

# Partners In Health

Fall 2023



 **McLaren**  
HEALTH PLAN

INDIVIDUAL  
MEDICAID  
MEDICARE

“Partners in Health” is the newsletter for McLaren Health Plan physicians, office staff and ancillary providers. It is published twice per year by McLaren Health Plan Inc., who is referred to as “MHP” throughout this newsletter.

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# FROM JODY LANDON

Vice President, Customer &  
Provider Services



McLaren Health Plan is laser-focused on Medicaid redetermination, with a goal to keep its membership intact, which means keeping your MHP patient base intact as well. We've followed MDHHS guidelines, first urging members to update their demographic information in MIBridges to ensure they receive their redetermination paperwork. Next, we trained a number of employees to help members with the Medicaid redetermination process. Our website has an easy-to-use registration system where members can schedule appointments at our Flint or Lansing offices to come in and receive assistance.

Members also have the choice to meet us in the community at appreciation events in Flint, Lansing and Saginaw or at a number of farmers markets we sponsor throughout the state. We used mail, social media and a successful texting campaign to reach our members and will continue our outreach efforts throughout the remainder of the year.

For those who no longer qualify for Medicaid, we are assisting them with Marketplace options, including those offered by MHP. Our message is loud and clear - we're here to help. There should be no one in Michigan who is not covered by some type of health care coverage. The health and well-being of our members is our highest priority.

If you have patients who need assistance with Medicaid redetermination or if there is anything else our team at MHP - or the provider relations staff - can help with, please reach out.

# CONTACT US

## General Information About MHP's Departments and Services

### Customer Service

**Phone: 888-327-0671 (TTY: 711)**

**Fax: 833-540-8649**

Customer Service is responsible for assisting physicians, office staff, providers and members with questions. Representatives are available Monday through Friday from 9 a.m. to 6 p.m. Call if you have questions about:

- Transportation for MHP Medicaid, Healthy Michigan Plan and Medicare Advantage members
- Referrals
- Claims

MHP has **FREE** interpretation and translation services for members in any setting — ambulatory, outpatient, inpatient, office, etc. If MHP members need help understanding written materials or need interpretation services, call Customer Service.

### McLaren CONNECT

If you have not yet registered on McLaren CONNECT, the provider portal, click [here](#).

McLaren CONNECT is a secure web-based system for all MHP lines of business that **allows you to:**

- Verify member eligibility
- View member claims and print EOPs
- View and print member eligibility rosters\*
- View and print member benefit information
- View a member's demographic information
- Contact the MHP provider team

Your provider TIN and NPI are required for the login process. Logins require your user name and password each time, for your security.

Access to McLarenNow and McLaren CareNow can be found on McLaren CONNECT. McLarenNow is a 24-hour-a-day, 365-days-per-year telehealth option available to anyone in the U.S. to see a board-certified physician for virtual care. McLaren CareNow is a network of urgent care clinics in select Walgreen's locations throughout Michigan.

### McLarenHealthPlan.org

MHP launched a new website in March and it contains information about the plan's policies, procedures and general operations. You'll find information about quality programs; preauthorization processes; health management and disease management programs; clinical and preventive practice guidelines; pharmaceutical management procedures; the pharmacy formulary; member rights and responsibilities; the provider complaint and appeal process and provider newsletters. Our quality performance improvement plan is on our website, along with our utilization management program; credentialing policies and process; the HEDIS® manual and facility and medical record standards. Visit often for the most up-to-date news and information. This is not an all-inclusive list. If you would like a printed copy of anything on our website, please call Customer Service.

**Interpretation and translation services are FREE to MHP members in any setting — ambulatory, outpatient, inpatient, etc. Oral interpretation services are available for people who are deaf, hard of hearing or have speech problems. If McLaren Health Plan members need help understanding MHP's written materials or need interpretation services, call 888-327-0671 (TTY: 711)**

### Provider Relations

**Phone: 888-327-0671 (TTY: 711)**

**Fax: 810-600-7979**

The Provider Relations team is responsible for physician and provider-related issues and requests, including contracting.

Provider Relations Representatives are assigned to physician or provider practices by county. Their services include:

- Orientations for you and/or your office staff to learn about MHP — how to submit claims, obtaining member eligibility or claims via the MHP CONNECT provider portal
- Delivering referral and preauthorization forms and pharmacy formularies to your office

If you have changes to your practice such as a new federal tax identification number, a payment address change or a name change, a new W-9 is required. Changes to your practice should be communicated to MHP 60 days in advance to ensure the updates are made by the effective date of the change. Use the Provider Request Change form, found [here](#), and submit it to your Provider Relations Representative.



Current participating Primary Care Physicians who wish to open their practices to new MHP patients can do so at any time. Simply submit your request in writing, on office letterhead, to your Provider Relations Representative, requesting to open your practice to new MHP members and your coordinator will make the change.

Other changes, such as hospital staff privileges, office hours or services, address or phone number or on-call coverage, please contact your Provider Relations Representative - [mclarenhealthplan.org/mclaren-health-plan/new-member-survey-mhp](http://mclarenhealthplan.org/mclaren-health-plan/new-member-survey-mhp).

# Provider Relations Representative Territory POD Assignments

**ORANGE POD** ■■

**REP II Stephanie Anderson**  
 Work Cell: 231-342-2012  
 Stephanie.Anderson2@mclaren.org

**REP I Bev Hude (light orange)**

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 Beverly.Hude@mclaren.org

**REP I Kylie Weidenhammer (dark orange)**

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 Kylie.Weidenhammer1@mclaren.org

## PROVIDER RELATIONS

Phone: 888-327-0671  
 Fax: 810-600-7979

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 Visit the McLaren CONNECT provider portal at [mclarenhealthplan.org](http://mclarenhealthplan.org) to view your claim status and verify member eligibility.

**BLUE POD** ■■

**REP II Aimee Arseneault**  
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 Aimee.Arseneault@mclaren.org

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**REP I TBD (dark blue)**

**GREEN POD** ■■

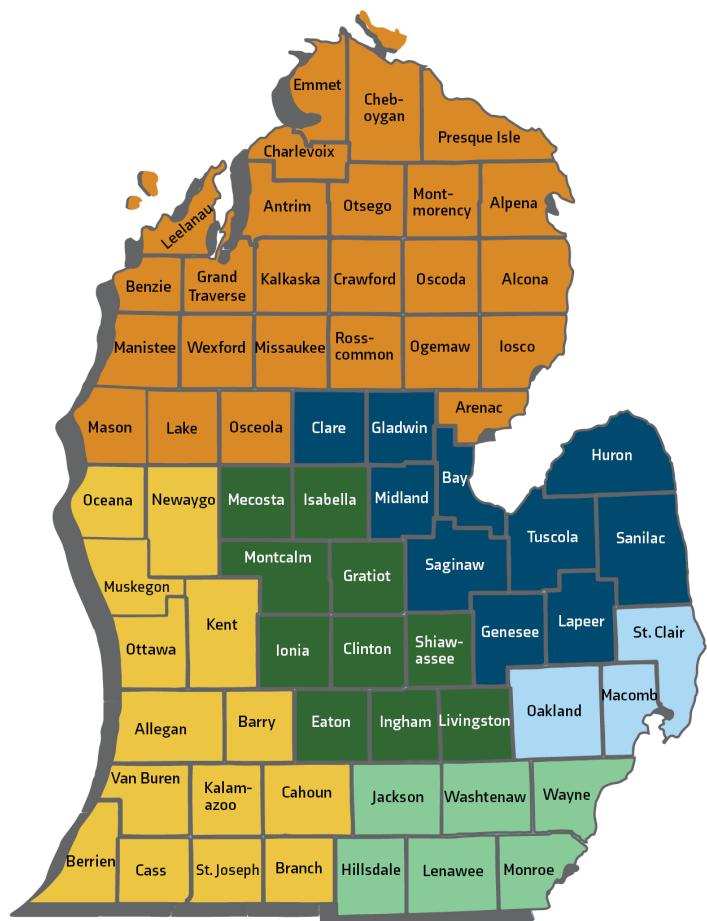
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## Outreach Team

**Phone: 888-327-0671 (TTY: 711)**

**Fax: 810-600-7985**

The MHP Outreach team is available to assist your office with quality programs, incentive programs, Gaps in Care reports, Health Risk Assessment lists as well as scheduling your MHP commercial and Medicaid patients for preventive care visits and ancillary tests.

The Outreach team regularly sends Gaps in Care reports to Primary Care Providers. These reports include your assigned members and their needed services. The team can assist your staff by contacting and scheduling patients for these important visits and closing those 'gaps' in care.

