Provider Connection

FIRST QUARTER 2023

In this Issue

WORKING WITH PHP

Doctors' Day 2

General Training 101 - 2023 Dates 3

Lunch & Learn - 2023 Dates 3

PHP Member Portal and App 4

Provider Appeal Process 5

Pulling Your PCP Roster 6

Referring Members to In-Network Providers 6

Updating Practice Information 7

QUALITY CORNER

Pharmacy Formulary Changes 8

Pharmacy Site of Care 9

Kidney Health Evaluation for Members with Diabetes 10

Advance Directives 12

Are You Being Asked to Provide Medical Records? 13

CCM Referral 14

Pharmacy Updates 14

Medical and Routine Eye Exams 15

Unlisted Unspecified Procedure List of Codes 16

UPDATES

Cultural Competency Training 17

Member Rights and Responsibilities 18

Notice of Privacy Practices 19

Provider Manual Update 23

CONTACT US........ BACK COVER

Physicians Health Plan

Doctors' Day 2023 - Thank You

PHP would like to extend our gratitude to all clinicians and professionals. Your skills, knowledge, and dedication to providing reliable and high-quality patient care continue to keep our community safe and healthy.

The choice to dedicate your life to helping others exemplifies one of the greatest gifts we can offer one another - compassion. Your compassion is evident in the lives of the patients you care for, and your positive impact cannot be overstated.

Thank you for leading us through the tremendous challenges we have faced together in recent years and for your dedication to the health and wellness of our patients everywhere. We could not be more grateful for your sacrifice or more inspired by your compassion.

Happy Doctors' Day!

General Training 101 – 2023 Sessions

PHP Provider Relations offers training sessions throughout the year to help you and your office staff work effectively with PHP.

The information presented will include an overview of PHP Commercial and PHP Medicare Advantage plan requirements, a review of PHP's online resources, and how to navigate the MyPHP Provider Portal, including checking eligibility and benefits, claim status, prior authorization request, and much more. Provider office administration and staff are encouraged to attend.

2023 Dates available include:

» Tuesday, Feb. 7, 2023, from 12–1:30 p.m.

» Thursday, May 18, 2023, from 8:30–10 a.m.

» Tuesday, Aug. 15, 2023, from 8:30–10 a.m.

» Thursday, Nov. 9, 2023, from 12–1:30 p.m.

Register today! Go to **PHPMichigan.com/Providers**, and select "Training Opportunities."

All registered attendees will receive login information sent to the email used to register before the training date.

Questions? Email PHP Provider Relations at PHPProviderRelations@phpmm.org.

Lunch & Learn – 2023 Dates

PHP Provider Relations is happy to continue to offer Lunch and Learn sessions in 2023.

In addition to our quarterly General Training 101, PHP Provider Relations offers quarterly Lunch and Learns sessions. Attendees will have the opportunity to learn more about specific PHP programs and processes, like the Primary Care Incentive Program, the prior authorization process, or any other topics requested by you - our provider network! The topic for each session will be announced closer to the training date, and a flyer will be posted to provide additional information.

Please join us on the following 2023 Training Dates:

» Thursday,Feb. 16, 2023, from 12–1 p.m.

» Tuesday, April 18, 2023, from 12–1 p.m.

» Thursday, July 13, 2023, from 12–1 p.m.

» Tuesday, Oct. 24, 2023, from 12–1 p.m.

We welcome your requests for topics you want to know more about. Please email any suggestions to PHPProviderRelations@phpmm.org

To register, visit **PHPMichigan.com/Providers** and select "Training Opportunities."

PHP Member Portal and App

Like the PHP Provider Portal, PHP also offers a PHP Member Portal. The PHP Member Portal is a member's complete online health plan resource. Members have access to the portal 24 hours a day, 7 days a week.

In addition to the PHP Member Portal, PHP also offers a Member Portal app. The Member Portal app allows the member to access the portal when on the go.

The PHP Member Portal and app allow members to view their health plan benefits and summaries, view and print a temporary ID card, view their healthcare claims and deductible/out-of-pocket balance, locate in-network providers, and more.

PHP members can contact PHP Customer Service at 517.364.8500 for assistance with creating a Member Portal account.

Provider Appeals

A provider appeal is a written or verbal request submitted by a provider or facility to reconsider a decision made by PHP about a specific member. The decision may be about a member's medical benefit or a specific request to change a complete or partial claim denial. There are two main types of appeals:

Benefit denials- referred to as Adverse Benefit Determination Provider Appeals. Benefit denials may be the result of:

- Member's Certificate of Coverage (COC) benefit language, exclusions, or benefit limitations
- Lack of medical necessity based on current medical or pharmaceutical policy
    - If an appeal is received to support medical necessity, the member appeal process is engaged
- Benefit level, request to process and pay a claim at a member's in-network benefit if a member does not have an out-of-network benefit

Claim denials- Claim denials may be the result of:

- Lack of authorization
- Reimbursement Dispute
- Timely filing
- Code editing that can result in complete or partial claim denial. Code edits may include, but are not limited to:
    - Bundled services
    - MUE edits o Improper payments
    - Duplicate service (s)
    - New patient code edits
    - Incorrect/missing modifier

Please note if your claim was denied for a request for medical records, this is NOT an appeal. Please submit your medical records as instructed in your request letter or explanation of payment (EOP).

