



HEALTH PLAN

GROUP
INDIVIDUAL
MEDICAID
MEDICARE

Q3 2025

Provider Information

Visit Us Online at mclarenhealthplan.org



HEALTH PLAN

Q3 2025

- **Authorization Updates**
- **Authorization Updates - Summary**
- **Benefits of PCMH**
- **Lead Testing Guidelines**
- **Community Connections: Partnering with 2-1-1**
- **Keeping Your Information Up-to-Date**
- **Eligibility and Claim Inquiries**
- **Sign up for email communications**
- **Key Contacts**
- **Questions – Open Floor**



Authorization Updates

- For the most recent and upcoming authorization information, visit McLaren Health Plan's website at mclarenhealthplan.org and select the Provider tab.
- All changes and announcements are posted online at least 60 days prior to becoming effective.
- [Upcoming-Authorization-Changes.pdf](#)
- For current prior authorization requirements, visit: [Prior Authorization Codes List](#)
- For current Medicare prior authorization requirements, visit: [Medicare Prior Authorization Information](#)
- The preferred method of sending authorizations is through the [McLaren CONNECT](#) portal to access JIVA. Using JIVA allows for easier tracking and statusing. Visit the [McLaren CONNECT](#) portal to learn more about submitting referrals through JIVA or contact Customer Service at [888-327-0671](tel:888-327-0671) for assistance with submission.



Authorization Update - Summary

HEALTH PLAN

Effective August 1, 2025 for Medicaid, CMTY<HA, we are removing Prior Authorization for the following:

74177	Imaging	CT abdomen and pelvis
74176	Imaging	MRI upper ext w/o contrast
72148	Imaging	MRI lumbar spine
93303	Cardiac Procedures and Imaging	Transthoracic echo

Effective October 1, 2025 for Medicaid, CMTY<HA Authorization will be required:

- 0449U Genetic Testing Unity Carrier Testing NIPT



Benefits of Patient-Centered Medical Home Certification

McLaren Health Plan recognizes the importance of Patient Center Medical Home (PCHM) principles being incorporated into provider practices.

Benefits to a provider practice becoming and maintaining PCMH designation include:

- Lowering of overall cost of care
- Alignment with state/federal initiatives focusing on Value Based Care
- Improving access to care
- Increased chronic disease management.
- Reduction in the fragmentation of care
- Alignment with McLaren Health Plan's quality of care initiatives
- Increased provider practice satisfaction
- Improved patient experience

McLaren Health Plan accepts NCQA PCMH certification and Blue Cross Blue Shield of Michigan's Physician Group Incentive Program (PGIP) designation for PCMH.

We capture provider PCMH designation information and share this status with members in Provider Directories to assist those looking for a PCMH practice.

Children's Health: Lead Testing Guidelines

All children should be tested for lead twice: Once at the age of 1 and again by age 2.

Are your patients at risk for lead poisoning?

Symptoms of lead poisoning can be silent and hard to recognize. Preventing lead poisoning before it happens is the best way to keep your patients safe. Asking parents the following questions can help determine if a child is at risk for lead poisoning:

- Does the child live in a home built before 1950 or have they lived in a home built before 1950 in the recent past?
- Does the child live in a home built before 1978 that was recently remodeled?
- Does the child have a brother or sister or playmate with lead poisoning?
- Does the child live with an adult whose job or hobby involves lead?
- Does the child's caregiver use home remedies that contain lead? Does the parent need advice about identifying and removing lead paint or remodeling their home? Refer to the Lead and Healthy Homes Section at 866-691-LEAD or www.michigan.gov/lead

Tips & Best Practices

- Avoid missed opportunities by taking advantage of every office visit to provide lead testing
- Order lead testing at one year well visit or earlier and revisit at the 18-month visit
- Consider a standing order for in-office lead testing
- Educate parents about the dangers of lead poisoning and the importance of testing
- If patient is referred to a laboratory, implement a process for follow-up if order is outstanding after 30 days (sooner if the child's second birthday is approaching within 30 days)
- Date of service and result must be documented with the notation of the lead screening test
- Lead test is considered late if performed after the child turns 2 years of age

For more information and coding details on these and all HEDIS measures, please see the McLaren Health Plan HEDIS Quality Toolkit at: <https://www.mclarenhealthplan.org/mclaren-health-plan/hedisinformation>



Enhancing Community Connections: Partnership Opportunity with 211

Providers who prescribe pre-exposure prophylaxis (PrEP) are encouraged to apply for inclusion in Michigan 2-1-1, a free, confidential service connecting people with local and statewide resources. Trained specialists are available 24/7 via phone, text, or online to help individuals with housing, food, healthcare, and crisis support.

Benefits of listing with 2-1-1:

- Increased Visibility and Referrals: 211 is a central hub, acting as a referral point for services.
- Reduced Burden on Staff: 211 helps to pre-screen individuals, ensuring referrals align with eligibility requirements. This allows staff to focus on direct service delivery.
- Better Understanding of Community Needs: Participating in 211 helps to understand community needs and service gaps.
- Partnership Opportunities: Collaborating with 211 opens doors for potential partnerships and funding opportunities.

More information about partnering with 211 can be found on the website at mi211.org/providers. To search 2-1-1 resources by agency, visit mi211.org/providers/search. To apply to be part of Michigan 2-1-1's statewide resource database, visit mi211.org and review participation [criteria](#). Then, contact the resource manager in your area.



How to keep your information with MHP 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. *(See previous slide...)*



HEALTH PLAN

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.



HEALTH PLAN

- Sign-up to receive McLaren Health Plan provider communications via email. Complete the form at mclarenhealthplan.org
- Once you start receiving communications from us, you'll be able to:
 - Stay up-to-date on McLaren Health Plan processes and policies
 - Learn about McLaren Health Plan community participation and sponsored events
 - Link directly to other online resources

Sign up for our Provider Communications Mailing List

The screenshot shows a navigation menu on the left with the following items: Appeals and Grievance, Become a Contracted Provider, Billing & Claims, Provider Resources (+), Medical Management and Authorization (+), Pharmacy, Provider Communications (-), Join Mailing List (circled in red), and Quality Information, Programs and Services+. To the right is an 'ANNOUNCEMENTS' section with a megaphone icon and the text: 'McLaren Health Plan (MHP) offers a variety of pro this end, our mission is to partner with providers w our service area.'



HEALTH PLAN

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



HEALTH PLAN





GROUP
INDIVIDUAL
MEDICAID
MEDICARE

***McLaren Health Plan thanks you
for the quality care you deliver!***

Visit us online at: mclarenhealthplan.org