### By working together, we strive to achieve:

- Increased incentive payments
- Better patient outcomes when preventive services are provided
- Improved relationships among you, your patients and MHP

The MHP Outreach team is trained in several electronic scheduling systems and can assist with in-office or off-site scheduling. During patient contacts, the Outreach team can assist your patients by:

- Discussing the importance of preventive care services
- Determining barriers to care and assisting with barriers, such as transportation

Call us and ask to speak to an Outreach representative if you are interested in working with the Outreach team.

## Medical Management

**Phone: 888-327-0671 (TTY: 711)**

**Fax: 810-600-7959**

Medical Management supports the needs of both MHP providers and members. Medical Management coordinates members' care and facilitates access to appropriate services through the resources of nurse case managers.

Through case management services, nurses promote the health management of MHP members by focusing on early assessment for chronic disease and special needs and by providing education regarding preventive services. Nurses also assist the physician and provider network with health care delivery to MHP members. Nurses are available 24 hours a day, seven days a week and work under the direction of MHP's Chief Medical Officer.

Call the Medical Management team for information and support with situations about:

- Preauthorization requests
- Inpatient hospital care (elective, urgent and emergent)
- Medically necessary determinations of any care, including the criteria used in decision-making
- Case management services
- Complex case management for members who qualify
- Disease management – diabetes, asthma, maternity care
- Preventive health education and community outreach support
- Children's Special Health Care Services (CSHCS)

You may get voice mail when you call the Medical Management team due to the volume of calls received. Voice mail is checked frequently throughout the day and all calls are returned within one business day.

## Case Management

**Phone: 888-327-0671 (TTY: 711)**

**Fax: 810-600-7965**

Case management is offered to all MHP members. A case management nurse is assigned to each primary care office to assist you with managing your MHP members. The MHP nurses help manage medical situations and are a resource for identified issues. This enables a circle of communication that promotes continuity of care, the member's understanding of his or her health care, support for the primary care physician and the PCP office as the medical home.

MHP members are referred for case management services by physicians who identify at-risk patients. Complete a **Referral to Case Management form** found [here](#). When MHP receives the form, a nurse begins an assessment of the member and identifies a proactive approach to managing the totality of the member's health care needs. The program focuses on preventive health management, disease management, general and complex case management and Children's Special Health Care Services (CSHCS) case management.

### Program goals are:

- **Empower** members to understand and manage their condition
- **Support** your treatment plan
- **Encourage** patient compliance

**Preventive health management helps by:**

- Informing members of preventive testing and good health practices
- Mailing reminders to members about immunizations, well-child visits and lead screenings
- Highlighting ways to stay healthy and fit in member newsletters
- Identifying members who are due for annual checkups and screenings and notifying PCPs of these patients
- Initiating call programs to assist members with scheduling annual checkups and screenings

If you do not know who your case management nurse is, please call Customer Service at 888-327-0671 (TTY: 711).

**Complex Case Management**

**Phone: 888-327-0671 (TTY: 711)**

**Fax: 810-600-7965**

MHP has nurses trained in Complex Case Management (CCM) who coordinate services for members with complex conditions and promote access to high quality, cost-effective, needed services. Our goal-oriented program focuses on engaging members, their providers and MHP in a collaborative effort to help them regain optimum health or improved functional capability, improving their quality of life. Members considered for CCM have complex care needs including, but not limited to:

- Those listed for a transplant
- Ones who have frequent hospitalizations or ER visits
- Are part of the Children's Special Health Care Services (CSHCS)

**Disease and Population Health Management**

**Phone: 888-327-0671 (TTY: 711)**

**Fax: 810-600-7965**

McLaren Health Plan has disease management programs for asthma, diabetes, depression, hypertension, obesity, pregnancy, Sickle Cell Disease, and tobacco cessation. Members receive educational mailings, ongoing contacts with nurses and pharmacy management.

# Utilization Management

**Phone: 888-327-0671 (TTY: 711) or 810-733-9631**

**Fax: 810-600-7959**

McLaren Health Plan's utilization management program is structured to deliver fair, impartial and consistent decisions that affect the health care of MHP members. The Medical Management team coordinates covered services and assists members, physicians and providers to ensure that appropriate care is received. Nationally recognized, evidence-based criteria is used when determining the necessity of medical or behavioral health services. The criteria are available to you upon request by calling the Medical Management team.

If there is a utilization denial, the member and physician will be provided with written notification - which will include the specific reason for the denial - as well as all appeal rights. MHP's Chief Medical Officer, or an appropriate practitioner, will be available by telephone to discuss utilization issues and the criteria used to make the decision.

Utilization decision making is based solely on appropriateness of care and service and existence of coverage. MHP does not specifically reward practitioners or other individuals for issuing denials of coverage, service or care. There are no financial incentives for utilization decision-makers to encourage decisions which would result in under-utilization.



# Racial Equality Goal of 'MIRACLE' Program

MIRACLE is a multilevel intervention study that aims to reduce African American maternal morbidity and mortality.

The goal of the campaign is to help mothers and providers remember potentially life-threatening warning signs during and after pregnancy, and improve communication between patients and their health care providers.

Everyone has a role to play in supporting women and preventing pregnancy-related deaths. Here's what you can do:

- Always ask if your patient is pregnant or was pregnant in the last year.
- Women know their bodies and can often tell when something is not right. Listening and taking the concerns of pregnant and recently pregnant women seriously is a simple, yet powerful action to prevent pregnancy-related deaths.
- Offer timely treatment and quality care which can prevent many pregnancy-related deaths.
- Seek out partner, friend and family advocates to make sure any health concerns of your pregnant patients are appropriately addressed.
- Make sure every woman gets a copy of the HEAR HER warning signs handout; consider posting it in exam rooms.
- Find a way to help your staff (nurses, those answering the phone and others working with pregnant and postpartum people) know and remember the HEAR HER warning signs.

In Michigan, Enhanced Prenatal and Postnatal Care (EPC) takes two main forms. First, the Maternal Infant Health Program (MIHP) is a home visiting and care coordination program provided by nurses and social workers, available to all Medicaid-eligible women in Michigan. Second, the federal Healthy Start program supplements MIHP with care by race-matched Community Health Workers in six Michigan communities with high infant mortality. It's been shown that MIHP improves maternal care and reduces adverse birth



outcomes, especially for African American women. Healthy Start also has shown a reduction in adverse birth outcomes for African American women.

Only about one-third of eligible women enroll. You are encouraged to set up a systematic referral for MIHP in your practice and remind your eligible patients about the program and the resources offered.

**Resources:**

CDC's Hear Her Campaign: [www.cdc.gov/HearHer](http://www.cdc.gov/HearHer)

Urgent Maternal Warning Signs: Council on Patient Safety: [www.safehealthcareforeverywoman.org](http://www.safehealthcareforeverywoman.org)

**MIRACLE Team contacts information:**

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Phone: 810-600-5669

Email: [jjohns@msu.edu](mailto:jjohns@msu.edu)

Scheduling: [fleesmor@msu.edu](mailto:fleesmor@msu.edu), 810-600-9126

Jonné McCoy-White, DrPH

Phone: 810-423-0962

Email: [mccoyjon@msu.edu](mailto:mccoyjon@msu.edu)

## HIV Help for Your Patients

The Centers for Disease Control (CDC) has issued guidance around pre-exposure prophylaxis (PrEP) to reduce the chance of getting HIV. Any health care provider licensed to write prescriptions can prescribe PrEP.

PrEP can be pills or shots that can stop HIV from spreading throughout the body. It is covered by McLaren Health Plan and also can be made available at no cost to those who qualify.

For more information, please refer to the CDC's website at <https://www.cdc.gov/hiv/clinicians/prevention/prep.html>

McLaren Health Plan has a flyer available for you to share with your patients. Go to <https://www.mclarenhealthplan.org/medicaid-provider/materials-mhp> or contact your Provider Relations representative for more information.

# MCLAREN MEDICARE PLANS AVAILABLE - JAN. 1

McLaren Medicare offers five Medicare Advantage plans for an effective date of Jan. 1, 2024. People eligible for Medicare will be able to view and select from the benefit plans offered during the Annual Enrollment Period Oct. 15 through Dec. 7, 2023.

The plans include:

- McLaren Medicare Inspire (HMO)
- McLaren Medicare Inspire Flex (HMO-POS)
- McLaren Medicare Inspire Plus (HMO)
- McLaren Medicare Inspire Duals (HMO DSNP)

The McLaren Medicare service area encompasses 58 counties in the lower peninsula.

Most McLaren network providers are contracted for the Medicare line of business, so no action is needed. Contracted providers will be included in the McLaren Medicare provider directory as open to accepting new Medicare patients. If you do not have a McLaren Medicare contract, please contact your Provider Relations representative to add this line of business to your contract.

The list of codes that require prior authorization is updated quarterly on our website. Visit <https://www.mclarenhealthplan.org/mclaren-health-plan/provider-preauthorization-form> for the current list of codes and authorization information for McLaren Medicaid, Community, and Health Advantage. For Medicare, visit <https://www.mclarenhealthplan.org/medicare/provider-information-ma>.