Appeals must be submitted no later than 90 days from the date the claim was processed. Appeals can be submitted by completing the Provider Appeal Form, located under "Forms" in the MyPHP Provider Portal, or at **PHPMichigan.com/Providers/ Forms/Provider Appeal Form**. The completed Provider Appeal Form and supporting documentation should be returned to PHP by:

- Mail to PHP, PO Box 30377, Lansing, MI, 48909, or
- Faxed to PHP at 517.364.8517
  Monday-Friday 8 a.m. to 5 p.m., EST

Your appeal should include a completed appeal form and documentation to support your reasoning for the appeal. Documentation should include all pertinent clinical information and/or coding source rationale relevant to the appeal. This documentation may include

- Medical records such as office notes, surgical notes, radiology, or lab reports; coding source rationale; or any other pertinent information dependent on the type of adverse determination or claim denial received.
    - Be sure all information is accurate and supported in the records; if in doubt, include it.
- Contact person and direct phone number/email so PHP can contact you if there are any questions or if any additional information is necessary to process your appeal.

Once your Provider Appeal Form is received by PHP, you will receive a letter of acknowledgment in five to ten calendar days. If additional documentation is needed by PHP, you will receive a fax or phone call and will be provided two weeks to respond. After a thorough investigation, a notification of a decision will be mailed within 30 days of the receipt of your appeal. If a letter or communication from PHP is not received, please reach out to PHP Customer Service at 800.832.9186.

Only one appeal can be requested for each date of service, claim, or denied authorization. Any appeal that is received by PHP after the 90-day submission timeline will not be considered.

Effective March 1, 2023, PHP will be extending the provider appeal deadline to 180 days, (currently 90 days) from the date the claim is processed. A decision letter will be mailed within 45 days of the receipt of your appeal (currently 30 days).

Primary Care Provider Rosters

Pulling your Primary Care Provider (PCP) Patient Eligibility Roster is quick and easy on the PHP Provider Portal. Once you are logged into the PHP Provider Portal, hover over the "Coverage & Benefits" tab with your cursor. A dropdown will populate and give you “PCP Patient Eligibility Roster” as an option. Once selected, you will select the PHP Provider ID you want to obtain a Patient Eligibility Roster under “Select Provider,” then click search. You will have the option to print the Patient Eligibility Roster or download the Patient Eligibility Roster on an Excel spreadsheet.

You can update your Patient Eligibility Roster by printing the roster, making corrections, and faxing it to PHP Customer Service at 517.364.8411 or by calling 517.364.8500, Monday-Friday, 8 a.m. to 5 p.m., EST.

Referring Members to In-Network Services

When a referral is needed, it is important to confirm that the referral is to an in-network provider. If you are unsure of the network status of a provider, you can contact PHP Customer Service at 800.832.9186 or visit the PHP online Provider Directory at **PHPMichigan.com/FindADoctor**.

Referring a member to a non-network provider could cause unnecessary charges for the member.

Provider Information Update Form

All network providers must notify PHP in writing and in advance of any demographic or status changes with the practice/facility. Failure to notify PHP could cause delays in claim processing. Some changes you would want to inform PHP about include, but are not limited to:

- Providers leaving or joining the practice or taking a leave of absence
- Change in the status of accepting new patients
- Provider Name Change
- Changes to the Tax ID
- Change in address
- Location Closing

You can find the Provider Information Update Form by visiting the PHP website at **PHPMichigan.com/Providers**, selecting "Forms," then selecting the "Provider Information Update Form," or directly at **PHPMichigan.com/Providers/General-Forms-and-Information**.

Once the form is filled out, it can be mailed, emailed, or faxed to PHP.

Physicians Health Plan (Attn: Network Services)

PO Box 30377 Lansing, MI 48909

Fax: 517.364.8412

Email: PHPProviderUpdates@phpmm.org

Please refer to your participation agreement and the provider manual for the specific notification requirements.

Formulary Changes Effective Jan. 1, 2023

Formulary Coding Changes:

Therapeutic Category	Medication	Action
Stimulants	Concerta	Brand up tiering to Non-Preferred Tier (3)
Amphetamines	Adderall XR	Brand up tiering to Non-Preferred Tier (3)
Amphetamines	Mydayis	Down tiering to Preferred Tier (2)
CGRP (Migraine)	Aimovig	Down tiering to Preferred Tier (2); no PA
CGRP (Migraine)	Emgality	Down tiering to Preferred Tier (2); no PA
CGRP (Migraine)	Ajovy	Down tiering to Preferred Tier (2); no PA
Atopic Dermatitis	Dupixent	Down tiering to Preferred Specialty Tier
Antineoplastic	Gavreto	Down tiering to Preferred Specialty Tier
Antineoplastic	Retevmo	Down tiering to Preferred Specialty Tier

Additions to Formulary:

Therapeutic Category	Medication	Action
Stimulants	Amphetamine/ Dextroamphetamine XR	Adding to Tier 1
Stimulants	Methylphenidate HCL (OSM) ER	Adding to Tier 1
CGRP (Migraine)	Ubrelvy	Adding to Preferred Specialty Tier
CGRP (Migraine)	Qulipta	Adding to Preferred Specialty Tier

Medications Removed from Formulary:

Therapeutic Category	Medication	Status	Preferred Medication
Kinase Inhibitors	Sutent	Excluded	Nexavar
Kinase Inhibitors	Votrient	Excluded	Nexavar
PARP Inhibitors	Rubraca	Excluded	Lynparza
PARP Inhibitors	Talzenna	Excluded	Lynparza
Nasal Steroids	Budesonide Nasal Spray	Excluded	Fluticasone (RX) Nasal Spray
Nasal Steroids	Triamcinolone Nasal Spray	Excluded	Fluticasone (RX) Nasal Spray
Acne Products	Benzoyl Peroxide 10% Topical Wash	Excluded	OTC medication exclusion – recommend OTC products outside of Rx benefit

**For patients that have an active prior authorization for any of the above excluded medications, that authorization will remain in place through the end of the prior authorization period on the authorization letter. Note that providers may submit a prior authorization coverage request for excluded medications for medical necessity review to the PHP Pharmacy Department.*

Specialty Drug Site-of-Care Policy

PHP encourages a strong relationship between our members and providers, while providing cost-effective care. The following list of medications must be administered at a non-facility setting, such as a provider's office, through home infusion services, or at an ambulatory infusion center.

