



HEALTH PLAN

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1Q 2024

Provider Information

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Q1 2024

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MDHHS Ends Health Risk Assessment

- Beginning January 1, 2024, MDHHS no longer requires a Health Risk Assessment for Healthy Michigan Plan members. The changes are part of MDHHS's effort to promote member incentive programs that encourage participation and reward members who demonstrate improved health outcomes.
 1. Members are no longer required to complete a Health Risk Assessment. Although patients should always be encouraged to identify and implement healthy behaviors in collaboration with their PCP, they're not required to complete an HRA and won't be incentivized. **As a result, MHP no longer offers incentives for PCPs to complete HRAs.**



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Authorization Updates

- **As of January 1, 2024, the following codes no longer require prior authorization for Commercial/Health Advantage and Medicaid/Medicare:**
 - 96040 (genetic counseling, 30 min)
 - E0240 (bath/shower chair)
- **For current prior authorization requirements, visit: [Prior Authorization Codes List](#)**
- **For current Medicare prior authorization requirements, visit: [Medicare Prior Authorization Information](#)**



Culturally and Linguistically Appropriate Services (CLAS) Training

- McLaren Health Plan maintains and monitors a provider network capable of serving a diverse membership and is responsive to member needs and preferences.
- To ensure our provider network meets the cultural and linguistic needs of its members and improve overall care and services, all providers and their staff must complete annual CLAS training available [here](#).
- Upon completion of CLAS Training, email your signed and dated attestation to: MHPProviderServices@mclaren.org or fax to: 810-600-7979.



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Chronic Kidney Disease

- Chronic Kidney Disease (CKD) is permanent kidney damage or decreased level of kidney function for three months or more. Left untreated, CKD can lead to kidney failure. The National Kidney Foundation of Michigan (NKFM) reports 33% of adults or 1 in 3 people in the United States are at risk for kidney disease.
- According to the Michigan Department of Health and Human Services, more than 1 million adults over age 20 in Michigan are living with CKD.
- MDHHS has collaborated with the NKFM to raise awareness about the prevalence of kidney disease. McLaren Health Plan is also collaborating with the NKFM on multiple outreach initiatives to educate members about chronic kidney disease. Visit www.mclarenhealthplan.org for details.
- The latest MDHHS/NKFM plan focuses on kidney disease prevention, early detection, management and control efforts across Michigan. Review the [MDHHS/NKFM Michigan CKD Prevention Strategy](#) at Michigan.gov.

Upcoming MHP Member Outreach

- Under the CKD campaign, members will see and receive several communications, including: mailings, text messages, emails, links to website resources and social media posts.
 - Social Media campaign: ***Are You the 33%?*** Aimed at educating and empowering Michigan residents to take control of their kidney health.
 - MHP to post this content on Facebook (March 2024)
 - Text message campaign: MHP sending information and link to NKFM quiz asking: *Are You the 33%?* (February 2024)
- Encourage your patients to take the one-minute Kidney Risk Quiz to help determine if they're at-risk for developing CKD. The NKFM's kidney health toolkit is also available to support medical professionals in spreading the word.
- Visit nkfm.org and Michigan.gov for additional [resources](#) on CKD available to you and your patients.

Medicaid Redetermination

Nationwide, Medicaid beneficiaries must renew their coverage to comply with federal legislation. In Michigan, annual renewals began in June 2023 and still underway through June 2024.

- Encourage all of your Medicaid patients to update their contact information at:
Michigan.gov/MiBridges
- Contact your MHP Provider Relations Representative for a list of your MHP Medicaid patients due for redetermination. You will receive a monthly list until the renewal period ends later this year.

Medicaid Alert

MDHHS will restart full eligibility reviews.



Don't risk a gap in your Medicaid or CHIP coverage.
Take action.

Follow these steps to stay updated and keep your health coverage:



Visit Michigan.gov/MiBridges to update your contact information today.



Check your mail for a letter.



Make sure your **contact information** is up to date.



Complete your **renewal form** (if you get one).



Medicaid Redetermination Resources

McLaren Health Plan staff members are available to assist Medicaid patients with redetermination steps at the following planned events:

- **McLaren Health Plan Flint Office**
G3245 Beecher Rd, Flint MI
Every Tuesday, 2:00 pm - 6:00 pm Every Friday, 9:00 am – 4:00 pm
- **McLaren Health Plan East Lansing Office**
2900 West Rd, Ste 200, E. Lansing MI
Every 2nd Monday, 9:00 am – 12:00 pm
- **Allen Neighborhood Center**
1629 E Kalamazoo St., Lansing MI Great Room Conference Room
Every 4th Monday, 9:00 am – 1:00 pm
- **McLaren Bay Region**
1900 Columbus Ave, Bay City MI Cafeteria Small Conference Room
Every 4th Thursday, 2:00 pm – 6:00 pm
- **McLaren Caro Region**
401 N. Hooper St, Caro MI Conference Room
Every 4th Thursday, 8:00 am – 12:00 pm
- **McLaren Thumb Region**
1100 S Van Dyke Rd, Bad Axe MI DLC 3rd Floor Classroom
Every 4th Wednesday, 8:00 am – 12:00 pm
- **McLaren Northern-Demmer Wellness Center**
820 Arlington Ave, Petoskey MI
Every 2nd Wednesday, 2:00 pm – 6:00 pm
- **McLaren Macomb**
1000 Harrington St, Mt. Clemens MI Outpatient East Tower, Classroom 1
Every 4th Wednesday, 3:00 pm – 7:00 pm
- **McLaren Central Michigan**
1221 South Dr, Mt. Pleasant MI Conference Room LAJ
Every 3rd Thursday, 8:00 am – 1:00 pm
- **McLaren Port Huron**
1221 Pine Grove Ave, Port Huron MI Rourke Entrance, Charles Classroom
Every 4th Tuesday, 8:00 am – 12:00 pm



Optum VPay

- McLaren Health Plan encourages all providers to submit claims electronically. MHP receives EDI claims from our clearinghouse, ENS Optum Insight. Payer IDs for electronic claims:
 - MHP Medicaid/Healthy Michigan Plan – 3883C
 - MHP Community (Commercial HMO) – 38338
 - McLaren Health Advantage (PPO) – 3833A
 - McLaren Medicare Supplemental – 3833S
- Providers who aren't enrolled to receive ACH payments for McLaren Health Plan are automatically issued a Virtual Credit Card (VCC) from Optum.
- If you don't prefer to receive your claim payments through VCC, you must opt-out by calling Optum Payment Services Support at 1-888-477-0067.



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MDHHS Doula Initiative

Michigan Medicaid began reimbursing for doula services provided to individuals covered by or eligible for Medicaid effective January 1, 2023 ([MMP 22-47](#)).

Doula providers seeking reimbursement for their professional services to Medicaid beneficiaries are required to be on the MDHHS Doula Registry and enrolled in CHAMPS.

- Doulas are non-clinical providers who typically offer physical, emotional, and educational support services to pregnant individuals during the prenatal, labor and delivery, and postpartum periods.
- Evidence indicates doula services are associated with improved birth outcomes.
- Doula services have been shown to positively impact social determinants of health, support birth equity, and decrease existing health and racial disparities.
- Medicaid covers different types of doula services, including community-based doulas, prenatal doulas, labor and birth doulas, and postpartum doulas.



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MDHHS Doula Initiative

- Doula services must be recommended by a licensed healthcare provider, including but not limited to: licensed practical nurse, registered nurse, social worker, midwife, nurse practitioner, physician assistant, certified nurse midwife or physician.
- Licensed healthcare providers recommending doula services are not required to be part of the beneficiary's healthcare team, but collaboration is highly encouraged.
 - [Beginner Guide for Doula Providers](#)
 - [Doula 101](#)
 - [Doula-Billing-Guidance](#)
 - [Doula Fee Schedule](#)
- Doulas must submit claims to McLaren Health Plan for services rendered to MHP members with Medicaid.
 - [Claims and Encounters \(michigan.gov\)](#)
 - [CHAMPS claim status instructions](#)



COVID Testing Reminder

- Information you should know about the COVID-19 vaccine
 - Members can get their COVID-19 vaccine at in-network PCP offices, local health departments or pharmacies. The vaccine is covered with no cost sharing to members.
 - Please refer to the In-Office Laboratory Procedures list on pages 59-62 of MHP's [Provider Manual](#) for the most recent list of laboratory services payable in an office setting.



Claim Submission Update

- As stated in the Provider Manual, all institutional claims must have box 8A populated with the member's policy number for the plan billed. **Although this policy is currently in place, it will be strictly enforced effective, April 1, 2024.**
- Claims submitted without a member policy number in box 8A will be returned/denied/rejected.
- Please submit all Corrected claims electronically. Submitting paper claims will delay the processing of your claims



Eligibility & Claim Inquiries

- Prior to rendering services, always verify eligibility and coverage using the [McLaren Connect Provider Portal](#). Eligibility can be verified on the [McLaren Connect Provider Portal](#) with just the Member ID.
- For questions regarding the status of a claim, login to the [McLaren Connect Provider Portal](#), to view the status of a claim, if you have additional questions, please initiate a request on the [McLaren Connect Provider Portal](#).
- Maintain your tracking number from your portal request in the event you need to reach to Customer Service for further information.
- Direct all claims inquiries to MHP Customer Service to investigate any issues by calling MHP Customer Service at (888)-327-0671 or initiating a request on the [McLaren Connect Provider Portal](#).
- To dispute a claim denial, providers **must** submit an [Appeal](#) within 90 calendar days of the action and include supporting documentation.
 - Submit corrected claims within 90 days.
 - Visit the MHP Appeals information page [online](#) and the [Provider Administrative Appeal Form](#).
- [Provider Relations Representatives](#) can assist with claims issues after a provider has already contacted MHP Customer Service and is unable to achieve resolution through established channels. Provider Relations intervention is limited to exclusive situations when denials occur due to complex configuration, contracting or enrollment issues following Customer Service involvement.



