



## HEALTH PLAN

### Provider Network Update

June 2015

#### **Change to authorization requirements for McLaren Health Plan's Medicaid/Healthy Michigan/MiChild Physical/Occupational/Speech Therapy Services - Effective July 1, 2015**

**Evaluations** for Physical/Occupational/Speech Therapy will not require an authorization, but **all visits** for treatment will require an authorization. **Effective July 1, 2015**, the following procedure codes **do not require an authorization**, when received from an **In-Network Physical Therapy Provider**:

Physical Therapy Evaluation – 97001

Occupational Therapy Evaluation – 97003

Speech Therapy Evaluation – 92521, 92522, 92523

**All other therapy treatment codes will require pre-authorization from McLaren Health Plan.**

McLaren Health Plan thanks you for your patience as we continue to streamline our processes and work towards easing the administrative burden for our providers and their office staff.

#### **Primary Care Providers CSHCS Readiness Survey:** **Survey Attached**

When Children's Special Health Care Services (CSHCS) beneficiaries were enrolled into the Medicaid managed care plans, MHP asked our network of Primary Care Providers (PCPs) to assess their readiness to manage the CSHCS population. As our network has expanded and PCPs have expanded their services, we would like to survey you again. Attached is the Primary Care CSHCS Readiness Survey. This brief survey is required by MDHHS to attest that our Primary Care Providers are prepared to provide quality health services to our CSHCS members. **Primary Care Providers who are able to attest to the requirements for treating CSHCS members will receive a per member per month (pmpm) care management fee for all MHP CSHCS members assigned to their practice.** The care management fee is **\$4/pmpm for TANF** (Temporary Assistance for Needy Families) CSHCS members or **\$8/pmpm for ABAD** (Aged, Blind, and/or Disabled) CSHCS members. The designation of TANF and ABAD for CSHCS is determined by the MDHHS.

#### **MHP Medicaid Providers – CHAMPS Enrollment Requirement**

MHP Medicaid contracted Providers must enroll and attest to their information within the CHAMPS system.

**Enrolling in CHAMPS does not require you to be a Medicaid FFS Provider.**

To enroll in CHAMPS:

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1. Go to [www.michigan.gov/mdhhs](http://www.michigan.gov/mdhhs)
2. On the home page, click on CHAMPS
3. On the CHAMPS screen, click on Medicaid Providers
4. On the Medicaid screen, click on Provider Enrollment – top purple box on the right side of the page  
If you have not done so already, please complete this requirement as soon as possible.

## **Countdown to ICD-10: The Clock is Running!**

The October 1, 2015 ICD-10 implementation date is just around the corner. ICD-10, which will replace ICD-9 code sets and update ICD-9 terminology, consists of two parts: (1) ICD-10 CM for diagnosis coding for all claims, and (2) ICD-10 PCS for procedure coding on inpatient hospital claims. **Here are ICD-10 Tips & Tools published by MDHHS:**

1. Check CMS Timelines and Checklists for your Organization to ensure readiness at [www.cms.gov/icd10](http://www.cms.gov/icd10)
  - a. ICD-10 training of staff and Physicians in clinical documentation exercises and medical terminology should be well underway:
    - i. Ensure that your clinical documentation can support the new ICD-10 codes
    - ii. Conduct dual coding:
      1. Take a patient's chart and code it in ICD-10 and note the time that it takes to turn it into a claim
      2. Evaluate all the systems and personnel that are impacted by the claim
      3. Make necessary adjustments accordingly based on finding of ICD-10 impact assessment for that claim (training, system upgrades, forms, etc.)
      4. Dual coding can assist in measure the impact of ICD-10 productivity while helping apply a standard measure of coding application
  - b. ICD-10 testing should be well underway:
    - i. B2B Testing: Check with your Billing Vendor to assess their readiness if you do not conduct your own billing within your organization
    - ii. Scenario Based Testing: ICD-10 assessment of staff knowledge
2. Review the ICD-10 CM and ICD-10 PCS Official Coding Guidelines and 2015 ICD-10 Coding Gems at [www.cms.gov/icd10](http://www.cms.gov/icd10)
3. Review CMS's ICD-10 Resource: "Road to ICD-10" @ [www.roadto10.org](http://www.roadto10.org)

If you have any questions, please contact your Network Development Coordinator at (888) 327-0671.

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

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## PRIMARY CARE PROVIDER READINESS SURVEY CHILDREN'S SPECIAL HEALTH CARE SERVICES

<b>Physician Information</b> (Please provide the following information for all PCPs in your practice)			
Primary Care Physician Name:			
Practice Address:	Street:		
	City:	State:	Zip:
NPI(s):			
<b>CSHCS Primary Care Requirements</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b> (if applicable)
Do you currently take care of children or youth with complex chronic health conditions?			
Does your practice have a method to identify children/youth with chronic health conditions? Please explain:			
Does your practice offer expanded appointments when the child/youth has complex needs and requires more time?			
Does your practice have experience coordinating care for children/youth that see multiple professionals (i.e. pediatric subspecialists, physical therapists, mental health professionals,			
Does your practice have a dedicated professional responsible for care coordination for children/youth that see multiple professionals?			
Is your practice willing to accept new patients (children/youth) with complex chronic health conditions?			
As a Primary Care Physician, do you treat youth who are transitioning to adulthood?			

**Please return this survey to MHP. Responses can be faxed to Network Development at (810) 733-9651. Thank you for your participation!**