Medication Brand Name	Generic Name	HCPCS Codes
Synagis**	Palivizumab	90378
Orencia**	Abatacept	J0129
Benlysta	Belimumab	J0490
Fasenra**	Benralizumab	J0517
Xgeva, Prolia	Denosumab	J0897
Privigen, Asceniv, Cuvitru, Bivigam, Gammaplex, Xembify, Hizentra, Gamunex-C/Gammaked, Carimune NF, Octagam, Gammagard, Flebogamma, Hyqvia, Pangyza, Cutaquig	Immune Globulin	J1459, J1554, J1555, J1556, J1557, J1558, J1559, J1561, J1566, J1568, J1569, J1572, J1575, J1599, J3590
Simponi Aria	Golimumab	J1602
Remicade, Inflectra, Renflexis	Infliximab	J1745, Q5103, Q5104
Nucala**	Mepolizumab	J2182
Ocrevus	Ocrelizumab	J2350
Xolair	Omalizumab	J2357
Cinqair**	Reslizumab	J2786
Vyepti**	Eptinezumab-jjmr	J3032
Actemra**	Toclizumab	J3262
Stelara	Ustekinumab	J3357
Entyvio	Vedolizumab	J3380
Evkeeza**	Evinacumab-dgnb	J3490

**Medications added effective Oct. 1, 2022

HEDIS Medical Record Review 2023

Kidney Health Evaluation for Patients with Diabetes (KED)

The HEDIS® (Healthcare Effectiveness Data and Information Set) review process will begin soon. The PHP HEDIS® Nurse Reviewer will contact your office or facility beginning in Feb. 2023 to make arrangements with you for the review. The reviewer will supply a list of PHP members for which records are needed and the specific medical record criteria that we are requesting. We know that many offices are very familiar with this process and the measurement criteria that are requested. However, this year there is a change in one of the criteria concerning Comprehensive Diabetic Care that we want to make you aware of.

The Comprehensive Diabetes Care (CDC) measure has previously consisted of 4 (four) separate indicators. These indicators included blood pressure, A1c, eye exam, and kidney function assessment. This year, those indicators have been separated into their own measure and will look different. The kidney health evaluation specifies different criteria than in past years. (See below)

- **Eye Exam for Patients with Diabetes (EED)**
- **Blood Pressure Control for Patients with Diabetes (BPD)**
- **Hemoglobin A1c Control for Patients with Diabetes (HBD)**
- **Kidney Health Evaluation for Patients with Diabetes (KED)** includes Commercial and Medicare members 18-85 years of age with diabetes (type 1 and type 2). The kidney evaluation must include ***both*** an estimated glomerular filtration rate (eGFR) ***and*** a urine creatinine test (uACR) on the same or different dates of service.
  - At least one eGFR (Estimated Glomerular Filtration)
  - At Least one uACR identified by either of the following:
    - ***Both*** a quantitative urine albumin test ***and*** a urine creatinine test ***with*** service dates four (4) days or less apart.
    - A uACR (Urine Albumin Creatinine Ratio)

Estimated Glomerula Filtration Rate (eGFR)

CPT	
80047	80053
80048	80069
80050	82565
LOINC	
48642-3	70969-1
48643-1	77147-7
50044-7	88293-6
50210-4	88294-4
50384-7	94677-2
62238-1	96591-3
69405-9	96592-1

Quantitative Urine Albumin Test

CPT	
82043	
LOINC	
14957-5	53530-2
1754-1	53531-0
21059-1	57369-1
30003-8	89999-7
43605-5	

Urine Creatinine Test

CPT	
82570	
LOINC	
20624-3	57344-4
2161-8	57346-9
35674-1	58951-5
39982-4	

Urine Albumin Creatinine Ratio

LOINC	
13705-9	59159-4
14958-3	76401-9
14959-1	77253-3
3000-4	77254-1
32294-1	89998-9
44292-1	9318-8

Please contact PHP Quality by emailing PHPQualityDepartment@phpmm.org for questions.

Advance Directive Standard

Advance directives allow patients to make their own decisions regarding the care they would prefer to receive if they develop a terminal illness or a life-threatening injury.

Physicians Health Plan (PHP) requires documentation that advance directives have been discussed with adult patients. Documentation should include either that the member has declined an offer to receive additional information or that an advance directive has been executed. A copy must be maintained in the patient's medical record.

How to Accomplish Compliance with this Standard: A question concerning advance directives could be included on the Patient registration form or health history form. Having a question that asks if the patient has an advance directive with a box to check yes or no, along with a statement that they may obtain more information regarding the subject from you, would meet PHP's standard.

Begin the Conversation: Talk to your patient about the end of life medical care. The Michigan Dignified Death Act (Michigan law) and the Patient Self-Determination Act (federal law) recognize the rights of patients to make choices concerning their medical care, including the right to accept, refuse or withdraw medical and surgical treatment, and to write advance directives for medical care in the event they are unable to express their wishes.

