



HEALTH PLAN

Provider Network Update

June 2018

NEW: Injectable and Infusion Specialty Care Medication Site of Care Requirements

Effective August 1, 2018, McLaren Health Plan, Inc. (MHP) is implementing Specialty Care Medication Site of Care Requirements for the MHP Community and McLaren Health Advantage lines of business. The MHP Site of Care Guidelines require the following list of injectable or infusible drugs to be administered **only** in a non-facility setting, such as the patient's home or a non-hospital affiliated infusion center. Infusions for these medications are excluded from reimbursement when administered in a hospital outpatient infusion center. In addition, the medications listed below require pre-authorization, regardless of the site of care. Specialty Care Medications are as follows:

Brand Name	HCPCS code
Actemra	J3262
Aldurazyme	J1931
Benlysta	J0490
Berinert	J0597
Bivigam	J1556
Cerezyme	J1786
Cimzia	J0717
Cinryze	J0598
Elaprase	J1743
Elelyso	J3060
Entyvio	J3380
Fabrazyme	J0180
Flebogamma	J1572
Gammagard	J1569
Gammagard S/D	J1566

Brand Name	HCPCS code
Gammaplex	J1557
Gamunex	J1561
Immune Globulin	J1599
Inflectra	Q5103
Lumizyme	J0221
Naglazyme	J1428
Octagam	J1568
Orencia	J0129
Privigen	J1459
Remicade	J1745
Renflexis	Q5104
Simponi Aria	J1602
Soliris	J1300
Stelara	J3357
VPRIV	J3385

All MHP Community and Health Advantage members are required to receive their injectable/infusible specialty care medications in a non-facility setting, such as the patient's home or non-hospital affiliated infusion center. Exceptions may be made when an authorization request is submitted by a Physician. That request should include supporting documentation, which MHP will review, indicating the contraindications for a member to receive these medications in their home or in an infusion center.

Prescribers and members will receive advance notification if they are impacted by these Site of Care Requirements.

If you have any questions regarding the Specialty Care Medication Site of Care Requirements, please call Customer Service at (888) 327-0671. This information is available at McLarenHealthPlan.org.

EXCITING NEWS! New & Improved Provider Portal Available Soon!

MHP is excited to launch our new and improved provider portal, McLaren CONNECT. McLaren CONNECT will be applicable to all lines of business and features a single sign-on (replacing the current FACTSWeb and Health Rules portals). McLaren CONNECT is a secure, web-based system that will allow you to access up-to-date information for all of your MHP patients. Items available on the portal include:

- Patient's eligibility status and benefit information
- Claims status
- Explanation of payments
- Accumulator information

Look for more information on McLaren CONNECT in the coming weeks, including a go-live date and registration information.

NEW BENEFIT INFORMATION: Pregnant Women Dental Benefit for Medicaid Beneficiaries

Effective July 1, 2018, the Michigan Department of Health and Human Services (MDHHS) is expanding its managed care dental coverage for non-Healthy Michigan Plan (HMP) pregnant women eligible for Medicaid.

Medicaid members who are pregnant or become pregnant can receive dental services during their pregnancy and 90 days postpartum.

Pregnant members will be able to see dentists who are contracted with Delta Dental. In addition, MHP will provide transportation assistance to pregnant Medicaid members who need transportation to and from scheduled dental appointments.

Letters are being sent to female members, of child bearing age, informing them of this new dental benefit. The letter explains that to receive dental services, members must notify MHP of the pregnancy and due date by calling Customer Service at (888) 327-0671. Members must also inform their caseworker of the pregnancy and due date. If you have any questions please contact Customer Service at (888) 327-0671.

REMINDER: DME, Prosthetics, and Orthotics Benefits

As a reminder, MHP members in any line of business have benefits for DME, prosthetics, and orthotics*. Certain authorization requirements apply and are different for specific lines of business. (Please see the authorization requirements listed by service code at McLarenHealthPlan.org). In addition to authorization requirements, there are quantity limits, age parameters and rental caps that MHP applies when considering reimbursement of medically necessary, covered services. If you have any questions, please contact Customer Service at (888) 327-0671.

