ProCare Health Plan, Inc. (ProCare) is preparing for its Healthcare Effectiveness Data and Information Set Audit (HEDIS). This annual review is conducted in accordance with the requirements of the National Committee for Quality Assurance (NCQA) and the Michigan Department of Community Health (MDCH). For health plans servicing the Medicaid population **compliance with HEDIS data is mandatory.**

The member's application for coverage with Medicaid and the provider's contract with ProCare provides for the release of medical record information to the health plan or its designee for quality improvement efforts. HIPAA provisions also allow reviews of this type as it is a required part of operations for a managed care organization. The Availability of Records paragraph in the MSA Provider Manual states in part... "The provider is required to permit Medical Services Administration personnel, or authorized agents, access to all information concerning any services that may be covered by Medicaid." Thus, a separate authorization for release of information from the medical records is not required.

This year, ProCare will review records onsite at most offices during the months of February, March, April, and May 2011. ProCare staff will bring supplies (i.e. copy paper) with them whenever possible and copy only those pages of the medical records that are needed to substantiate the HEDIS standard. However, if there are 5 or less of records to review your staff may fax the required pages of the medical record to our office at 313-921-0841. As the Medical Director I want to assure you that one of ProCare's priorities is to make certain our members have access to appropriate preventative care. The HEDIS Audit serves as a means to measure this objective.

ProCare would like to thank our providers in advance for supporting the HEDIS process. We look forward to recognizing and rewarding our providers for their continued commitment to provide outstanding service to our members. If you have any question regarding this program please contact ProCare's Quality Improvement, at (313) 267-0306 or toll free at 1-877-255-3005.

Pharmacy Network



For a list of network pharmacies currently contracted with SGRX on behalf of ProCare, please go to www.scriptguiderx.com. Prescription must be filled at a network retail pharmacy in order for prescriptions to be covered. If one of your ProCare members has pharmacy that is not in our network, the Pharmacist should contact ScriptGuideRX about joining the network, by calling 855-FOR-SGRX (367-7479).

ScriptGuideRX is committed to providing quality services to ProCare Health Plan, its members and providers. For questions about prescription coverage, please call ProCare at 313-267-0314.

Attention ProCare Provider Network!

In accordance with the State of Michigan Integrity Program Division, ProCare currently screens all new and existing providers for exclusion in any Medicaid Programs. Effective immediately, ProCare is urging each provider within our network to screen their employees and contractors for any exclusion in any Medicaid Program.

It is recommended that the provider conduct this screening on a monthly basis. Please use the following link to perform the screening: <http://exclusions.oig.hhs.gov/>. Please contact Kristin Brown, Credentialing Specialist at (313) 267-0318 or by email at kbrown@procarehp.com for assistance in accessing this site.

ProCare Meets Primary Care Physician (PCP) Access and Availability Goal for 2011!

Based on ProCare's annually Access and Availability Survey of over 200 primary care locations, ProCare once again met its GOAL!

Standard Type	Standard	Compliance	Comments
Urgent Care	Within 24 hours	100%	100% received same day appointments
Routine Care	Within 14 days	100%	Average wait time was 11 days
Specialty Care	Within 30 days	100%	Average wait time was 23 days
In Office Wait time	Within 20 minutes	100%	Average wait time was 18 minutes
After-Hours Access	24/7 access	100%	No issues identified



HIPAA Privacy Rule

The HIPAA Privacy Rule provides federal protections for personal health information held by covered entities and gives patients an array of rights with respect to that information. At the same time, the Privacy Rule is balanced so that it permits the disclosure of personal health information needed for patient care and other important purposes.

For more detailed information about health privacy, you may want to visit the U.S. Department of Health and Human Services website at www.hhs.gov/ocr/hipaa/.

The HIPAA Privacy Rule creates national standards to protect individuals' medical records and other personal health information.