Advance Care Directives Can Reduce:

- Personal worry
- Futile, costly, specialized interventions
- Overall health care costs

For Questions, call:

PHP Compliance: 800.562.6197

Or visit: Michigan Office of Retirement Services Power of Attorney and Advance Directive Resources **Michigan.gov/orsmsp/0,4652,7-224-40621_78326---,00.html**

Types of Advance Directives

1. A durable power of attorney for health care allows the patient to name a "patient advocate" to act for the patient and carry out their wishes.
2. A living will allows the patient to state their wishes in writing but does not name a patient advocate.
3. A do-not-resuscitate (DNR) declaration allows a patient to express their wishes in writing that if their breathing and heartbeat cease, they do not want anyone to resuscitate them.

Laws

Michigan Dignified Death Act

Patients have the right to be informed by their physician about their treatment options.

- This includes the treatment you recommend and the reason for this recommendation.
- You must tell your patient about other forms of treatment. These must be treatments that are recognized for their illness. They must be within the standard practice of medicine.
- You must tell your patient about the advantages and disadvantages of any treatments, including any risks.
- You must tell your patient about the right to limit treatment to comfort care, including hospice.
- You should encourage your patient to ask any questions about their illness.

Patient

Federal Patient Self-Determination Act

- Patients have the right to make decisions concerning their medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives.
- Doctors must maintain written policies and procedures with respect to advance directives and inform patients of the guidelines.
- You must document in the patient's medical record whether or not they have executed an advance directive.
- You must ensure compliance with the requirements of Michigan laws respecting advance directives.
- Provide education for staff and the community on issues concerning advance directives.
- The Act also requires providers not to condition the provision of care of an individual based on whether or not the individual has executed an advance directive.

Are You Being Asked to Provide Medical Records?

Physicians Health Plan (PHP) is committed to detecting billing errors, preventing Fraud Waste and Abuse (FWA), and investigating Fraud when it is detected. Part of PHP's Billing Integrity Program's primary objective is to ensure that providers accurately bill and are reimbursed for medically necessary services. This is achieved through regular data analytics and medical record reviews. All in-network and out-of-network physicians, providers, allied health professionals, hospital and ancillary providers, as well as licensed independent practitioners, are subject to medical record reviews.

PHP performs claim audits and medical record reviews on both a pre-payment and post-payment basis. Pre-payment audits are completed prior to claim adjudication and payment. Providers will receive a written notification of the request for records from PHP and/or PHP's audit firm. Currently, PHP works with Change Healthcare for medical record reviews. Providers should submit all necessary documentation, as requested in the letter, within thirty (30) days or as specified in the letter. The documentation should be returned to the address referenced in the letter.

Post-payment audits generally include claims processed six-months to one-year prior to the audit/review date to identify billing trends and billing outliers. However, this time frame may be expanded as needed based on the findings. Providers will receive written notification of the request for records from either PHP and/or PHP's audit firm if warranted. Providers should submit all necessary documentation such as patient medical records, invoices, itemizations, etc. as requested within fourteen (14) days or as specified in the letter to ensure a successful and timely audit.

How are Claims selected for review?

Claims are selected for review for a variety of reasons. Some record requests are part of routine audits, while others are initiated due to specific scenarios as follows:

- Outliers in charges, utilization, or coding compared to peers
- New CPT/HCPCS codes and modifiers
- Prior industry findings, such as OIG reports
- Time-based coding reported with higher than normal units
- High utilization of modifiers such as -25 and -59

Standards for Medical Record Documentation

Medical record entries must provide a complete and accurate reflection of the procedures/services performed and full support of the coding and claim data submitted for reimbursement. Incomplete records and lack of response to the request of medical records may result in denial or adjustment to prior reimbursement. Please note that the "burden of proof" lies with the provider submitting claims for reimbursement. Often providers elect to house their records at locations other than the office or facility where the service is provided. The billing provider is responsible for obtaining necessary supporting records from the other locations/providers/data warehouse as needed. PHP requires that providers maintain medical records in compliance with generally accepted Center for Medicare and Medicaid Services (CMS) Documentation Guidelines.

Providers should maintain a single, permanent medical record for each member and protect records against loss, destruction, tampering, or unauthorized use.

Submission of Records & Timelines

- All documentation requested should be submitted together.
- Minimum necessary guidelines should be followed. Only send records pertaining to the date of service that support the encounter/coding under review.
- Requested documentation must be submitted within the timelines outlined in the request letter.

A member may not be billed for services for which a claim submission has been returned to the provider for lack of supporting documentation.

Complex Case Management Program

The Complex Case Management Program is a free program for any PHP member that has multiple medical conditions and wishes to collaborate with a PHP nurse case manager (RN CM) about their medical care and available benefits.

The RN CM will complete an assessment with the member that includes items such as a rating of overall health, reviewing utilization of hospital and urgent care visits, readiness to make changes in current care management, social factors, medications, medical history, support systems, behavioral health, vision/hearing status, and disease-specific assessments customized to the member's needs.

Following those assessments, a care plan is designed around current needs, barriers and goals. The RN CM and PHP member will create a working relationship to address any barriers and help the member meet their healthcare goals. The RN CM can also discuss and coordinate member care with your office.

To refer a member to this program, email PHPCaseManagement@phpmm or call 517.364.8400 and ask to be connected to a complex case manager.

Pharmacy Updates

New to Market Drug	Formulary Placement
Camzyos (mavacamten)	Prederred Speciality Tier, Prior Authorization
Vivoja (oteseconazole)	Tier 3, Prior Authorization

The list of Affordable Care Act (ACA) medications covered at zero-cost share is changing on Jan. 1, 2023 based upon recommendations by the United States Preventative Service Task Force

Formulary Changes	Change Made to Formularly
Aspiring 81mg	No longer covered for adult males 40-59 years of age

For up to date information on drug recalls please visit **PHPMichigan.com/Providers**. A link to the FDA's drug recall website is available under the Pharmacy Services tab.