## DaVita Facility and Home Dialysis Services are now in-network

McLaren Health Plan is pleased to announce the expansion of our dialysis provider network for all lines of business which now includes DaVita facilities and home dialysis providers.

McLaren members can now benefit from dialysis treatment at one of DaVita's 83+ Michigan locations or members may select DaVita as an option for in-home dialysis services. In addition, members who are traveling can receive care at any of DaVita's locations outside of Michigan at the same cost.

McLaren Health Plan is committed to evaluating and expanding our network to ensure our members have access to the best quality of care to meet their needs. This expansion will improve the convenience and accessibility of healthcare for our members. For more information, please contact your Provider Relations Representative or visit the DaVita website at [davita.com](http://davita.com) for a listing of service location options.



## McLarenNow Available to Your Patients

McLarenNow is a virtual care option available to your patients. They can access care 24 hours a day, 365 days a year, from anywhere in the United States. It's easy to use, from a smart phone, tablet or computer and no appointment is necessary. McLarenNow is not only for McLaren Health Plan members; anyone can use this service. There are multiple ways to access McLarenNow:

- Download the McLarenNow app from the App store or Google play, then register
- Download McLaren CONNECT - the McLaren Health Plan member portal - from the App store or Google play, then register
- Go to [McLarenHealthPlan.org](http://McLarenHealthPlan.org) and sign in or register to access McLaren CONNECT
- Go to <https://www.mclaren.org/main/mclaren-now-virtual-visit>



## Help to Eliminate Hep C

The Michigan Department of Health and Human Services (MDHHS) has removed administrative barriers to improve access to a hepatitis C virus (HCV) treatment for program beneficiaries. This policy is part of the MDHHS We Treat Hep C initiative to eliminate HCV in Michigan. The product MAVYRET® (glecaprevir/pibrentasvir) no longer requires clinical prior authorization (PA) when prescribed in accordance with Food and Drug Administration (FDA)-approved labeling. This includes removal of the requirement that HCV medications must be prescribed by or in consultation with a hepatologist, gastroenterologist or infectious disease specialist. If you have prescriptive authority, you can prescribe this treatment to your patients with HCV.

Training and resources from MDHHS for providers includes the following:

Michigan Opioid Collaborative - View the 3-Part Hepatitis C webinar series below:

Part 1: Hepatitis C Screening and Epidemiology

Part 2: Hepatitis C Treatment

Part 3: Hepatitis C Post-Treatment and Key Topics for Consideration

Michigan Center for Rural Health - Project ECHO® model creating a community collaboration to assist providers and other members of the health care team throughout Northern Michigan and the Upper Peninsula more effectively and confidently manage their infectious disease patients. Each session accredited for 1 hour of CME. For more sessions visit the Project ECHO website.

Past Recording: Exploring the New Land of HCV Therapy

<https://www.michigan.gov/mdhhs/keep-mi-healthy/chronicdiseases/hepatitis/hep-c/we-treat-hep-c/providers/resources-for-providers>

For more information, go to <http://www.michigan.gov/wetreathepc> or <https://www.hcv.com>



# Why Developmental Screening for your Young Patients is Important

If you are a primary care physician, developmental screening should be included at every well-child visit and can be billed in addition to the well-child visit. It is recommended that standardized developmental screening tests be administered at the nine, 18-, 24- and 30-month visits. The Michigan Medicaid Early and Periodic Screening, Diagnostic and Treatment (EPSDT) policy requires developmental surveillance screening and recommends providers use a tool such as the PEDS, PEDS: DM or Ages and Stages Questionnaire Social-Emotional (ASQSE). You are encouraged to implement developmental surveillance and screening in your office to be compliant.

Suggestions for successful practice implementation include:

- Use a standardized screening tool such as ASQ
- Communicate with office staff, colleagues and parents about the importance of developmental surveillance and screening
- Screen all children during well-child checks at the nine, 18-, 24- and 30-month visits
- Discuss any developmental concerns with the child’s parents
- Refer children to Michigan’s Early On program if developmental delays are found. You can refer online at [www.1800earlyon.org](http://www.1800earlyon.org) or call 800-EARLY-ON (800-327-5966).

For our contracted network practitioners, MHP has purchased the rights to the ASQ screening tool. Contact your Provider Relations representative or call Customer Service at 888-327-0671 (TTY: 711) if you would like a copy of this material.

CPT	96110
Category	Developmental Screenings
Notes	Screening tool completed by parent or non-physician staff and reviewed by the physician
Incentive	\$20 per member (age 0-3) per year

If the screening indicates developmental delays, additional objective developmental testing may be performed by the physician at an outpatient office visit using CPT code 96111.

## Complete Core Measures for your Patients with Diabetes

McLaren Health Plan reminds its members with diabetes to regularly visit their PCP to have an annual check-up to be sure they are getting all necessary tests. All of the diabetic core measures included in these tests are covered benefits for McLaren Health Plan members, including their annual diabetic eye exams. Encourage your patients to get these necessary tests.

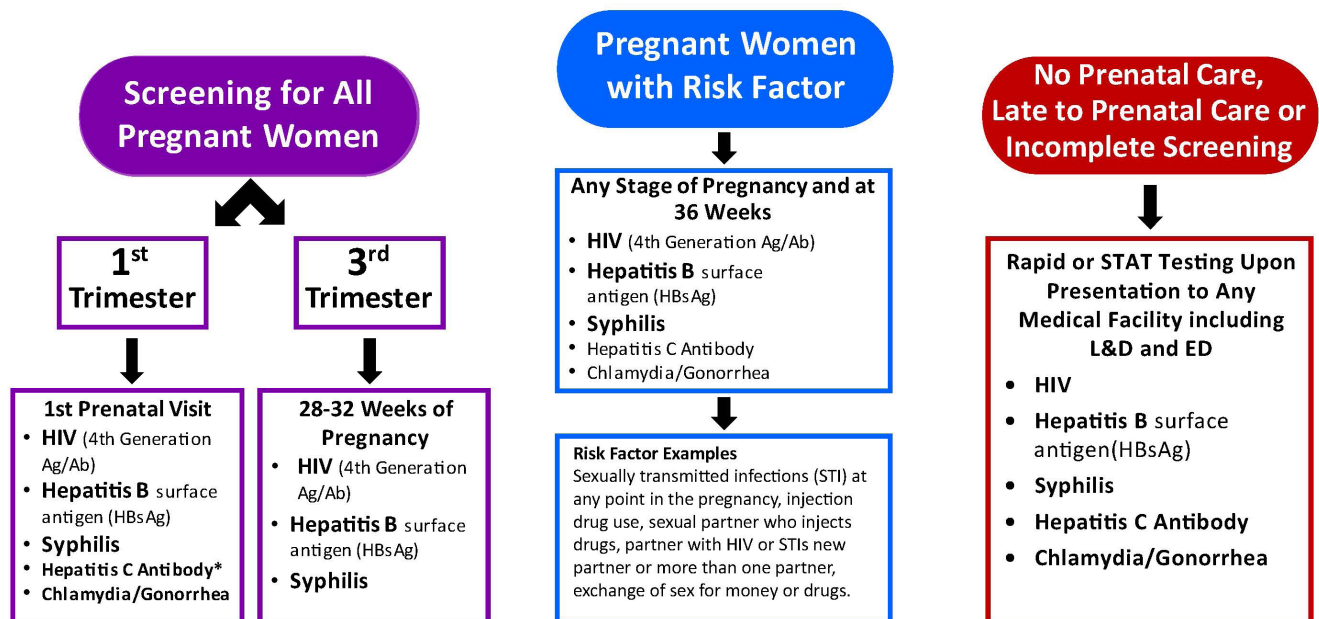


# Perinatal Infection Screening Necessary for Pregnant Women

It's important to assess pregnant patients for HIV and other sexually transmitted infections (STI). The flow chart below provides guidance about when to screen and how to report results.



## Perinatal Infection Screening Flow Chart



### Additional Points

- All positive tests for HIV, HepB and Syphilis tests require prompt consultation with adult infectious disease, pediatric infectious disease and experienced perinatal providers.
- Any positive HIV, HepB and Syphilis test must be confirmed.
- All pregnant women who have signs or symptoms of acute HIV infection should additionally be tested with a plasma HIV RNA (viral load). Consult Infectious Disease.
- Patients can consent to an HIV test verbally or in writing. Providers must document the refusal and the reason for the refusal if a test is offered and declined.
- Hospitals must have procedures in place to report confirmatory HIV test results to the patient.
- A pediatric HIV specialist should be notified about any HIV-positive pregnant woman's treatment history and viral load so that a care plan can be initiated prior to delivery.

