

# Totally Connected.....

A newsletter for Physician Offices.....

## Case Management Services

THC has a robust case management program that can assist physicians with patients who may need services above and beyond traditional office visits. Our internal case managers work with our partner, Partners 4 Health, to provide in depth assessments of patients needs to address route case issues related to any of the following issues:

- Excess ER utilization
- Multiple readmissions to the hospital
- High risk chronic conditions, such as oncology, CAD, COPD, Diabetes
- CSHCS high-need patients
- Patients with co-morbidities with complications and complex needs
- Medication non-adherence

Please contact our Utilization Management Department at 844-THC-DOCS to refer a patient who may need any of these services. Our P4H team members can visit the patient in the home to help assess what social needs may be addressed to help the patient better cope with his/her condition.

## Provider Directory Updates

Members need to contact you. THC needs to send remittances to your correct address. HELP—we need to improve the accuracy of information on our website! Please make certain that you attest to your information on the CAQH website on a quarterly basis and confirm the information related to your practice is up to date. If you participate with THC through a PHO, please inform your affiliated group of any changes to your information.

### **Our Mission:**

**To be the industry leader in providing quality, cost effective health care for our members**

## 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.

# Patient Dismissal Policy

## Discharge process

We require primary care providers (PCPs) to follow the following steps to discharge a member from their practice. **Note: You may not contact members about discharge until Total Health Care has approved the discharge.**

Document the reason(s) for requesting discharge within the member's practice record.

Document all resolution attempts within the member's practice record.

Attach copies of your documentation from the member's record indicating reason for request and resolution attempts.

THC will review your request and documentation promptly.

You will receive an approval or denial for each request.

Notify the member that he or she has been discharged from your practice.

You must offer 30 days of urgent/emergent care to the member following the discharge date.

THC will reassign members to a new PCP. Typically, the new PCP assignment is effective on the first day of the first month after the 30-day discharge period.

## Acceptable reasons for discharge

Discharge requests are automatically approved for the following reasons:

Unpaid copayments or deductibles, with a minimum of a 90-day collection period. Collection attempts must be documented.

Persistent non-compliance with a documented care plan which results in unnecessary utilization of health care resources. Non-compliance and steps to educate the member on appropriate use of primary care must be documented.

Repeated "no-shows" for scheduled appointments. This is defined as three or more visits missed in a twelve month period. Dates of no-shows must be documented.

Threatening behavior displayed toward practice staff. Behavior and practice response must be documented.

Members previously discharged from the practice, prior to coverage with THC.

Fraudulent behavior, with the case documented in the member's record.

## Cases that will be referred for special programs

"Doctor-shopping" to obtain prescriptions. Details of this activity should be documented including dates of visit or contact with the member.

Failed drug screen, in violation of practice illegal drug-free policy. Date of drug screen and policy must be documented.

# Quality Improvement / Utilization Management

## Quality Improvement Program

Total Health Care's (THC) Quality Improvement Program (Quality Assessment and Performance Improvement Program) is based on the principles of continuous quality improvement. The QI Program's purpose is to provide a framework that enables THC to ensure Plan members have access to and receive high quality health care and preventive services that promote wellness. It is designed to meet state and federal requirements and is structured to meet accreditation standards. The QI Program applies to all Total Health Care product lines.

Annually, Total Health Care evaluates its quality improvement activities and updates the program as necessary. A yearly work plan is developed that reflects specific objectives, activities and performance measurements for improving the quality and safety of clinical care, the quality of service, and member's experience.

Upon request, THC will provide information to members and practitioners about the QI Program, including a description of the QI Program, and a report on the Plan's progress toward achievement of annual goals. Information about the Program is also available on THC's website – [www.THCmi.com](http://www.THCmi.com). Click on the 'Providers' tile - under the 'More Information' tile click on the *Documents and Additional Info* link, then *Quality Improvement*.

## Utilization Management Policies:

When reviewing medical necessity for clinical services, THC adheres to documented, evidence-based criteria based on national standards in our decision-making processes:

- InterQual™ criteria for hospital admissions and continued stay reviews
- MQIC guidelines for office-based services and outpatient surgeries
- Policies for Medical Benefit Determination approved by THC Quality Committee based on industry standards

Criteria is available to providers upon request by contacting our Utilization Management Department. Providers may discuss any UM requests or decisions with a board certified physician or other appropriate reviewer during normal business hours or may leave a confidential voice message which will be returned the next business day. All UM decisions are based solely on medical appropriateness and benefit coverage. THC does not specifically reward practitioners, UM decision makers or any other individuals for denying covered services or care.

