

Totally Connected.....

A newsletter for Physician Offices.....

Telemedicine—stay connected to your patients

THC commercial and Medicaid members have access to telemedicine through Teladoc. In addition to allowing physicians to provide telemedicine visits when billing with the appropriate modifiers, THC members can self-enroll in Teladoc and access urgent care services on demand or through scheduled online appointments. This service was added to help patients avoid the emergency room.

Effective March 1, 2020 through December 31, 2020 , we will allow credentialed providers to bill routine practice codes with a Place of Service 02 (to include GT modifier for Medicaid; GT or 95 modifier for Commercial). **As of July 1, 2020, we will pay according to the non-facility Medicaid rate and no longer require a COVID diagnosis to waive patient cost share.** The visit must follow the guidelines for the code billed, including time requirements.

What does this mean? Any credentialed practitioner can conduct a telemedicine visit and bill with a Place of Service 02 and the appropriate modifier, which identifies the visit as being virtual.

Evaluation & Management Codes – Commercial and Medicaid

GT modifier is **required** for Medicaid

Commercial can bill with modifiers GT or 95

For example, office procedures billed with an evaluation and management (E/M) code of 99201-99215, when performed in real-time by credentialed providers through an interactive tool that can be audio-only, can have a Place of Service 02 with modifier added and receive the standard non-facility-based rate.

What's not included? You cannot:

- Use codes that specify in-person or describe services that can only be performed in person
- Bill for services you're not contracted to provide
- Perform services outside of your scope of practice, licensure or credentialing
- Beacon Health is providing telemedicine visits without cost-sharing through their provider network.

Given the government's notification, we're temporarily suspending the requirement for HIPAA compliant systems and are also allowing for real-time, interactive audio-only telehealth encounters to service patients who don't have internet access or audio-visual capabilities. This means that if you don't have a virtual care tool in place, **you can use non-public facing tools, like FaceTime, Facebook Messenger video chat, Skype, etc.** You cannot use public-facing tools like Facebook Live, TikTok or chat rooms like Slack.

COVID Billing Guidelines

COVID Guidelines

Visit our website, www.THCMi.com to see the latest updates concerning COVID coverage and billing requirements, as these continue to change.

⇒ Coverage for members

From February 4, 2020 through December, 31, 2020 THC will cover 100% of the cost (waiving deductibles, coinsurance and co-pays) of the following COVID-related services **when medically necessary**:

- COVID-19 screening and antibody testing (see additional details below).
- Other services related to diagnostic testing and the administration of the test, such as office visits, blood draws or specimen handling.
- Virtual Care

⇒ Use CR or CS modifier for claims related to diagnosing COVID-19; facilities add condition code DR.

Provider offices, urgent care and emergency rooms should bill us using a CR or CS modifier anytime the visit resulted in a COVID-19 test being ordered. Facilities should also use condition code DR to identify when the services provided resulted in a COVID-19 test being administered.

If you have claims that resulted in the administration of a COVID-19 test, you should rebill claims using a CR or CS modifier or DR modifier with condition code dating back to February 4, 2020. Using this modifier will ensure your patients have a \$0 cost share for any visit and services related to the diagnostic testing and administration of the test.

These codes should not be added to services billed for treatment of COVID-19.

⇒ Billing for COVID-19 lab tests.

The Centers for Medicare and Medicaid Services (CMS) released the below codes for COVID-19 lab tests that can be used starting April 1, 2020 for dates of services starting Feb. 4, 2020. For more information, see the [CMS FAQ at https://www.cms.gov/files/document/cms-2020-01-r.pdf](https://www.cms.gov/files/document/cms-2020-01-r.pdf).

⇒ Diagnosis Codes.

Starting April 1, add ICD-10 code U07.1 COVID19 when your patients have a diagnosis of COVID-19. Until April 1, you should continue to follow the [CDC's recommendation for coding](#).

Note that diagnosis code B34.2, Coronavirus infection, unspecified, would in general not be appropriate for the COVID-19, because the cases have universally been respiratory in nature, so the site would not be "unspecified."

⇒ Antibody Testing.