### Reporting

- Any positive HIV, HepB, Syphilis test must be reported to the local health department in the county where the pregnant woman resides
  - Michigan HIV Adult Confidential Case Report Form: [michigan.gov/documents/mdhhs/CRF\\_-\\_Dec\\_2015\\_509946\\_7.pdf](http://michigan.gov/documents/mdhhs/CRF_-_Dec_2015_509946_7.pdf)
  - Michigan Pediatric HIV Case Report Form - Infants Exposed to HIV: To be completed by pediatric service caring for newborn with perinatal HIV exposure, pediatric HIV or AIDS
- Women who test positive for HIV, HepB and/or Syphilis must be reported within 24 hours, of diagnosis or discovery, to the local health department in the county of which the patient resides. (Per section 333.5111 of Michigan's Public Health Code, Act No. 368 of the Public Acts of 1978, as amended). Please also call MDHHS at 313-456-1560 to report cases.

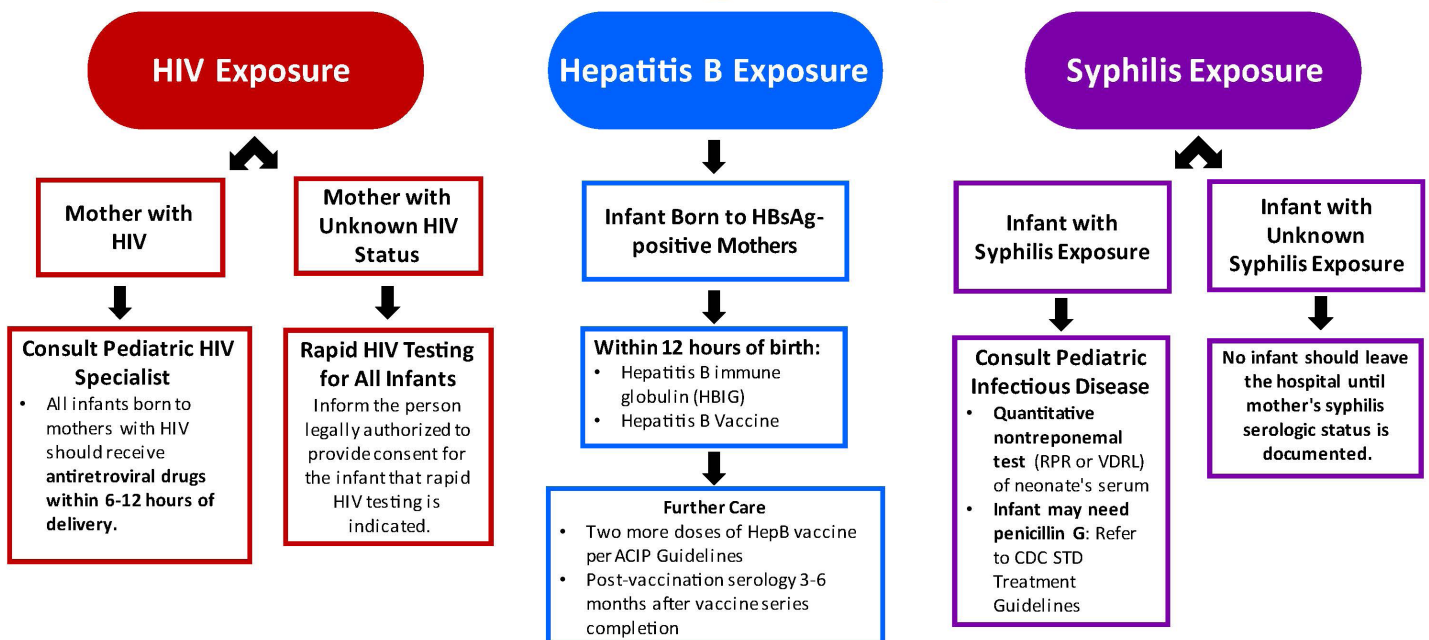
\* AASLD recommends screening for HCV infection in all pregnant women, ideally at the initial prenatal visit. [hcvguidelines.org/unique-populations/pregnancy](http://hcvguidelines.org/unique-populations/pregnancy)

# Infant Infection Screening Necessary for Infants

It's important to assess infants for HIV and other sexually transmitted infections (STI). The flow chart below provides guidance about when to screen and how to report results.



## Infant Infection Screening and Response Flow Chart



### Perinatal Consultation Support

- Michigan HIV consultation Program at Henry Ford Health System: Urgent Questions: 313-575-0332  
Non-urgent Questions: [www.henryford.com/hcp/academic/medicine/divisions/id/hiv-consult](http://www.henryford.com/hcp/academic/medicine/divisions/id/hiv-consult)
- Midwest AIDS Training and Education Center – Michigan: Urgent Questions 313-408-3483  
Non-urgent Questions: 313-962-2000 or [www.matecmichigan.org](http://www.matecmichigan.org)
- National Perinatal HIV Consultation and Referral Service: 1-888-448-8765

- Theodore Jones, MD, FACOG, Beaumont Health Maternal/Fetal Medicine 313-503-1873
- Elizabeth Secord, MD, Wayne State University Department of Pediatrics HIV Services 313-461-5245
- Minerva Galang, MD, Mercy Health Infectious Disease 616-397-6586
- Rosemary Olivero, MD, Helen DeVos Children's Hospital, Grand Rapids 616-479-0883
- Mary Rose Forsyth, MA, MS MATEC Michigan 313-408-3483

### Resources

- Michigan Department of Health and Human Services
  - Perinatal HIV Questions: 517-241-5900
  - Perinatal Hepatitis B Questions: 517-335-9443
  - Congenital Syphilis Questions: 517-241-0870
- CDC Perinatal Testing Recommendations: [cdc.gov/nchstp/pregnancy/screening/clinician-timeline.html](http://cdc.gov/nchstp/pregnancy/screening/clinician-timeline.html)
- NIH HIV Guidelines: [aidsinfo.nih.gov/guidelines](http://aidsinfo.nih.gov/guidelines)



# Telehealth Options for You and Your Patients

Have you adopted telehealth services in your practice? Telehealth allows providers to:

- Increase continuity of care
- Reduce patient travel burden
- Help overcome clinician shortages, especially among rural and underserved populations
- Provide support for patients managing chronic health conditions
- Screen patients with symptoms of COVID-19
- And much more

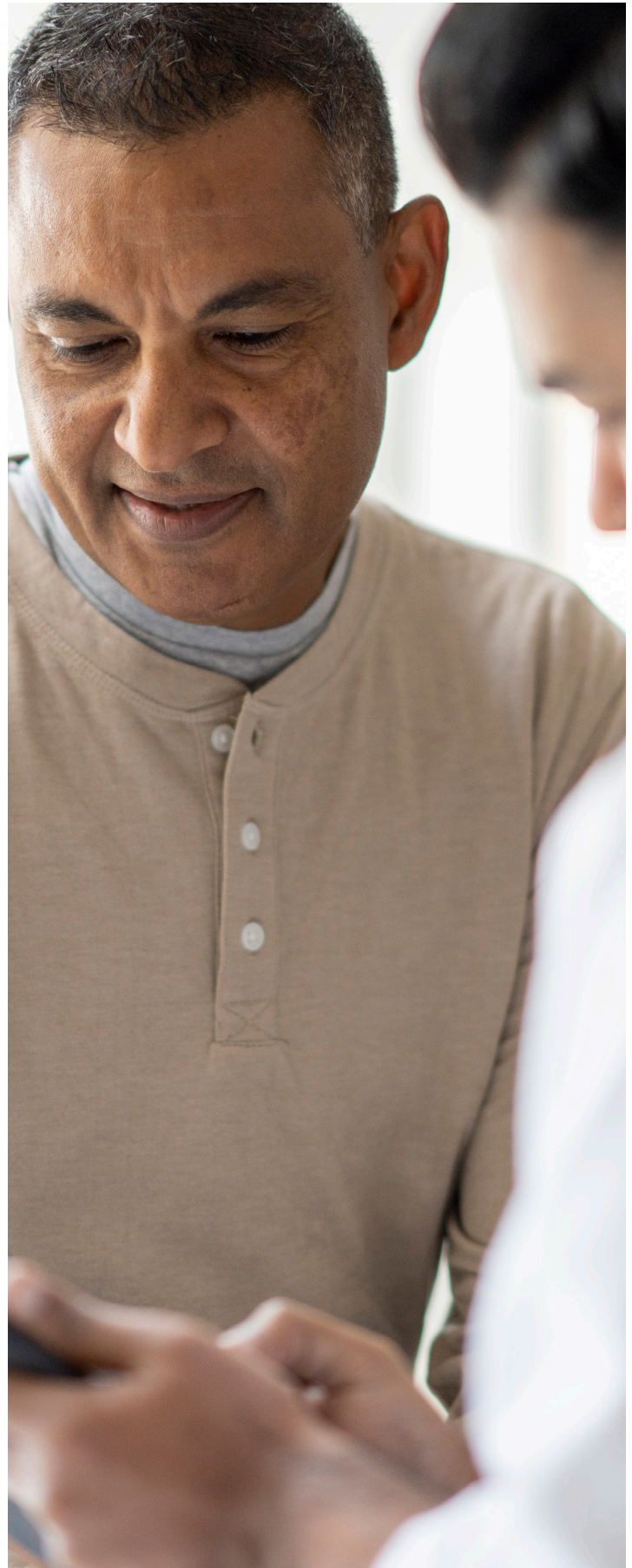
The Centers for Medicaid and Medicare Services (CMS) has a telehealth provider toolkit available that has information about when to use telehealth, considerations for various populations, telehealth for behavioral health and billing information. Get your copy here: <https://www.cms.gov/files/document/telehealth-toolkit-providers.pdf>

