Maternal Infant Health Program (MIHP) Provider Guidelines

Covered Services

The following Covered Services are reimbursable without prior authorization from McLaren Health Plan (MHP) when provided within the criteria and limits established in the MIHP Operations Guide and MDHHS policies:

A. Initial Risk Assessment
B. Professional visits
C. Drug exposes infant visits
D. Lactation Support and Counseling Services (IBCLC) (when services are provided by a qualified licensed MIHP registered nurse or licensed social worker in possession of a valid and current IBCLC certification.)

The initial assessment visit for a child older than twelve (12) months of age or a professional visit or other MIHP service beyond eighteen (18) months of age is subject to prior authorization. All other services not listed above require prior authorization from MHP. For more information about the prior authorization process, please visit our website at McLarenHealthPlan.org or contact Customer Service at (888) 327-0671.

MIHP Collaboration (Notification) Forms

MIHP collaboration forms should be submitted via fax to "Attention: MIHP" at (810) 733-9645. Forms may be submitted to McLaren Health Plan on a monthly basis or more frequently if preferred. McLaren Health Plan will also make member referrals to the MIHP for services. Referrals are typically made on a monthly basis and are sent via fax.

Claims Submission

Rendering and Servicing Providers on MIHP Claims

Claims for MIHP services must be submitted with the NPI of the MIHP agency as the billing provider. It is not required that a rendering provider be included on the claim for MIHP services.

Electronic Claims Submission

For claims filed electronically through McLaren Health Plan's Electronic Data Interchange (EDI) vendors, the claims payment process does not differ from paper claim submissions. However, electronic claims may require providers to put the information in different "fields" or "loops". Refer to the Clearinghouse Information section of the McLaren Health Plan Provider Manual located on our website at McLarenHealthPlan.org for detailed instructions for submitting electronic claims.

Payer ID for electronic claims:

McLaren Medicaid/ Healthy Michigan Plan/ MIChild – 3833C

McLaren Health Plan receives EDI claims from our clearinghouse, ENS Optum Insight. Since you may choose to contract with a different clearinghouse, you must ask whether your clearinghouse has a forwarding arrangement with ENS Optum Insight. A forwarding arrangement allows your clearinghouse to pass your claims on to ours so that we will receive them.

EDI Contacts

If you have questions about becoming a customer at ENS Optum Insight or have problems with claim rejections that were received by ENS Optum Insight, contact: enshealth.com (866) 367-9778

Paper Claims Submission

Although we prefer receiving claims electronically, if you do submit them on paper, all paper claims should be mailed to:

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

Handwritten claims will not be accepted. Paper claims must be typed and mailed to the address provided above. Paper claim submission must be done using the most current form version as designated by the Centers for Medicare and Medicaid Services (CMS) and the National Uniform Claim Committee (NUCC). Please note: You must submit your appropriate NPI on the claim form. If you have any questions, contact Customer Service at (888) 327-0671.

Timeframe for Claims Submission

Claims must be submitted to McLaren Health Plan within 365 days from the date of service. Claims not submitted within that time frame will not be eligible for reimbursement.

Subscriber Identification

We will not process a claim that contains an invalid subscriber/member ID. The correct subscriber ID can be found on the McLaren Health Plan member ID card. If you are unsure of the number, call Customer Services at (888) 327-0671.

Billing Provider Identification

We will not process a claim that contains an invalid billing NPI. Be sure to also submit the rendering provider's NPI as assigned by CMS. The Tax ID number is not acceptable in lieu of this field. This must be included as the "Billing Provider Secondary Identifier". The billing address cannot contain a PO Box or Department Number for electronic claims, as specified by 5010 billing requirements.

If you have questions about the instructions in this document or would like the status of a claim that you have submitted to us:

• Access our Provider Portal via our website at McLarenHealthPlan.org - General Provider Information/ Provider Portal - Medicaid, Healthy Michigan or MIChild

• Contact Customer Service at (888) 327-0671

Clean Claims

McLaren Health Plan is required to process your "clean" claims within forty-five (45) days of McLaren Health Plan receiving the claim. Public Act 28 defines a "clean" claim when the following information is present on the claim:

• Identifies the provider of service, including any provider identification number and Federal Tax Identification number

• Lists the patient name and their ID numbers

• Lists the date(s) and place of service

• The claim is a bill for covered services for an eligible member

• The claim is a bill for medically necessary and appropriate care

• The claim contains prior authorization or pre-certification information, if required

• The claim identifies the services rendered by using proper procedure and diagnosis codes

• The claim includes additional information when required by McLaren Health Plan

Non-Clean Claims

When McLaren Health Plan is unable to process a submitted claim, notification will be provided identifying the reason for rejection. Common reasons include:

• Valid NPI is missing or incorrect

• Unable to identify the provider (Use your NPI)

• Unable to identify the member (Copy the name and member number from the McLaren Health Plan ID card)

• Provider did not complete form correctly

Checking the Status of Your Claims or Requesting a Claims Adjustment

All claim inquiries and adjustments must be submitted to McLaren Health Plan within 90 calendar days of the administrative action, excluding COB/subrogation claims. Inquiries and requests for adjustments after 90 calendar days will not be given consideration. You can status your claim in our system by accessing our Provider Portal. The Provider Portal is HIPAA compliant and will allow:

• You, or anyone you designate, to status claims submitted by you, and also to verify member eligibility and coverage o You will need to apply for access and will be given a password

o Application forms for the Provider Portal are included in the Forms Section XVII of the MHP Provider manual found on our website at McLarenHealthPLan.org

You can also status a claim by completing the Provider Claims Status Fax Form and faxing it to Customer Service at (877) 502-1567. For a Provider Claims Status Fax Form, the form is available on our website at MclarenHealthPlan.org. Please remember, just as McLaren Health Plan must pay simple interest on

clean claims not processed within forty-five days, providers can be fined for re-submitting duplicate claims during this same time period. Also, your claim will not be statused within this time period. Providers who wish to request a claims adjustment to correct a previously submitted claim, believe a service was denied inappropriately, or a claim did not pay correctly, are encouraged to do one of the following:

• Complete the Provider Claim Adjustment Form, attaching a paper copy of the corrected claim or the claim in dispute, and supporting documentation for the adjustment, and fax it to Customer Service at (877) 502-1567 for processing.

• Contact Customer Service at (888) 327-0671 to request a claim adjustment. Requests for claim adjustments cannot be submitted electronically. The completed Provider Claim Adjustment Form must accompany a paper claim to avoid it from being automatically denied as a duplicate claim.

835 Electronic Remittance Advice and ePayments

To enroll in 835 Electronic Remittance Advices or ePayments (ACH or EFT transfers), contact Zelis Payments Customer Service at (877) 828-8770 to opt in for any of the services offered.

McLaren Health Plan Contact Information

Customer Service

Phone: (888) 327-0671
Fax: (877) 502-1567

- Verify Member eligibility and benefits
- Check on prior authorization status
- Claims inquiry

Network Development

Phone: (888) 327-0671
Fax: (810) 733-9651

- Provider Portal registration and education
- Updates to Provider demographics
- Contract verification and questions

Medical Management

Andrea DeVellis, RN BS CCM, Manager
Phone: (810) 733-9631
Fax: (810) 733-9645 analog fax or (810) 733-9647 e-fax