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REQUIREMENT

Keep your information up to date!

Is your information correct in our Provider Directory? Keeping location and contact information up to date is essential for all members seeking access to health care services. Key information in the directory often includes:

- Provider name
 - Phone number
 - Open status
 - Office hours
 - Hospital affiliations
 - Address
 - Fax number
 - Other locations
- To view your information, visit mclarenhealthplan.org > [Members](#) > [Find a Provider](#) and select [Medicaid/MI Child](#) (and/or another line of business). Search on your provider name.
 - Changes? Submit updates to MHP Provider Relations using [McLaren Health Plan's Provider Change Form](#) at mclarenhealthplan.org. Select the [Providers](#) button, click [Provider Resources, Forms and Documents](#) and see Downloads & Links.
 - Your completed online form will be sent to our Provider Relations team. Changes can also be submitted to your [Provider Relations Representative](#) or via email to at mhpproviderservices@mclaren.org.
 - Updates can be also made through McLaren Health Plan's quarterly data attestation and roster validation process conducted by Better Doctor. *(More information about Better Doctor on next slide...)*



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Provider Data Attestation: Better Doctor

- McLaren Health Plan has partnered with Better Doctor (Quest Analytics) to gather data attestations quarterly as required by MDHHS, CMS, NCQA and other governing bodies. This process also helps ensure our directory information is accurate.
- Providers and offices will receive a communication every 90 days from Better Doctor asking to have a representative visit verify.betterdoctor.com and use the access code provided to confirm the demographic information MHP currently has in our systems for each practice. The process is simple and required for continuing participation with MHP.
- The easiest way to attest is by sharing your provider roster each quarter with McLaren Health Plan at mhpproviderservices@mclaren.org and Better Doctor at rosters@questanalytics.com.
- When providing a roster to your Provider Relations Representative, please copy Better Doctor in your email message and add rosters@questanalytics.com to your distribution list.
- **Attesting or sharing your roster each quarter allows MHP to keep your information most up-to-date in our records, systems and provider directories while also properly documenting information for compliance and reporting purposes.**
- **Failure to attest to your demographic information quarterly may result in being removed from the Provider Directory.**



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Key Contacts

Department	Telephone No.	Fax No.
<u>Customer Service/Provider</u> Inquiry Available to assist they claims, benefits, authorizations and coordination of benefit inquires. Hours: 8:00 a.m. – 6:00 p.m., M-F	888-327-0671	833-540-8648
<u>Provider Relations</u> Available to assist with contracting, provider education and incentive opportunities	888-327-0671	810-600-7979
<u>Medical Management</u> Referral requests can be submitted electronically via the following link: www.mclaren.org/mhp/referral-request-form-mhp1.aspx	888-327-0671	<u>Pre-Authorization Requests</u> – 810-600-7959 <u>Inpatient Authorization Requests</u> – 810-600-7960 <u>Medicare Pre-Authorization Requests-</u> 855-377-3653 <u>Medicare Inpatient Authorization Requests-</u> 855-331-8384
<u>Quality Management/Member Outreach</u> Available to assist with Gaps in Care reports, HEDIS reports, quality incentives, member outreach	888-327-0671	810-600-7985
<u>Sales Department</u>	888-327-0671	810-600-7931
<u>Pharmacy Department</u>	888-327-0671	810-600-7929

Provider Relations Representative Territory POD Assignments

ORANGE POD ■■

REP II Stephanie Anderson
Work Cell: 231-342-2012
Stephanie.Andersonz@mclaren.org

REP I Bev Hude (light orange)
Work Cell: 517-803-7509
Beverly.Hude@mclaren.org

REP I Kylie Weidenhammer (dark orange)
Work Cell: 810-845-4782
Kylie.Weidenhammer@mclaren.org

PROVIDER RELATIONS

Phone: 888-327-0671
Fax: 810-600-7979

Visit the McLaren CONNECT provider portal at mclarenhealthplan.org to view your claim status and verify member eligibility.

BLUE POD ■■

REP II Aimee Arseneault
Work Cell: 810-931-1948
Aimee.Arseneault@mclaren.org

REP I Darrian Colborne (light blue)
Work Cell: 248-804-7871
Darrian.Colborne@mclaren.org

REP I Jessica Kline (dark blue)
Work Cell: 810-244-2393
Jessica.Kline@mclaren.org

GREEN POD ■■

REP II Ken Axtell
Work Cell: 517-490-2626
Ken.Axtell@mclaren.org

REP I Dawn Dunn (light green)
Work Cell: 810-701-2182
Dawn.Dunn@mclaren.org

REP I Shantell Moore (dark green)
Work Cell: 517-512-5465
Shantell.moore@mclaren.org





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for the quality care you deliver!***

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