The National Committee for Quality Assurance (NCQA) recognizes the benefits of telehealth to provide access to care and has included telehealth services to show compliance for the following HEDIS® measures:

- Adult Access to Preventive/Ambulatory Health Services (AAP)
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)
- Controlling High Blood Pressure (CBP)
- Blood Pressure Control for Patients with Diabetes (BPD)
- Follow-Up Care for Children Prescribed ADHD Medication (ADD)
- Follow-Up After Hospitalization for Mental Illness (FUH)
- Follow-Up After Emergency Department Visit for Mental Illness (FUM)
- Prenatal and Postpartum Care (PPC)
- Well-Child Visits in the First 30 Months of Life (W30)
- Child and Adolescent Well-Care Visits (WCV)

Telehealth services must be billed with the place of service code "02" for telehealth or the CPT telehealth modifier -95. McLaren Health Plan follows MDHHS guidelines and fee schedules for the coverage and reimbursement of telehealth services. McLaren Health Plan Community follows CMS guidelines for coverage and is reimbursed based on contracted fee schedules.

HEDIS® is a registered trademark of the National Committee for Quality Assurance.



# Measurement Year 2022 HEDIS® Results and Trends - Measuring the Quality of Care

HEDIS® is the most widely used set of performance measures in the managed care industry. These measures are developed and defined by NCQA, the national quality organization that evaluates health plans for accreditation. The HEDIS measures used by McLaren Health Plan address a wide span of services and facilitate improved outcomes for members. The 2022 plan results are below; ongoing initiatives are in place to ensure quality care for our members remains a top priority. If you would like your specific HEDIS results, please call 888-327-0671 (TTY:711).

MHP has a HEDIS manual that includes specifics about each measure and tips about how to increase your rates. The manual can be found on our website under the Provider Quality tab.

	COMMERCIAL		MEDICAID	
MEASURE	RATE	TREND	RATE	TREND
<b>Living with illness</b>				
Diabetes Care, Hba1c Testing <8.0	44%	▼	35%	▲
Kidney Health, Evaluating for Patients with Diabetes	31%	▲	31%	▲
Diabetes Care, Eye Exam	54%	▼	53%	▼
Controlling High Blood Pressure	49%	▼	46%	▼
<b>Taking Care of Women</b>				
Breast Cancer Screening	78%	▲	55%	▲
Cervical Cancer Screening	75%	▲	55%	▼
Chlamydia Screening	49%	▲	58%	=
Timeliness of Prenatal Care	76%	▼	72%	▼
Postpartum Care	84%	▼	76%	▲
<b>Keeping Kids Healthy</b>				
Childhood Immunization, Combo 3	79%	▼	55%	▼
Childhood Immunization, Combo 10	47%	▼	23%	▼
Well-Child Visits in First 15 months, 6+ Visits	84%	▼	65%	▲
Well-Child Visits 15-30 months, 2 visits	94%	▲	62%	▲
Child & Adolescent Well-Care Visit	56%	=	48%	▲
Blood Lead Level (on or before age 2)	N/A		43%	▲
<b>Access to Care</b>				
Adult Access (ages 20-44)	94%	▼	70%	▼

# MHP Program Offers Access to Community Services, Helps Address SDoH

You may have patients who need help with food insecurity, housing, finding a job or other social determinants of health. These social factors can impose significant barriers to a patient’s health and wellness and may affect their ability or willingness to follow a recommended treatment plan. With this in mind, we encourage all providers to use Social Determinants of Health ICD-10 Z codes on all claims.

McLaren Health Plan offers access to connect people in need with the programs and services that can help them. This free service is open to all members. Programs and services are found by ZIP code, which connects people to thousands of community resources.

Providers and office staff can refer McLaren Health Plan members for assistance. Go to [www.GetHelp.McLaren.org](http://www.GetHelp.McLaren.org) or call 888-327-0671 (TTY: 711) for more information.

MHP has targeted interventions intended to improve outcomes for members who are experiencing housing insecurity. Housing insecurity does not always mean being homeless, but does include unsafe housing conditions and risk for homelessness such as:

- History of living outside or in a vehicle
- Staying with friends or family
- History of homelessness
- Having trouble paying rent or mortgage
- Recent inpatient treatment for drugs or alcohol
- Recent incarceration
- History of eviction

You can help identify and report members with social determinants of health (SDoH) by including the appropriate diagnosis codes with your claims. Any clinician (nurse, social worker, community health worker, case manager, physician or other provider) can document a patient’s social needs.

**Here (to the right) is a list of Z codes to bill specific to housing insecurity:**

Z59	Problems related to housing & economic circumstances
Z59.0	Homelessness
Z59.1	Inadequate housing
Z59.2	Discord with neighbors, lodgers and landlord
Z59.3	Problems related to living in residential institution
Z59.4	Lack of adequate food and safe drinking water
Z59.5	Extreme poverty
Z59.6	Low income
Z59.7	Insufficient social insurance and welfare support
Z59.8	Other problems related to housing and economic circumstances
Z59.9	Problem related to housing and economic circumstances, unspecified

## Other diagnosis codes related to SDoH:

<b>Problems related to education and literacy:</b>	
Z55.0	Illiteracy and low level literacy
Z55.1	Schooling unavailable and unattainable
Z55.3	Underachievement in school
Z55.4	Education maladjustment and discord with teachers and classmates
Z55.9	Problems related to education and literacy, unspecified
<b>Problems related to employment and unemployment:</b>	
Z56.0	Unemployment, unspecified
Z56.1	Change of job
Z56.2	Threat of job loss
Z56.3	Stressful work schedule
Z56.4	Discord with boss and workmates
Z56.5	Uncongenial work environment
Z56.81	Sexual harassment on the job
Z56.82	Military deployment status
Z56.9	Unspecified problems related to employment
<b>Occupational exposure to risk factors:</b>	
Z57.0	Occupational exposure to noise
Z57.1	Occupational exposure to radiation
Z57.2	Occupational exposure to dust
Z57.3	Occupational exposure to other air contaminants
Z57.31	Occupational exposure to tobacco smoke
Z57.39	Occupational Exposure to other air contaminants
Z57.4	Occupational exposure to toxic agents in agriculture
Z57.5	Occupational exposure to toxic agents in other industries
Z57.6	Occupational exposure to extreme temperature
Z57.7	Occupational exposure to vibration