Important Things to Remember When Submitting a Prior Authorization Request Form

- The Medication Authorization Form is located on the Provider » Pharmacy Services page on the website **PHPMichigan.com**.
- Fill out form completely and legibly.
- If requesting an infusion drug, please include the name of the office and/or facility and NPI number of where the drug will be administered.
- Provide accurate provider contact information:
  - Contact person's name
  - Phone number
  - Fax number
- Include the patient's most current chart notes documenting their status as well as clinical documentation of previous medication trials related to the request.
- Submissions from CoverMyMeds are routinely transmitted with incomplete information which delays care for the patient. Sending requests directly to PHP will reduce the time it will take to process the request. If you have issues sending authorization requests for PHP Members through CoverMyMeds please reach out directly to PHP Customer Service at 800.562.6197 or 517.364.8400.

Medical and Routine Eye Exams – Understanding the Difference

When it comes to understanding covered benefits, especially valuable benefits like vision, education is essential. With that in mind, we would like to offer some important information regarding the difference between medical and routine eye exams.

A medical eye exam includes diagnosis and treatment of an eye disease or condition (like glaucoma, conjunctivitis, or cataracts). A routine eye exam includes diagnosis and treatment of non-medical vision issues, like astigmatism, or farsightedness. For the PHP Medicare 2023 plan year, there is a $0 copay for up to one routine eye exam every calendar year provided through EyeMed®.

Eye refractions are another important vision benefit, and coverage and cost-share depend on where the service is obtained. An eye refraction is a test performed during an eye exam that measures your prescription for glasses or contacts. Eye refractions and dilations are covered during a routine eye exam performed by EyeMed®. As with all Medicare Advantage (MA) plans in Michigan, PHP Medicare does not cover eye refractions after cataract surgery when performed by a PHP Medicare eye specialist.

Unlisted/Unspecified Procedure Codes

The American Medical Association (AMA) Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) are part of a standardized code system that describes the procedures and services provided by physicians, nonphysician practitioners, hospitals, outpatient facilities, medical equipment suppliers, and laboratories. In an effort to ensure the representation of new technology and advancements in healthcare, these code sets are reviewed and updated by the AMA. However, there may be times when the documented procedure is not represented adequately by one or a combination of designated CPT/HCPC codes. In these instances, reporting an unlisted or unspecified code may be appropriate until a more specific code is established.

Prior Authorization

Prior authorization may be required for procedures reported with an unlisted code if considered unproven, experimental, investigational, and/or cosmetic. Prior authorization may also be required if the service/item being reported under an unlisted/unspecified code would otherwise require prior authorization, such as accidental dental services. The prior authorization request must be submitted on the designated form with a complete description of the planned procedure or supply item. Requests pertaining to surgical procedures must include an indication of any devices, biomedical grafting, technique/approach, and/or other documentation to support medical necessity.

Required Documentation

- A complete description of the procedure or item (e.g., operative report, lab report, order, etc.)
- Surgical services should indicate if the procedure was performed independently from other services and if it was performed at the same site or through the same surgical opening.
- Documentation of techniques, surgical approach, and/or method of surgery
- Physician Order and Invoice for unlisted DME/Supply Codes
- Patient's diagnosis and associated risks
- Surgical findings
- ·A reasonably comparable code and rationale for the selection of an unlisted code

Multiple Units and Modifiers

If the provider performs two or more procedures on the same anatomic location that require the use of the same unlisted code, the unlisted code should be reported only once to identify the services provided. If two or more procedures that require an unlisted code are performed on different anatomic locations, the unlisted code may be reported for each different anatomic location, and documentation should indicate and support different locations

PHP follows CMS guidelines regarding Payment Policy Indicators. These include the applicability of modifiers for professional and technical components, assistant surgeon, co-surgeon, team surgeon, global surgical periods, bilateral billing, and multiple surgical reductions.

Prior to submission of a claim with an unlisted code, consider the following

- Is there a more appropriate code that represents the documented service?
- Is the selected unlisted code the most appropriate for the category of service?
- Does the documentation meet the requirements of reporting the unlisted code?
- Has authorization been obtained if required?
- Are the modifiers reported with the unlisted code(s) supported by the documentation and acceptable with the unlisted code? (e.g., assistant surgeon, co-surgeon, bilateral, etc.)

Claim Submission

For surgical procedures, a copy of the operative report must be submitted with the claim, along with information to support the decision-making process, the medical rationale for performing the service, and the rationale for reporting the unlisted code. For medical supply items, a copy of the order that includes a complete description of the item and rationale for reporting the unlisted code must be submitted with the claim. If the unlisted procedure code is deemed to be an incorrect code selection, there is a lack of supporting documentation, or it is determined upon review of the documentation that the service billed is considered to be experimental/unproven; the service will be denied accordingly. A benefit authorization is not a guarantee of payment. Clinical editing and Fraud Waste and Abuse reviews may be performed pre or post-payment of an unlisted code when warranted.

Claims submitted without supporting documentation will be denied

Please refer to PHP Reimbursement Policy PRP-03 Unlisted CPT/HCPCS Codes and PRP-05 Medical Record Request Standards and the PHP Provider manual for additional details.

Cultural Competency Training

Physicians Health Plan (PHP) offers Cultural Competency Training. This training is free and available to all registered users on the MyPHP Provider Online portal. PHP encourages all providers to complete the Culture Competency Training annually. To access the training, log into the MyPHP Provider Portal at **PHPMichigan.com/MyPHP**. Once you are logged into the portal, you can select Cultural Competency Training on the right-hand side of your screen under PHP Commercial Quick Links.

Please contact PHP Provider Relations at PHPProviderRelations@phpmm.org if you need assistance registering for the MyPHP Provider Portal.