UM staff identify themselves by name, title and organization name when initiating or returning phone calls regarding and Utilization Management issues.

TDD/TTY services are available.

# Laboratory Policy - NEW

## In-Network Laboratory Policy

THC has an extensive network of participating laboratories, including all our contracted hospitals (see below). All laboratory benefits for THC members can be received through one of these resources. Therefore, referring a service to an out of network laboratory is not necessary, and is not a benefit.

Accordingly, THC will implement the following policy related to claims for out of network labs:

Any lab specimen for a commercial member that is sent or referred by a physician's office to an out of network lab will be paid and charged back to the ordering physician. Out of network labs for Medicaid members will be denied.

Any physician who referred a patient or specimen to an out of network laboratory will be contacted and given a courtesy reminder for the first instance. Thereafter, any out of network lab will be processed and paid according to THC's fee schedule, and charged back to the provider. Payment will be applied towards future claims.

Physicians can perform in-office labs for any CLIA waived test.

## In Network Laboratory Services

### Hospital Laboratories and affiliated sites:

Beaumont Hospital Dearborn	St John Hospital & Medical Center
Beaumont Hospital Farmington	St John Hospital Macomb Oakland Hospital
Beaumont Hospital Grosse Pointe	St John River District Hospital
Beaumont Hospital Royal Oak	Providence Hospital & Medical Center
Beaumont Hospital Troy	Providence Park Hospital
Beaumont Hospital Taylor	Crittenton Hospital
Beaumont Hospital Trenton	Garden City Hospital
Beaumont Hospital Wayne	St Mary's of Livonia
Detroit Receiving Hospital	St Joseph Mercy Oakland
Harper University Hospital	St Joseph Mercy Ann Arbor
Hutzel Women's Hospital	St Joseph Mercy Livingston
Children's Hospital of Michigan	St Joseph Mercy Chelsea
Sinai Grace Hospital	Mercy Memorial Hospital - Monroe
Huron-Valley Sinai Hospital	Barbara Ann Karmanos Cancer Institute
Pontiac General Hospital	Hurley Hospital

Quest laboratories - any location  
BioTech Laboratories

# Fraud, Waste & Abuse

Total Health Care, through its Compliance program and other policies, is committed to the reduction of waste, fraud and abuse in the healthcare system. As a health plan that receives federal funds, Total Health Care is responsible for establishing and disseminating detailed information regarding Federal and State False Claims Acts and related whistleblower protection laws to all employees, associates, agents and contractors.

## **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.

If you have any information about fraud or abuse, you can report anonymously as follows:

Total Health Care, Inc.  
ATTN: Fraud & Abuse  
3011 W Grand Blvd, Ste 1600  
Detroit, MI 48202  
Write or Call: 800-826-2862  
Fax: 313-748-1397  
eMail: [eliminatefwa@thcmi.com](mailto:eliminatefwa@thcmi.com)

Michigan Department of Health & Human Services  
Office of Inspector General  
PO Box 30062  
Lansing, MI 48909  
(In writing only)

24-hour hotline: 855-MI-FRAUD (643-7283), visit [www.michigan.gov/fraud](http://www.michigan.gov/fraud) or email MDHHS-OIG-Michigan.org

# Total Health Care Team

## Clinical Operations

Robyn Arrington, MD	Medical Director	313-871-7801
Harold Arrington, MD	Associate Medical Director	313-293-6474
Linda Alexander, RN	Chief Clinical Officer	313-293-6460
Anita Nesby-Flowers, RN	Manager, Case Management	313-871-7817
Nicole Marshick, RN	Manager, Quality Improvement	313-293-6463

## Pharmacy

Justin Bentley	Pharmacy Dept.	313-871-7885
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## Claims

LaDawn Wyatt	Claims Manager	313-871-7877
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## Provider Network Services

Susan Ryan	Manager	313-871-6589
Anita Wallace	Provider Relations Representatives	313-871-7809

Networks:  
Oakwood  
Olympia  
Independent Physician Practices A-M  
Monroe Allied Physicians

Pamela Long	Provider Relations Representatives	313-293-6440
Networks:	Beaumont St John Providence United Physicians OPNS PMC	

Lauren Mrozek	Provider Relations Representatives	313-871-7899
Networks:	DMC PHO OSP Wayne State University Physicians Group Independent Physician Practices N-Z	

Judith Idris	Provider Relations Phone Representative	313-871-7831
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Brittaney Burdette	Credentialing	313-293-6476
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# 844-THC-DOCS