THC will cover antibody testing with no member cost share when ordered by a provider and medically necessary. Providers must use SC modifier to indicate if the test was medically necessary. Antibody testin codes are 86328 and 86769.

False Claims Act – What You Should Know

What is it? The False Claim Act is a federal law that makes it a crime for any person or organization to **knowingly** make a false record or file a false claim regarding any federal health care program. Due to our participation in both the Medicare and Medicaid programs, Total Health Care is subject to enforce the False claim act which pertains to any plan or program that provides health benefits, whether directly, through insurance or otherwise, funded directly, in whole or in part, by the United States Government or any state healthcare system. Knowingly includes having actual knowledge that a claim is false or acting with "reckless disregard" as to whether a claim is false.

In addition to the federal law, the state has adopted similar laws under the Michigan Medicaid False Claims Act (MMFCA). The MMFCA is designed to prevent fraud, kickbacks and conspiracies in connection with the Medicaid program.

Examples of false claims include billing for services not provided, billing for the same service more than once or making false statements to obtain payment for services.

Penalties under the False Claims Act. Violations under the federal False Claims Act can result in significant fines and penalties. Financial penalties to the person or organization include recovery of three times the amount of the false claim(s), plus an additional penalty of \$5,500 to \$11,000 per claim.

Violation of the MMFCA constitutes a felony punishable by imprisonment, or a fine of \$50,000 or less, or both, for each violation. Any person who receives a benefit by reason of fraud, makes a fraudulent statement, or knowingly conceals a material fact is liable to the state for a civil penalty equal to the full amount received plus triple damages.

Whistleblower Protection under the False Claims Act. The federal False Claims Act protects employees who report a violation under the False Claims Act from discrimination, harassment, suspension or termination of employment as a result of reporting possible fraud. Employees who report fraud and consequently suffer discrimination may be awarded (1) two times their back pay plus interest, (2) reinstatement of their position without loss of seniority and (3) compensation for any costs or damages they incurred.

Qui Tam Plaintiff/Relator. An individual (called a qui tam plaintiff or relator) who is an original source of information can sue for violations of the False Claims Act. Under both the federal False Claims Act and the MMFCA, a qui tam plaintiff can receive between 15-25% of the total amount recovered if the government prosecutes and 25-30% if litigated by the qui tam plaintiff.



Healthy Michigan Plan (HMP)

HMP Appointment Guidelines

- For beneficiaries enrolled in the HMP program, an initial appointment with their PCP must be scheduled within 60 days of enrollment.
- PCPs are required to complete the initial appointment within 150 days of when the member's coverage began.
- THC's MAR (Member Activation Representatives) team will help members schedule PCP appointments, complete their portion of the HRA, schedule transportation and make reminder calls.
- HRAs are mailed to new members with their Welcome packets. They are encouraged to bring them to their PCP appointment.
- THC will fax HRAs to PCP offices prior to scheduled appointments. A phone call will be made prior to sending the fax to alert the office to expect the HRA form.

HRA Process

- PCPs are required to complete a health risk assessment (HRA) for each HMP member during the first 150 days of coverage and annually thereafter
- PCPs must sign the HRA form for it to be complete
- MAR team follows up with PCP to ensure receipt of completed HRA
- PCP must submit a claim with CPT code 96160 to indicate completion of the HRA. THC provides a \$25 incentive for completion of the HRA form.
- THC will identify health triggers that require targeted interventions and customize care management approaches for each member. The PCP will be kept informed of member engagement with our case managers and share data with the PCP.
- If you choose to fax your HRA to the State, it is important that you identify the health plan of the HMP member. We ask that you choose to fax to THC and we will forward on to the State on your behalf.

Website Tools

- Please visit www.THCMi.com to visit our provider tool kit for HMP members and to locate a blank HRA form.