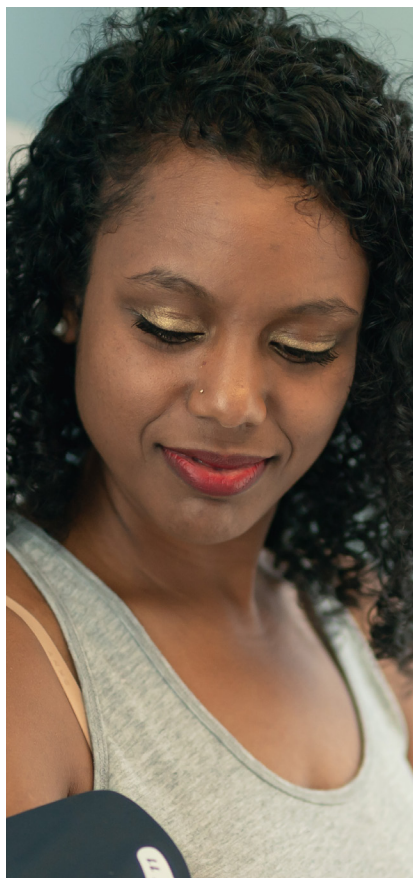


## Other diagnosis codes related to SDOH:

<b>Problems related to education and literacy:</b>		Z62.819	Personal history of unspecified abuse in childhood
Z55.0	Illiteracy and low level literacy	Z62.82	Parent-child conflict
Z55.1	Schooling unavailable and unattainable	Z62.820	Parent-Biological child conflict
Z55.3	Underachievement in school	Z62.821	Parent-Adopted child conflict
Z55.4	Education maladjustment and discord with teachers and classmates	Z62.822	Parent-Foster child conflict
Z55.9	Problems related to education and literacy, unspecified	Z62.890	Parent-Child estrangement nec
<b>Problems related to employment and unemployment:</b>		Z62.891	Sibling rivalry
Z56.0	Unemployment, unspecified	<b>Other problems related to primary support group, including family circumstances</b>	
Z56.1	Change of job	Z63.3	Absence of family member
Z56.2	Threat of job loss	Z63.31	Absence family member military deployment
Z56.3	Stressful work schedule	Z63.31	Other absence of family member
Z56.4	Discord with boss and workmates	Z63.4	Disappearance and death of a family member
Z56.5	Uncongenial work environment	Z63.5	Disruption of family by separation and divorce
Z56.81	Sexual harassment on the job	Z63.6	Dependent relative needing care at home
Z56.82	Military deployment status	Z63.7	Other stressful live events affecting family & household
Z56.9	Unspecified problems related to employment	Z63.71	Stress on family due to return of family member from military deployment
<b>Occupational exposure to risk factors:</b>		Z63.72	Alcoholism and drug addiction in family
Z57.0	Occupational exposure to noise	Z63.79	Other stress life events affecting family
Z57.1	Occupational exposure to radiation	<b>Problems related to certain psychological circumstances</b>	
Z57.2	Occupational exposure to dust	Z64.0	Problems related to unwanted pregnancy
Z57.3	Occupational exposure to other air contaminants	Z64.1	Problems related to multiparity
<b>Problems related to social environment:</b>		Z64.4	Discord with counselors
Z60.0	Problems of adjustment to life-cycle transitions	<b>Problems related to other psychological circumstances</b>	
Z60.2	Problems related to living alone	Z65.0	Conviction in civil and criminal proceedings without imprisonment
Z60.3	Acculturation difficulty	Z65.1	Imprisonment and other incarceration
Z60.4	Social exclusion and rejection	Z65.2	Problems related to release from prison
Z60.5	Target of (perceived) adverse discrimination & persecution	Z65.3	Problems related to other legal circumstances
Z60.8	Other problems related to social environment	Z65.4	Victim of crime and terrorism
Z60.9	Problems related to social environment, unspecified	Z65.5	Exposure to disaster, war and other hostilities
<b>Problems related to upbringing:</b>		<b>Problems related to medical facilities and other health care</b>	
Z62.0	Inadequate parental supervision and control	Z75.3	Unavailability & inaccessibility of health care facilities
Z62.1	Parental overprotection	Z75.4	Unavailability & inaccessibility of other helping agencies
Z62.2	Upbringing away from parents	<b>Contact with/suspected exposure to hazardous substances</b>	
Z62.21	Child in welfare custody	Z77.011	Contact with and suspected exposure to lead
Z62.22	Institutional upbringing	Z77.090	Contact with and suspected exposure to asbestos
Z62.29	Other upbringing away from parents		
Z62.3	Hostility towards and scapegoating of child		
Z62.6	Inappropriate (excessive) parental pressure		
Z62.8	Other specified problems related to upbringing		
Z62.81	Personal history of abuse in childhood		
Z62.810	Personal History Physical sexual abuse child		
Z62.811	Personal history psychological abuse child		
Z62.812	Personal History neglect childhood		
Z62.813	Personal History forced labor sexual exploitation childhood		

Office of Disease Prevention and Health Promotion, October 11, 2018, Healthy People 2020 - Social Determinants of Health, <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

ICD-10 Data, 2018, Factors Influencing Health Status and Contact with Health Services.



# PCP Incentive Program Recognizes Effort While Improving Outcomes

McLaren Health Plan is committed to providing high quality, cost-effective health care to its members. By establishing a Primary Care Physician (PCP) Incentive Program, we build a strong partnership with you, which results in increased access to health care services for our members and improved outcomes.

The McLaren Health Plan PCP Incentive Program provides incentives that optimize transformation activities, care coordination and quality by recognizing your outstanding efforts while improving health care outcomes.

Below is the 2023 Primary Care Provider Incentive table and the 2023 Pay for Transformation program.; flyers with the requirements of each quality incentive and a HEDIS® provider manual that explains the requirements for satisfying each measure can be found at [www.McLarenHealthPlan.org](http://www.McLarenHealthPlan.org).

Your Provider Relations representative, Outreach representative and the Quality Management team are here to answer your questions. Please call us at 888-327-0671 (TTY: 711).

[2023 Pay for Transformation Program Quick Reference Guide](#)

MEASURES (2023)	SPECIFICATIONS	2023 GOAL	AWARD PER MEMBER
Care Management and Care Coordination Activities	Reporting of care management and care coordination services provided through embedded care managers by submitting claims with the appropriate codes listed below: G9001; G9002; G9007; G9008; 98966; 98967; 98968; 98961; 98962; 99495; 99496; S0257  Services must be billed in accordance with CPT guidelines and limitations.  This component has a two-part scoring system. Each measure will be scored and awarded separately. You do not need to achieve both components to receive an award for this measure.	PCP Office with embedded Care Managers provide services for:  1. At a minimum, 2% of assigned membership receive care management and care coordination services AND/OR  2. At a minimum, 3 codes per 100 member months	\$0.25 = Achieving or exceeding the 2% of membership receiving care management and care coordination services AND/OR  \$0.25 = Achieving or exceeding the 3 codes submitted per 100 member months
E-prescriber and E-Portal	Evidence of E-prescribing and E-Portal availability for patients in accordance with national and state laws and Office of the National Coordinator for Health Information Technology (ONC) regulations and standards for meaningful use.	E-prescribing rate above 90% and sample E- Portal	\$0.25
Health Information Exchange/Health Information Technology Participation	Evidence of active participation in an HIE QO and provider's capability to receive admission, discharge and transfer (ADT) messages; Active Care Relationship Service (ACRS) enabling access to the Common Key Service; MiHIN Medication Reconciliation for the purpose of sharing patient medication information at multiple points of care; Quality Measure Information (QMI); and Health Provider Directory (HPD)	Documentation of the 5 key components of Statewide use cases%	\$0.25
Achieved Primary Care Medical Home (PCMH) recognition	Through Physician Group Incentive Program (PGIP) or the National Committee for Quality Assurance (NCQA) or a like industry standard activity defined as extended hours and patient disease registry%	Provide evidence of recognition and program/activity details if appropriate	\$0.40
HEDIS Measure: Asthma Medication Ratio (AMR)	Achieve NCQA 75th percentile for assigned membership in the measure%	70.67%	\$0.30
HEDIS Measure: Controlling High Blood Pressure (CBP)	Achieve NCQA 75th percentile for assigned membership in the measure	62.53%	\$0.30
<b>Total Award Possible</b>	Award based on prmpm at the end of calendar year membership, if all qualifying requirements per program detail are met by PCP		\$2

# Psychiatry Support for Providers

The majority of children and women who have depression or anxiety do not receive treatment. That is where MC3 comes in.

## ABOUT MC3

MC3 offers no-cost psychiatry support to pediatric and perinatal providers in Michigan through same-day phone consultations to offer guidance on diagnostic questions, safe medications, and appropriate psychotherapy.

## CONSULTATION PROCESS

- Consult requests can be initiated by anyone in your practice with knowledge about the patient.
- Requests can be submitted either by phone using regional phone numbers or online via a secure form.
- A psychiatrist will call the prescribing provider with recommendations.
- An MC3 Behavioral Health Consultant (BHC) can provide consultations on local resources.
- Consult summary will be sent to provider.

## ADDITIONAL SERVICES

In addition to provider consultations, MC3 also offers:

- Telepsychiatry patient evaluations
- Trainings
- Workflow analysis to better integrate screening, care coordination, and MC3 services
- Local and regional behavioral health resource and referral navigation
- Group case consultations with MC3 psychiatrist
- Perinatal patient care in select counties

## LEARN MORE

Request a Clinic Presentation

If you'd like to learn more about MC3 services, please contact us to set up a time for a group presentation for your clinic. [MC3-admin@med.umich.edu](mailto:MC3-admin@med.umich.edu)

## Sign Up Online

To sign up for MC3, visit the sign-up page on our website: [MC2Michigan.org](https://MC2Michigan.org)

# MC3: ECHO: Behavioral Health

**WHAT:** Web-based, tele-mentoring training that combines a brief didactic presentation with interactive case-based presentations.