Member's Rights and Responsibilities

Statement of Member's Rights and Responsibilities, which include:

Member Rights

Enrollment with Physicians Health Plan (PHP) entitles you to the right to:

1. Receive information about your rights and responsibilities as a member in terms you can understand
2. Have access to culturally and linguistically appropriate language interpretation services free of charge
3. Always be treated with respect and recognition of your dignity and right to privacy
4. Expect privacy of your personal health information (PHI)
5. Choose and change a primary care physician (PCP) from a list of network physicians or practitioners
6. Information on all treatment options that you may have in terms you can understand so that you can give informed consent before treatment begins
7. Refuse treatment to the extent permitted by law and be informed of the consequences of your refusal
8. Openly discuss appropriate or medically necessary treatment options regardless of cost or benefit coverage
9. Participate with providers in making decisions involving your healthcare
10. Voice concerns or complaints about your healthcare by contacting PHP Customer Service or submitting a formal, written grievance through PHP's appeals process
11. Be given information about PHP, its services, and the healthcare providers in its network, including their qualifications
12. Make suggestions regarding PHP's member rights and responsibilities policies
13. Receive covered benefits consistent with your plan summary and state and federal regulations

Member Responsibilities

As a PHP member, you have the responsibility to:

1. Select or be assigned a primary care physician from PHP's list of network healthcare providers if required by your plan and notify PHP when you have made a change
2. Be aware that all hospitalizations must be approved in advance by PHP, except in emergencies or for urgently needed health services
3. Use emergency department services only for treatment of a serious or life-threatening medical condition
4. Always present your PHP ID card to healthcare providers each time you receive health services, never let another person use it, report its loss or theft to PHP, and destroy any old cards
5. Be considerate and courteous to PHP associates, your providers, their staff, and other patients
6. Notify PHP of any changes in address, eligible family members, marital status, or if you acquire other health care coverage
7. Provide complete and accurate information (to the extent possible) that PHP and healthcare providers need in order to provide care
8. Understand your health problems and develop treatment goals you agree on with your healthcare provider
9. Follow the plans and instructions for care that you agree on with your healthcare provider
10. Understand what services have cost shares to you and to pay them directly to the health care provider who gives you care
11. Read your PHP member materials and become familiar with your provider network
12. Follow your health plan benefits and PHP policies and procedures
13. Report suspected health care fraud or wrongdoing to PHP, by contacting PHP Customer Service

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

If you have any questions about this notice, please contact PHP Customer Service at 800.832.9156.

Physicians Health Plan (PHP) provides health benefits to you as described in your Certificate of Coverage. PHP receives and maintains your medical information in the course of providing these benefits to you. When doing so, PHP is required by law to maintain the privacy of your health information and provide you with this notice of our legal duties and privacy practices concerning your health information. PHP (we) will follow the terms of this notice.

The effective date of this notice is Sept. 23, 2013. We must follow the terms of this notice until it is replaced. We reserve the right to change the terms of this notice at any time. If we make substantive changes to this notice, we will revise it and send a new notice to all subscribers covered by us at that time. We reserve the right to make the new changes apply to all your medical information maintained by us before and after the effective date of the new notice.

You have the right to get a paper copy of this notice from us, even if you have agreed to accept this notice electronically. Please contact our Customer Service Department to receive a paper copy.

Generally, federal privacy laws regulate how we may use and disclose health information. However, we may be required to follow Michigan state law in some circumstances. In either event, we will comply with the appropriate law to protect your health information (for example, in accordance with the Genetic Information Nondiscrimination Act (GINA), we will not use genetic information for underwriting purposes) and to grant your rights concerning your health information in oral, written or electronic form.

Your Protected Health Information

Ways We May Use or Disclose Your Health Information Without Your Permission: We must have your written authorization to use and disclose your health information, except for the following uses and disclosures.

To You or Your Personal Representative: We may release your health information to you or your personal representative (someone who has the legal right to act for you).

For Treatment: We may use or disclose health information about you for the purpose of helping you get the services you need. For example, we may disclose health information to healthcare providers in connection with disease and case management programs.

For Payment: We may use or disclose your health information for our payment-related activities and those of healthcare providers and other health plans, including, for example:

- » Obtaining premiums and determining eligibility for benefits
- » Paying claims for healthcare services that are covered by your health plan
- » Responding to inquiries, appeals, and grievances
- » Deciding whether a particular treatment is medically necessary and what payment should be made
- » Coordinating benefits with other insurance you may have

For Healthcare Operations: We may use and disclose your health information in order to support our business activities. For example, we may use or disclose your health information:

- » To conduct quality assessment and improvement activities, including peer review, credentialing of providers, and accreditation
- » To perform outcome assessments and health claims analyses
- » To prevent, detect and investigate fraud and abuse
- » For underwriting, rating, and reinsurance activities
- » To coordinate case and disease management services
- » To communicate with you about treatment alternatives or other health-related benefits and services
- » To perform business management and other general administrative activities, including system management and customer service

We may use or disclose parts of your health information to offer you information that may be of interest to you. For example, we may use your name and address to send you newsletters or other information about our activities.

We may also disclose your health information to other providers and health plans that have a relationship with you for certain aspects of their healthcare operations. For example, we may disclose your health information for quality assessment and improvement activities or healthcare fraud and abuse detection.

To Others Involved in Your Care. We may, under certain circumstances, disclose to a member of your family, a relative, a close friend, or any other person you identify the health information directly relevant to that person's involvement in your healthcare or payment for healthcare. For example, we may discuss a claim determination with you in the presence of a friend or relative unless you object.