The image shows a screenshot of the 'Healthy Michigan Plan Health Risk Assessment' form. At the top left is the 'HEALTHY MICHIGAN' logo. The form includes a header section for personal information: 'First Name, Middle Name, Last Name, and Suffix', 'Date of Birth (mm/dd/yyyy)', 'Mailing Address', 'Apartment or Lot Number', 'miHealth Card Number', 'City', 'State', 'Zip Code', 'Phone Number', and 'Other Phone Number'. Below this is 'SECTION 1 - Initial assessment questions (check one for each question)'. The questions are numbered 1 through 9, covering topics like general health rating, exercise frequency, diet, alcohol consumption, smoking, mood, medication use, flu vaccine, and doctor checkups. Each question has multiple-choice options with checkboxes. At the bottom, there is a note: 'Take this form to your check-up and complete the rest of the form with your doctor at this appointment.'

When was the last time you updated your practice information with Total Health Care?

Please review your practice information on our website at www.THCMi.com > Find a Doctor.

We list physicians, nurse practitioners, physician assistants, locations, website, hospital affiliations, phone numbers, plan affiliations and panel of each of your practice sites.

Help our members find you! Verify if we have all your information up to date. Call us if we need to fix something. Thanks for your help to keep your data accurate!
844-THC-DOCS

Access to Care Standards

PRACTICE GUIDELINES AND STANDARDS

A. Access and Availability

Total Health Care is committed to ensuring our members have access to the right care at the right place and in a timely manner. THC has developed the following standards which define appropriate access to medical care warranted by the severity of a patient's illness or medical condition. The ease with which members can access services based on the following timeframe expectations is a quality standard that will be monitored for our primary care physicians:

Primary Care Physician	Response Standards
Regular and Routine Care Appointments (i.e. preventive/well-care, routine non-symptomatic, physical, annual GYN exam)	Within thirty (30) days
Routine Non-Urgent (i.e. symptomatic)	Within seven (7) days
Urgent Care Appointments (i.e. persistent diarrhea/vomiting, high fever)	Within twenty-four (24) hours
Emergency Care (i.e. life-threatening conditions)	Twenty-four (24) hours/ seven (7) days a week at any hospital
Office Visit Wait Time for Scheduled Appointments	Within 15 minutes, members should be taken to the exam room.
	Within 30 minutes, members should be seen by their doctor

B. EPSDT/Well-Child Guidelines

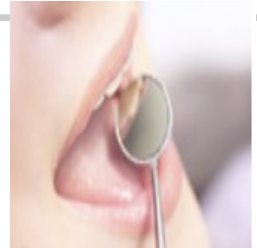
Well-child care and immunizations are an important component of a preventive care program. Total Health Care supports EPSDT Guidelines and expects PCPs to promote and schedule age-appropriate well-child exams and immunizations. Immunizations must be appropriately documented in the medical record and reported to the Michigan Care Immunization Registry (MCIR) as required by State law. Vaccines are available through the State of Michigan's Vaccinations for Children's Program for those who qualify.

C. Preventive Health Guidelines

To encourage the appropriate delivery and use of preventive services at appropriate intervals, Total Health Care has adopted and implemented preventive health guidelines for prevention and early detection of illnesses. The use of preventive health guidelines is an essential component to help reduce the incidence of illness, disease, and accidents. Early detection of potentially serious illnesses may reduce the impact of illness on the member and associated health care costs. Additionally, use of preventive health guidelines has the potential to reduce unwanted variation in health care outcomes.

Pregnant Women Dental for Medicaid Members

Pregnant Medicaid beneficiaries are eligible to receive dental services. Members must notify THC and MDHHS of their pregnancy status. The dental benefit begins the first day of the month in which Total Health Care is made aware of the pregnancy. Dental services are then provided for the duration of the beneficiary's pregnancy including three postpartum months.



Incentives

Utilization Management decision-making is based only on appropriateness of care and service and existence of coverage. THC does not specifically reward practitioners or other individuals for issuing denials of coverage. Financial incentives for UM decision makers do not encourage decisions that result in under-utilization.

Utilization Management Policies

UM decision making policies are available at any time upon request.

Homelessness

Attention PCPs: We are asking for your assistance to help us identify THC members who are or may be homeless. We have resources that can work with these individuals to help them obtain assistance, including behavioral health intervention, temporary shelter and resources to work towards permanent shelter. We are here to help! Please let us know when you have a member whom you suspect is homeless, is in stress with the potential for homelessness. Call us at 844-THC-DOCS. You may leave a message on our secure line.