



## HEALTH PLAN

### **PROVIDER GUIDE TO COMPLETING McLAREN HEALTH PLAN (MHP) HEALTHY MICHIGAN HEALTH RISK ASSESSMENTS (HRAs)**

All MHP Healthy Michigan Plan members receive an HRA in their new member packets. If they do not bring one to their appointment, you can get a copy at [McLarenHealthPlan.org/Providers/HealthManagementTools/HealthyMichiganPlanHRA](http://McLarenHealthPlan.org/Providers/HealthManagementTools/HealthyMichiganPlanHRA).

The HRA form can also be submitted and viewed in the Community Health Automated Medicaid Processing System (CHAMPS) via the HRA Questionnaire web page.

#### **Health Risk Assessment Completion Instructions**

##### **Sections 1 – 3**

Sections 1-3 of the Health Risk Assessment form are to be completed by the member.

- Section 1: Member's initial assessment questions
- Section 2: Member's annual appointment information
- Section 3: Member's readiness to change

If Sections 1-3 have not already been completed, the member should complete it during his or her office visit. Members are not required to answer all the questions in Sections 1-3 for the HRA to be considered complete. MHP and/or the Michigan Department of Health and Human Services (MDHHS), through their enrollment broker Maximus, may have assisted the member in completing Sections 1 -3. If that occurred, MHP will have faxed the HRA form to your office prior to the member's appointment.

##### **Section 4**

Primary Care Providers (PCPs) complete Section 4. Fill in the "Healthy Behaviors Goals Progress" question and select a "Healthy Behavior Goals" statement in discussion with your patient. Sign the PCP Attestation, including the date of the appointment. Both parts of Section 4 must be filled in for the attestation to be considered complete.

The Healthy Behaviors part of Section 4 requires the provider, in collaboration with the member, to review and choose one of the statements related to the member's health risk behaviors and progress toward those goals.

- Part 1 of Section 4 is a question about the member maintaining or achieving/making significant progress toward their previously selected health behavior goal(s) over the last year
- Part 2 of Section 4 is the selection of the member’s healthy behavior goals for the next year
- Part 3 of Section 4 is the PCP attestation, including acknowledgement that the member received a copy of their HRA and that the information within the HRA is complete and accurate to the best of their knowledge and must contain the PCP’s first and last name, NPI, phone number, appointment date, signature/date.

The member, in accordance with MDHHS’ Healthy Behavior Protocols, commits to a healthy behavior in collaboration with his or her PCP, may be eligible for a healthy behavior incentive or reductions in cost-sharing contributions.

Members who are capable of or have no barriers to selecting a healthy behavior, but decline to engage in at least one healthy behavior at the time of the visit (item #4), are not eligible for incentives or reductions in cost-sharing contributions.

### **MHP Healthy Michigan Plan HRA Provider Incentive**

Please follow these steps to receive your MHP Healthy Michigan Plan HRA \$50 provider incentive:

- Complete the member’s HRA as instructed above
- Submit the HRA (as listed below) within 30 days of the member’s visit
- Submit a claim to MHP with procedure code 96160, in addition to the services rendered, and you will receive a \$50 payment for each HRA completed annually

*MHP will perform an audit of claims received for completed HRAs (claims billed with service code 96160) to ensure the corresponding HRA has been received. If the HRA has not been received, MHP will contact the PCP for a copy of the HRA. If the HRA is not sent to MHP, a reversal of the original claims payment for service code 96160 may occur.*

If you have any questions, please contact McLaren Health Plan at (888) 327-0671, TTY:711.

### **HRA Submission**

**Completed HRAs should be submitted as follows:**

Fax: (517) 763-0200

CHAMPS: The Health Risk Assessment form can be submitted and viewed in CHAMPS via the Health Risk Assessment Questionnaire web page.

**OR submit the form to McLaren Health Plan by:**

Fax: (877) 502-1567

Email: customerservice@mclaren.org

Mail: McLaren Health Plan, P.O. Box 1511, Flint, MI 48501