As Required by Law. We will use and disclose your health information if required to do so by law. For example, we will use and disclose your health information to respond to court and administrative orders and subpoenas and comply with "workers" compensation or other similar laws. We will disclose your health information when required by the Secretary of the S.U.S. Department of Health and Human Services.

For Health Oversight Activities. We may use and disclose your health information for health oversight activities such as governmental audits and fraud and abuse investigations.

For Matters in the Public Interest. We may use and disclose your health information without your written permission for matters in the public interest, including, for example:

- Public health and safety activities, including disease and vital statistic reporting and Food and Drug Administration oversight
- To report victims of abuse, neglect, or domestic violence to government authorities, including a social service or protective service agency
- To avoid a serious threat to health or safety by, for example, disclosing information to public health agencies
- For specialized government functions such as military and veteran activities, national security and intelligence activities, and the protective services for the president and others
- To provide information regarding decedents. We may disclose information to a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also disclose information to funeral directors as necessary to carry out their duties
- For organ procurement purposes. We may disclose information for procurement, banking, or transplantation of organs, eyes, or tissues to organ procurement and tissue donation organizations

For Research. We may use your health information to perform select research activities (such as research related to the prevention of disease or disability), provided that certain established measures to protect the privacy of your health information are in place.

To Business Associates. We may release your health information to business associates we hire to assist us. Each business associate must agree in writing to ensure the continuing confidentiality and security of your medical information.

To Group Health Plans and Plan Sponsor (Enrolling Group). If you participate in one of our group health plans, we may release summary information to the employers or other entities that sponsor these plans, such as general claims history. This summary information does not contain your name or other distinguishing characteristics. We may also release to a plan sponsor that you are enrolled or disenrolled from a plan. Otherwise, we may share health information with plan sponsors only when they have agreed to follow applicable laws governing the use of health information in order to administer a plan.

Uses and Disclosures of Health Information Based Upon Your Written Authorization. If none of the above reasons apply, we must get your written authorization to use or disclose your health information. For example, your written authorization is required for most uses and disclosures of psychotherapy notes and disclosures of your health information for remuneration and most marketing purposes. Once you authorize us to release your health information, we cannot guarantee that the person to whom the information is provided will not disclose the information. You may take back or "revoke" your written authorization unless we have already acted based on your authorization. Also, you may not revoke your authorization if it was obtained as a condition for obtaining insurance coverage. Other laws provide an insurer with the right to contest a claim under the insurance policy. We may condition your enrollment or eligibility for benefits on your signing an authorization, but only if the authorization is limited to disclosing information reasonable for underwriting or risk rating determinations needed for us to obtain insurance coverage. To revoke an authorization or obtain an authorization form, call the Customer Service Department at the number on your identification card.

Your Rights.

You have the following rights. You must make a written request on one of our standard forms to exercise them. To obtain a form, please call the Customer Service Department.

You Have the Right to Inspect and Copy Your Health Information. This means you may inspect and obtain a paper or electronic copy of the health information that we keep in our records for as long as we maintain those records. You must make this request in writing. Under certain circumstances, we may deny you access to your health information – for instance, if part of particular psychotherapy notes or collected for use in court or at hearings. In such cases, you may have the right to have our decision reviewed. Please contact our Customer Service Department if you have questions about seeing or copying your health information.

You Have the Right to Request an Amendment of Your Health Information. If you feel that the health information we have about you is incorrect or incomplete, you can make a written request to us to amend that information. We can deny your request for certain limited reasons, but we must give you a written explanation for our denial.

You Have the Right to Accounting of Disclosures We Have Made of Your Health Information. Upon written request to us, you have the right to receive a list of our disclosures of your health information, except when you have authorized those disclosures or if the releases are made for treatment, payment, or healthcare operations. This right is limited to six years of information, starting from the date you make the request.

You Have the Right to Request Confidential Communications of Your Health Information. You have the right to request that we communicate with you about health information in a certain way or specific location. Your request must be in writing. For example, you can ask that we only contact you at home or at a specific address, or by mail.

You Have the Right to Request Restrictions on How We Use or Disclosure of Your Health Information. You may request that we restrict how we use or disclose your health information. We do not have to agree to your request except for requests for a restriction on disclosures to another health plan if the disclosure is for payment or health care operations, is not required by law, and pertains only to a healthcare item or service for which you or someone on your behalf (other than a health plan) has paid for the item or service in full.

You Have the Right to Receive Notice of a Breach. If your unencrypted information is impermissibly disclosed, you have a right to receive notice of that breach unless, based on an adequate risk assessment, it is determined that the probability is low that your health information has been compromised.

How to Use Your Rights Under this Notice. If you want to use your rights under this notice, you may call us or write to us. In some cases, we may charge you a nominal, cost-based fee to carry out your request.

Complaints

You may complain to PHP or the Secretary of Health and Human Services if you believe we have violated your privacy rights. You may file a complaint with us by notifying our Customer Service Department in writing of your complaint. We will not retaliate against you for filing a complaint.

To Complain to the Federal Government, Write to:

Region V, Office for Civil Rights
U.S. Department of Health and Human Services
233 N. Michigan Ave., Suite 240
Chicago, IL 60601

Or Call:

Voice mail: 312.886.2359
Fax: 312.886.1807
TDD: 312.353.1807

There will be no negative consequences to you for filing a complaint to the federal government.

You May Write to Our Customer Service Department at:

Physicians Health Plan
Attn: Customer Service
PO Box 30377
Lansing, MI 48909-7877

You may also call our PHP Customer Service at 800.832.9186.

Website Privacy Practices

PHP works hard to protect your privacy. Listed below are ways that PHP protects your privacy while you are on our website:

Using Email: If you send PHP an email using any of the email links on our site, it may be shared with a Customer Service Representative or agent in order to address your inquiry.