Project ECHO® (Extension for Community Health Outcomes) leverages video conference technology to connect subject matter experts with primary care teams in local communities, fostering an “all teach, all learn” approach. Learn more on our website: MC3 ECHO: Behavioral Health

- There is no fee to attend this activity
- CMEs & CEs available

**WHEN:** 6 virtual sessions, twice a month, 12:15-1:15 p.m. ET

**Wed., September 13:** Differential Diagnosis of Depression and Anxiety in the Perinatal Period

**Wed., September 27:** Anxiety Spectrum Disorder in the Perinatal Period (Panic, OCD)

**Wed., October 11:** Differential Diagnosis of Bipolarity in the Perinatal Period  
**Wed., October 25:** Risk Assessment and Management in the Perinatal Period  
**Wed., November 8:** Traumatic Birth and Perinatal Loss

**Wed., November 29:** Eating Disorders and Treatment in the Perinatal Period

**WHO:** Target audience

- Community Providers
- Nurses
- Social Workers/Integrated Behavioral Health Clinicians
- Physicians
- Physician Assistants

Register [here!](#)

## LEARNING OBJECTIVES

- Recognize and diagnose mental and behavioral health symptoms and disorders in patients.
- Utilize evidence-based treatment including therapy and prescribing psychiatric medications for patients experiencing mental and behavioral health symptoms.
- Provide case consultation and peer mentorship to enhance the learning and understanding of behavioral health conditions as they are experienced by women and families in Michigan.

**EXPECTED RESULTS:** After completing this activity participants will be able to determine the mental health needs of their patients and offer the appropriate evidence based treatment to their patients. Questions? Contact the MC3 Program Team at [mc3-admin@med.umich.edu](mailto:mc3-admin@med.umich.edu).

**Accreditation and Credit Designation:** The University of Michigan Medical School is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The University of Michigan Medical School designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The University of Michigan Eisenberg Family Depression Center is an approved provider with the Michigan Social Work Continuing Education Collaborative. Approved Provider Number: MICEC-0063. This course is approved for 1 CE clock hour.

**Educational Planner:** Richard Dopp, M.D. **Educational Co-Planners:** Alyssa Stevenson, M.D., Mahela Ashraf, M.D., Rena Menke, Ph.D., Erin Hughes-Krieger, LMSW, Anne Kramer, LMSW, Sheila Marcus, M.D., and Lia Gaggino, M.D.

## Incentive Payment Available for Chlamydia Screening

A \$25 incentive payment is available for all eligible patients you screen for Chlamydia using procedure codes 87110; 87270; 87320; 87810 and 87490-87492. The ability to screen for Chlamydia using a urine sample has simplified the recommended preventive screening. How does your practice ensure all sexually active women between 16-24 years of age, and sexually active men ages 16-18 years old are screened for Chlamydia?

- Is it assessed during an adolescent well exam?
- Is it included as a component of the annual Pap screening for women?

Answering “no” to one of the above questions may indicate potential gaps within your practice, as well as opportunities to provide this important preventive screening.

When a patient tests positive for Chlamydia, he or she should inform all previous sexual partners. Expedited Partner Therapy should be provided for the partners of patients with a clinical or laboratory diagnosis of Chlamydia.

## MHP's ED Reduction Program Shows Decreased Costs, Visits

McLaren Health Plan created a strategy and plan to reduce unnecessary Emergency Department use and these efforts have shown a reduction in both cost and total visits, year after year.

The case management and outreach teams contact members who over-utilize or inappropriately use ED services. This includes members who use the ED for dental issues or those who go for PCP-treatable conditions. Members are reminded to establish care with their PCP, what services are available at urgent care centers and where they are located. MHP also provides continuing member education through newsletters, special mailings and case management, when appropriate.

How can you help?

- Increase communication with the hospital systems through the Michigan Health Information Network (MiHIN) to admit, discharge and transfer electronic health data.
- Educate patients on the appropriate use of the ED and quickly schedule follow-up appointments.
- Increase education and reminders for patients during routine visits regarding urgent vs. emergent care. Click [here](#) for a flyer you can print to post in your office to help your patients understand when to go to urgent care or when to go to the emergency room.
- Increase office hours to include earlier/later or weekend hours to accommodate working patients.
- Offer triage services for members calling for care after hours.
- Offer telehealth visits when able.





# ENCOURAGE YOUR PATIENTS TO GET NEEDED VACCINATIONS

In addition to the COVID-19 vaccine, flu shots are especially important this time of year for everyone six months of age and older. The flu shot is a covered benefit for McLaren Health Plan members when administered by a contracted MHP provider. Infants should receive two influenza vaccines between six and 24 months of age.

If your office does not supply flu shots, call Customer Service at 888-327-0671 (TTY:711) to assist your patients with in-network locations providing flu shots for MHP members. Most local retail pharmacies provide flu shots.

The Michigan Care Immunization Registry (MCIR) is an important tool that records and tracks immunization records. The secure website, [www.mcir.org](http://www.mcir.org), includes immediate patient immunization history and what's due; future and close dates, reminder and recall notices for due or overdue immunizations; printable official immunization records and batch reports. All MHP providers who give vaccinations are required to submit that information to MCIR.

MHP sends gap reports to PCP offices to assist with reminders of needed immunizations for assigned members.

## Vaccines by Age

### Inactivated Poliovirus (IPV)

- 2 & 4 months old
- 6-18 months old
- 4-6 years old

### Influenza

- 6 months-13 years old (yearly)

### Measles, Mumps, Rubella (MMR)

- 12-15 months old
- 4-6 years old

### Varicella

- 12-15 months old
- 4-6 years old

### Rotavirus

- 2-6 months old (2 or 3 doses)

### Human Papillomavirus Vaccine (HPV)

- 11-12 years old (2 doses) at least

### Six Months apart Meningococcal (MCV)

- 11-13 years old

### Hepatitis A (HepA)

- 12-23 months old

### Hepatitis B (HepB)

- Birth
- 1-2 months
- 6-18 months

### Diphtheria-Tetanus-Pertussis (DTaP)

- 2 months old
- 4 months old
- 6 months old

- 15-18 months old

- 11-13 years old

### Haemophilus Influenza Type B (HIB)

- 2 months old
- 4 months old
- 6 months old
- 12-15 months old

### Pneumococcal Conjugate (PCV)

- 2 months old
- 4 months old
- 6 months old
- 12-15 months old

### Pneumonia (Pneumovax 23 or PPSV23)

- Everyone 65 and older

A dose of PCV13 should be given first followed by a dose of PPSV23 at least one year later. The two vaccines should not be co-administered. PCV13 and PPSV23 are available through the medical benefit and have been added to the MHP pharmacy benefit. There is no cost share for MHP members when administered in a provider office. Tier 3 copays apply for PCV13 when administered at a pharmacy.

Ensure every vaccine recipient, his or her parent or legal representative receives the Michigan version of the Vaccine Immunization Statements (VIS). This version includes information regarding MCIR. Go to [www.michigan.gov/immunize](http://www.michigan.gov/immunize) to ensure your VIS stock is current.

# Help Your MHP Members Know their Dental Coverage

Here's a quick chart that tells you the dental coverage your McLaren Health Plan patients have. If your MHP patients don't have a dentist, have them call us at 888-327-0671 (TTY: 711). Having healthy teeth and gums is important to overall health. You can help talk to your patients about conditions like mouth cancer and gum disease which can be spotted during regular visits to a dentist and then treated. Let your patients know they shouldn't wait until they are in pain to see a dentist. Tell them to call your office or their dentist right away if they have dental pain.

NAME OF YOUR HEALTH PLAN	WHO IS ELIGIBLE FOR DENTAL COVERAGE?	WHO PROVIDES THE COVERAGE?	WHERE DO I GET DENTAL CARE?
<b>McLaren Health Plan (Medicaid or MIChild)</b>	<b>Members up to age 21 and pregnant women</b>	<b>The State of Michigan</b>	<b>Find a participating dentist at <a href="http://www.healthykidsdental.org">www.healthykidsdental.org</a></b>
<b>McLaren Health Plan (Medicaid)</b>	<b>Members over age 21</b>	<b>Delta Dental EPO</b>	<b>Find a participating dentist at <a href="http://www.providers4you.com/Choice/HMP">www.providers4you.com/Choice/HMP</a></b>
<b>McLaren Health Plan Community (Commercial/Group)</b>	<b>Check with your employer to see if dental coverage is offered and who is eligible</b>	<b>A dental carrier chosen by your employer</b>	<b>From a dentist affiliated with the plan chosen by your employer.</b>
<b>McLaren Health Plan Community (Marketplace/Individual)</b>	<b>Must purchase separate dental plan on your own</b>	<b>A dental carrier chosen by you</b>	<b>From a participating dentist in the plan chosen by you</b>
<b>McLaren Health Advantage (Group, Self-funded)</b>	<b>Check with your employer to see if dental coverage is offered and who is eligible</b>	<b>Check with your employer</b>	<b>Check with your employer</b>

## Communicate with your Provider Peers

Continuity of care is an important part of a patient's medical journey. McLaren Health Plan encourages all providers to communicate with each other regarding their shared patients. This open communication and dialogue among providers can improve the quality and patient experience and facilitate informed decision-making, leading to better patient outcomes.