**Orthotics are only covered by providers who have facility accreditation through the American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc., to furnish and bill for custom-fabricated P&O appliances. Providers must maintain their ABC accreditation and be able to provide accreditation proof upon request. Coverage for orthotics is not available when received from a podiatrist.*

COMING SOON: Clinical Editing System (CES) Implementation

MHP will be implementing a CES in 2019. The implementation of the CES will focus on professional claims, and is designed to automatically check each claim, on a pre-payment basis, for errors, omissions and questionable coding relationships by testing the data against industry rules, regulations and policies governing health care claims. The CES will also detect coding errors, including but not limited to: errors relating to unbundling, incidental procedures, modifier appropriateness, diagnoses and duplicate claims.

ACTION REQUIRED: CHAMPS Enrollment Requirement

ALL providers rendering services to Medicaid beneficiaries, must be enrolled with the MDHHS CHAMPS System. Register today by logging into www.michigan.gov/mdhhs:

1. Hover over “Doing Business with MDHHS” and choose “Health Care Providers”
2. Click on “Information for Medicaid Providers” link
3. Click on “Providers” icon
4. Click on “CHAMPS” icon
5. Click on “MI Login”
6. Click “Sign Up”

During registration, be sure to “associate” with MHP. This will ensure that MHP is notified of your registration and that your claims are processed appropriately.

All new providers enrolling with CHAMPS will receive a welcome letter from MDHHS upon approval. MDHHS recommends all organizations keep a list of their user identifications.

CHAMPS training is available by emailing ProviderOutreach@michigan.gov

UPDATE: Electronic Submission of Secondary COB Claims

Effective immediately, MHP can accept and process electronic secondary claims. To ensure appropriate adjudication of secondary claims, primary insurance payments must be reported at the line level, not at the claim level. If you have any questions, please contact Customer Service at (888) 327-0671.

REMINDER: Online Provider Change Form

McLarenHealthPlan.org now contains a new *Provider Change Form* quick link for providers to submit changes to MHP (e.g., demographic change, Pay to Change).

Reminder: All changes must be submitted to MHP *at least 60 days prior* to the effective date.

If you have any questions, please contact Customer Service at (888) 327-0671 and ask to speak to your Network Development Coordinator.



REMINDER: Culturally and Linguistically Appropriate Services (CLAS)
Training Requirement

CLAS is a way to improve the quality of services provided to all individuals. By tailoring services to an individual's culture and language preference, health professionals can bring about positive health outcomes for diverse populations.

CLAS training is an NCQA requirement for all providers and staff. MHP is pleased to offer CLAS training online at McLarenHealthPlan.org. The training provides an overview of CLAS standards, legal requirements, communication standards, continuous improvement recommendations and member diversity.

We are requesting each provider location complete CLAS training online, and sign and print the included an attestation (one per office location). The attestation is available on our website McLarenHealthPlan.org. Then, please **fax your completed attestation to (810) 733-9651.**

(If you have completed CLAS training with another health plan, simply fax a copy of the signed attestation to the number above)

Please contact your Network Development Coordinator at (888) 327-0671 with any questions.

REMINDER: Authorization Updates, Changes, and Clarifications

Updates, changes, and clarification to authorization requirements will be completed on a quarterly basis. Any updates, changes, or clarifications will be effective January, April, July and October of each year. A list of service codes requiring preauthorization is available at McLarenHealthPlan.org. If you have any questions, please contact Customer Service at (888) 327-0671.

WE WANT TO HEAR FROM YOU!

If you have an idea for a future Provider Network Update article or a process improvement, please email MHPPProviderServices@mcclaren.org. We want to hear from you!

We thank you for the quality care you deliver!