Once we have responded to your email, it may be discarded or archived, depending on the nature of the inquiry. The email function on our website provides a completely secure and confidential means of communication. All emails are sent under 128-bit encryption on a secure server.

Obtain a Quote: Some employers request quotes online for PHP health coverage. If your employer does this, it may enter the following information into the PHP website: employee name and date of birth, employee gender, spouse's date of birth, and whether you have Medicare.

This information is used only to prepare an accurate quote for your employer. PHP does not use this information for any other reason.

Website Visitor Data: At no time are internet "cookies" placed on the computer hard drives of visitors to the PHP website.

Disease Management Programs: You may enroll in one of our disease management programs online. If you do, you may have to enter the following information into the PHP website: name, member number, address, and telephone number.

This information is used only for your enrollment into the program of your choice and is not used by PHP for any other purpose.

Links to Other Sites: The PHP website contains links to other websites. PHP is not responsible for the privacy and security practices used by other website owners or the content of those sites.

Contact Us

To request additional copies of this notice or to receive more information about our privacy practices or your rights, please contact PHP Customer Service Department at

PO Box 30377,
Lansing, MI
48909-7877

You may also call PHP Customer Service Department at 800.832.9186.

Provider Manual Updates

The PHP Commercial Provider Manual is available online and updated frequently.

The Provider Manual contains important information, including current PHP products, department services, requirements and rights of participation, billing guidelines, reimbursement methodologies, appeals processes, the Office/Urgent Care Laboratory Test List, and more.

You can access the most up to date version online by selecting Provide Manual from the left sidebar at **PHPMichigan.com/Providers** or with the direct link, **PHPMichigan.com/Providers/Provider-Manual**. If you have questions about the Provider Manual, please contact PHP Provider Relations at PHPProviderRelations@phpmm.org.

Some of the recent changes and updates include but are not limited to:

- Formatting updated to match other PHP documents
- Updated Plan Definitions
- Updated Disease Management Program Offerings
- Added links to PHP Medical & Drug Policies
- Credentialing and Re-Credentialing
  - Added Lactation Consultants and Acupuncturists to the type of practitioners that are credentialed by the plan
- Medical Records
- Benefit or Claim Appeals Processes
- Reimbursement for Health Care Services
  - Professional and Technical Component Payment
  - Preventive Medicine Services
  - Telehealth Services
- Non-Covered Services Not Billable to Members
  - Unlisted Codes
  - Venipuncture
  - Medically Unlikely Edits (MUEs)
  - Multiple Procedure Reduction (MPR)
  - Assistant at Surgery Services
- Electronic Fund Transfer – EFT
  - How to register for Zelis ePayment Center
- Member ID Card Examples
- Member Rights and Responsibilities

Physicians Health Plan

1400 E. Michigan Avenue
PO Box 30377
Lansing, MI 48909-7877

Contact Us

PO Box 30377 Lansing, MI 48909-7877 517.364.8400 PHPMichigan.com

Department	Contact Purpose	Contact Number	Email Address
Customer Service	» Verify a covered person's eligibility, benefits or to check claim status to report suspected member fraud and abuse » Obtain claims mailing address » Claims and EDI questions » Request a copy of our Preferred Drug List	517.364.8500 800.832.9186 (toll-free) 517.364.8411 (fax)	
Medical Resource Management	» Notification of procedures and services outlined in the Notification/ Authorization Table » Request benefit determinations and clinical information » Obtain clinical decision-making criteria » Behavioral Health/ Substance Abuse Services, for information on Behavioral Health and/or Substance Abuse Services including Prior Authorizations, Case Management, Discharge Planning and referral assistance	517.364.8560 866.203.0618 (toll-free) 517.364.8409 (fax)	
Network Services	» Credentialing » Provider Data - report changes in practice demographic information » Provider/Practitioner education » Report suspected Provider/Practitioner Fraud and Abuse » Initiate electronic claims submission	517.364.8312 800.562.6197 (toll-free) 517.364.8412 (fax) **Report Suspected Fraud and Abuse:** 866.PHPCOMP (866.747.2667)	**Credentialing** PHP.Credentialing@phpmm.org **Data** PHPProviderUpdates@phpmm.org **Provider Relations Team** PHPProviderRelations@phpmm.org
Quality Management	» Quality Improvement Programs » URAC » HEDIS » CAHPS	517.364.8408 (fax)	**Quality** PHPQualityDepartment@phpmm.org
Pharmacy Services	» Request drug coverage » Fax medication prior authorization forms » Medication Therapy Management Program	517.364.8545 877.205.2300 (toll-free) 517.364.8413 (fax)	**Pharmacy** Pharmacy@phpmm.org
Change Healthcare (CHC)	» When medical records are requested	**Mail To:** Change Healthcare Attn: Pre-Pay 1849 West Drake Drive STE 101A Tempe, AZ 85283 952.224.8650 949.234.7603 (fax)	MedicalRecords@changehealthcare.com

	Physicians Health Plan (PHP) Commercial Plans	PHP Medicare Plans
Where to Send Claims	Physicians Health Plan **In-Network:** PO Box 313 Glen Burnie, MD 21060-0313 **Non-Network:** PO Box 247 Alpharetta, GA 30009-0247 Electronic Claims **In Network:** Payer ID: 37330 **Non-Network:** Payer ID: 07689	Physicians Health Plan PO Box 7119 Troy, MI 48007
Where to Send Refunds	Physicians Health Plan Attn: Provider Refund PO Box 30377 Lansing, MI 48909-7877	Physicians Health Plan PO Box 7119 Troy, MI 48007