

Medicare and Medicaid quality news

Helping you close gaps in care with tools, resources and member engagement campaigns

Spring 2024

★ Medicare quality

Q2 Medicare member outreach initiatives

We're reaching out to our Medicare members to encourage them to prioritize care.

Initiative	Method of contact	Purpose	Can Medicare members earn an incentive?
Understanding your drug plan	Emails, letters	Helps members understand how to use their benefits to access needed drugs and stay adherent to their medication	No
Chronic condition gaps in care	Emails, letters	Offers care reminders to members with diabetes and/or hypertension and helps ensure CBP and A1c are controlled	Yes – \$25 for patients with diabetes who receive an annual eye exam
Annual Wellness Visits (AWV)	Letters, calls, emails	Encourages members to schedule their annual wellness visit and discuss any health concerns with their provider	Yes – \$25 for members who complete an AWV
Mammogram reminders	Birthday cards	Reminds members to schedule their annual mammogram	Yes – \$25 for members who complete their annual mammogram
Osteoporosis bone mineral density test	Emails, letters	Helps members schedule their bone mineral density (BMD) or dual-energy X-ray absorptiometry (DXA) test	No

Annual Wellness Visits (AWVs) can now be scheduled once per calendar year.

Effective Jan. 1, 2024, AWVs for all Priority Health members can now be scheduled once per calendar year, rather than the previous once per twelve months. This change allows practices and members more flexibility in scheduling AWVs and is particularly beneficial for our members who travel for part of the year.

Medicare members who complete their AWVs can earn a \$25 incentive. Members can find more information on how to register for incentives and redeem rewards in [Priority Health's Wellbeing hub](#).

Keeping osteoporosis management top of mind.

This quarter's [HEDIS measure spotlight](#) focuses on osteoporosis management in females between the ages of 67 and 85 who recently suffered a fracture (HEDIS measure OMW).

To help manage osteoporosis and prevent future injuries, we're reaching out to members that fit these criteria and haven't yet received a BMD or DXA test. We're also contacting PCPs via call or fax to remind them to create an order for a BMD/DXA test for their patients still in need of care. **BMD/DXA tests should be completed within six months of the patient's injury.** The OMW care list of members who haven't yet received screenings will be sent to ACNs.

We're hosting Medicare member town halls in 2024.

From May through September, we're hosting 32 town hall meetings for select Medicare members at various locations across the state. We want to reinforce our commitment to enhancing the member experience – explaining plan benefits, answering questions and giving our members a space to feel heard.

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Medicaid member benefit reminders

We help coordinate transportation for members in need of immunizations.

If you don't offer vaccines in your clinic, make your patients aware of this ahead of time so they can schedule their immunization appointment at a separate location and plan travel accordingly. We require 3 business days' notice for changes in travel schedules unless the need is emergent (immunizations are not considered an emergent need).

Members in need of travel coordination for appointments can call our Customer Service department at 888.975.8102.

Hepatitis C screenings are covered at no cost for our Medicaid members.

We encourage patients who are 18 or older to complete a routine Hepatitis C screening during their Annual Wellness Visit (AWV).

Pre-Exposure Prophylaxis (PrEP) is covered at 100% for our Medicaid members not enrolled in secondary coverage.

Get more info: PrEP can reduce your patients' chances of getting HIV by up to 99% for sexual encounters and 74% for injection drug use. For more information about PrEP, visit [Michigan.gov](https://michigan.gov).

How to submit claims: Submit claims for PrEP to the [Medicaid Fee-For-Service program](#).

Current PrEP prescribers are encouraged to register at <https://npin.cdc.gov/organization/submit>. This helps public health facilities connect patients in need of care with PrEP prescribers.

Prioritizing cancer prevention: The human papilloma virus (HPV) vaccine is considered preventive and covered at 100% for Medicaid members.

Providers should assess children and teens for need of the HPV vaccine based on the following criteria:

- Age 11 or 12 years (may start at age 9 or 10, if preferred)
- Age 13 through 26 years for those who have not completed an HPV vaccination series
- Age 9 years and older with any history of sexual abuse or assault