- It gives patients more control over their health information
- It sets boundaries on the use and release of health records
- It establishes appropriate safeguards that health care providers and others must achieve to protect the privacy of health information
- It holds violators accountable, with civil and criminal penalties that can be imposed if they violate patients' privacy rights
- It strikes a balance when public responsibility supports disclosure of some forms of data – for example, to protect public health
- Patients are able to make informed choices when seeking care and reimbursement for care based on how personal health information may be used
- It enables patients to find out how their information may be used, and about certain disclosures of their information that have made
- It generally limits release of information to the minimum reasonable needed for the purpose of the disclosure
- It generally gives patients the right to examine and obtain a copy of their own health records and request corrections
- It empowers individuals to control certain uses and disclosures of their health information



Fraud And Abuse

POLICY: ProCare strives to comply with applicable federal and state fraud and abuse Laws by taking appropriate measures that are reasonably capable of detecting, preventing and/or reducing the occurrence of fraud and abuse by ProCare Personnel

and other agents, contracted and non-contracted health care providers ("Providers"), other Contractors, and Members.

DEFINITIONS:

Fraud is defined as the intentional deception or misrepresentation by a person with the knowledge that the deception could result in some unauthorized benefit to him/her or some other person. It includes any act that constitutes fraud under applicable state and federal Laws. (42 CFR 455.2).

Examples of fraud include, but are not limited to:

1. Billing for services not provided;
2. Billing for services in a manner other than as actually provided;
3. Billing for services which were not medically necessary or provided by an unqualified person;
4. Services provided are accompanied by an illegal inducement to utilize or refrain from utilizing a service (kickback); and
5. Underutilization and denial of necessary medical care;
6. Member using expired ID card;
7. Someone other than a Member using an ID card;
8. Member's giving false information to get medical or pharmacy services.

Abuse is defined as Personnel or Provider practices that are inconsistent with sound fiscal, business or medical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes beneficiary practices that result in unnecessary costs to the Medicaid program. (42 CFR 455.2).

If you suspect fraud, please contact ProCare's Fraud and Abuse Hotline at (877) 255-3055 ext. 136.

ProCare Health Plan (PCHP) is committed to conducting its affairs in accordance with all applicable Federal and State laws, regulations, licensing and contract obligations.

PCHP has developed a Compliance Program to assure that these activities are carried out in a timely and accurate manner. PCHP strives to maintain the Compliance Program to prevent and detect violations of the law by any of its providers or contractors and exercises due diligence in seeking to prevent and detect abuse, fraudulent or criminal acts by its employees or agents. PCHP monitors all of its business operations for the purpose of reporting fraud or abuse to federal and state government agencies and officials.

Reporting can be done anonymously to ProCare Health Plan or MDCH. Reporting suspected fraud and abuse can be done by calling or sending a letter/memo to:

ProCare Health Plan
Compliance Officer

3968 Mt. Elliot, Detroit, MI 48207

Toll Free Number: 877) 255-3055 ext. 136

Reporting suspected fraud and abuse and complaints of fraud and abuse that warrant preliminary investigation can be done by submitting them on line at [www.michigan.gov/mdch/inside community health/fraud and abuse/](http://www.michigan.gov/mdch/inside_community_health/fraud_and_abuse/) or by calling or sending a letter/memo to:

Medicaid Integrity Program Section
Capital Commons Center Building
400 South Pine, 6th Floor
Lansing, Michigan 48909,
Program Investigation Section
Toll Free: 1-866-428-0005

When reporting suspected fraud and/or abuse, provide DCH the following information:

- Nature of the Complaint
- The name of the provider, individuals and/or entity, including their address, phone number, and Medicaid identification number, and any other identifying information.
- Source of the complaint
- Type of provider
- Approximate range of dollars involved
- Legal and administrative disposition

Legal and administrative disposition of case, including actions taken by law enforcement officials to whom the case has been referred.

- Any other information deemed necessary or requested by MDCH



ProCare Health Plan, Inc.
3968 Mt Elliott
Detroit, MI 48207

A Choice For The Community

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HOW TO REACH US

Office Hours:
Monday thru Friday
9:00 A.M. to 5:00 P.M.

Provider Services: 1-877-255-3055

Our Member Services Specialists are here to help you
Monday through Friday 9:00 A.M. to 5:00 P.M.

Visit our Website: www.procarehp.com

Mailing Address:
ProCare Health Plan, 3968 Mt. Elliott, Detroit, MI 48207