## Continue to Advise Your Patients to Quit Smoking, Vaping

**At every visit, advise smokers or those who vape to quit, offer smoking cessation strategies and offer medical assistance with smoking cessation.**

Document in the medical records and bill for the following reimbursable CPT codes these covered benefits for McLaren Health Plan members:

- 99406 – Smoking and tobacco-use cessation counseling – Intermediate > 3-10 minutes
- 99407 – Smoking and tobacco-use cessation counseling – Intensive > 10 minutes

MHP offers incentives to providers who bill for these services for MHP Medicaid members. Incentives are paid immediately upon claims billed with the above codes and reimbursement is above established Medicaid fees:

99406

Medicaid fee: \$8.91

MHP reimbursement: \$12

99407

Medicaid fee: \$16.44

MHP reimbursement: \$20

McLaren Health Plan offers the Michigan Tobacco Quit Line free to members. The program includes an initial readiness assessment, self-help materials and enrollment in telephonic counseling. Encourage your MHP patients to call 800-QUIT-NOW (800-784-8669) to enroll.



### MHP Follows MQIC Guidelines

McLaren Health Plan follows the Michigan Quality Improvement Consortium's (MQIC) Clinical Practice Guidelines to help practitioners and members make decisions about appropriate health care for specific clinical circumstances and behavioral health care services.

Over the years, the Consortium has worked to establish and update clinical practice guidelines for healthcare providers and health plans, working with participating organizations to select improvement measures and report data.

Currently, there is no organization overseeing the administrative management of MQIC, and as a result, the guidelines will not be updated during their regular two-year frequency. Guidelines will continue to be housed here for historical and reference purposes but will be deleted once considered "out of date," meaning past their two-year cycle.

MQIC will send communications to subscribers if anything changes and if an organization is identified to take over MQIC responsibilities.

Please note that all posted guidelines are current best practices.

View the current guidelines here:

<https://www.improve.health/services/quality-improvement/qi-current-initiatives/michigan-quality-improvement-consortium/>

### Report Negative Activity to Maintain Compliance

The Michigan Department of Health and Human Services (MDHHS) does not allow McLaren Health Plan to contract with providers who have been suspended, debarred or excluded from Medicaid. This includes a provider's employees, such as directors, officers, partners, managing employees or other persons with five percent ownership. McLaren Health Plan requires all providers to follow MHP policies and procedures, federal and state laws and regulations. Providers must be registered/enrolled with the Michigan Medicaid program.

Providers are contractually required to notify MHP of any employee who has been suspended, debarred or excluded from Medicaid. McLaren Health Plan is required to disclose such information to MDHHS within 30 days of any provider or the provider's employees who have been suspended, debarred or excluded from Medicaid.

Please call Customer Service at 888-327-0671 (TTY: 711) to report any such activity as soon as possible in order to maintain compliance.



# HOW TO REPORT FRAUD, WASTE AND ABUSE

MHP is committed to preventing health care fraud, waste and abuse, as well as complying with applicable state and federal laws governing fraud and abuse.

Examples of fraud and abuse by a member include:

- Altering or forging a prescription
- Altering medical records
- Changing or forging referral forms
- Allowing someone else to use his or her member ID card to obtain health care services

Examples of fraud and abuse by a provider include:

- Falsifying his or her credentials
- Billing for services not performed
- Billing more than once for same services
- Upcoding and unbundling procedure codes
- Over-utilization: performing inappropriate or unnecessary services
- Under-utilization: not ordering services that are medically necessary
- Collusion among providers

Examples of fraud and abuse by an MHP employee include:

- Altering provider contracts or forging signatures
- Collusion with providers or members
- Inappropriate incentive plans for providers
- Embezzlement or theft
- Intentionally denying services or benefits that are normally covered

Federal law prohibits an employer from discriminating against an employee in the terms and conditions of his or her employment because the employee reports or otherwise assists in a false claims action.

To report a possible violation, contact MHP's Compliance Officer:

- Mail: McLaren Health Plan, Attn: Compliance Officer, G-3245 Beecher Road, Flint, MI 48532
- Email: [MHPCompliance@mclaren.org](mailto:MHPCompliance@mclaren.org)
- Phone: Compliance Hotline at 866-866-2135

To report Medicaid fraud, waste and abuse, contact MHP as above or:

- **Mail:**  
Department of Attorney General  
Health Care Fraud Division  
P.O. Box 30218  
Lansing, MI 48909
- **Online:** <https://www.michigan.gov/ag/about/faqs/senior/who-do-i-call-report-welfare-medicare-fraud>
- **Phone:** 800-24-ABUSE (800-242-2873)

To report Medicare fraud, waste and abuse, contact MHP as above or:

- Mail: U.S. Department of Health and Human Services, Attn: Hotline, P.O. Box 23489, Washington, D.C. 20026
- Online: [www.oig.hhs.gov/fraud/report-fraud](http://www.oig.hhs.gov/fraud/report-fraud)
- Phone: Hotline at 800-HHS-TIPS (800-447-8477)

Information provided will be kept confidential. You can remain anonymous by calling the hotline numbers or through the U.S. mail.

## Medical Record Standards and Maintenance

MHP's participating providers are required to maintain accurate and timely medical records for MHP members for at least 10 years in accordance with federal and state laws. Providers must also ensure the confidentiality of those records and allow access to medical records by authorized representatives of MHP, regulatory agencies, accrediting bodies and appropriate governmental agencies at no cost.

Each provider contracting with MHP is required to maintain a medical record for each member served while enrolled in MHP. Medical records of members must be in English and should be sufficient enough to fully disclose and document the extent of services provided.

Medical records must be signed, dated and legible. Failure to maintain legible and complete records will result in a denial of payment.

As a reminder, medical records must include:

- A. A record of outpatient and emergency care
- B. Specialist referrals
- C. Ancillary care
- D. Diagnostic test findings, including all laboratory and radiology
- E. Therapeutic services
- F. Prescriptions for medications
- G. Inpatient discharge summaries
- H. Histories and physicals
- I. Allergies and adverse reactions
- J. Problem list
- K. Immunization records
- L. Documentation of clinical findings and evaluations for each visit
- M. Preventive services-risk screening
- N. All other documentation sufficient to fully disclose the quantity, quality, appropriateness and timeliness of services rendered by provider.

Medical records must be maintained in a detailed, comprehensive manner that conforms to good professional medical practice, permits effective professional medical review and medical audit processes and facilitates a system for follow-up treatment.

Providers are required to store medical records securely and maintain written policies and procedures that:

- Ensure access by authorized personnel only
- Preserve the confidentiality of all medical records
- Maintain medical records that are documented accurately and in a timely manner, readily accessible and permit prompt, systematic retrieval of information.
- Train staff periodically on proper maintenance of patient information confidentiality

For more information on MHP medical record standards, see Medical Record Maintenance in the MHP Provider Manual.

## Member Language Needs and Resources

McLaren Health Plan uses census data to track and monitor the language needs of its enrolled members - as well as the language of the population in its geographical area - to ensure appropriate language assistance.

The top languages spoken by MHP members as of first quarter, 2023:

- English - 99.2%
- Spanish - 0.44%
- Arabic - 0.29%
- Swahili - 0.08%

MHP offers providers detailed reports on service area language needs and the language needs of assigned members. Language assistance resources are made available to providers and staff, along with training to identify needs and services available.

Please contact Customer Service at 888-327-0671 (TTY: 711) to obtain a list of language needs of assigned members in your practice or to request training about language services.

## Learn More About MHP Member Rights & Responsibilities

McLaren Health Plan members have rights and responsibilities. Providers have a responsibility to recognize a member's needs and treat members in a mutually respectful manner. Understanding member rights and responsibilities ultimately helps your patients get the most from their health care benefits.

### MHP Members Have:

- The right to confidentiality.
- The right to be treated with respect and dignity, including to be free from restraint and seclusion.
- The right to a primary care provider at all times.
- The right to receive culturally and linguistically appropriate services.
- The right to receive covered benefits consistent with McLaren's contract with the State of Michigan, and state and federal regulations.
- The right to a current listing of network providers and access to a choice of specialists within the network who can treat chronic problems.
- The right to get covered routine and preventive OB-GYN and pediatric covered services without a referral, if the OB-GYN or pediatric specialist is a participating provider.
- The right to receive Federally Qualified Health Clinic (FQHC) and Rural Health Clinic (RHC) services.
- The right to be free from any form of restraint or seclusions used as a means of coercion, discipline, convenience or retaliation.
- The right to continue receiving services from a specialty provider who is no longer in the MHP network, if it is medically necessary.
- The right for female members who are pregnant to continue coverage with a provider who is no longer in the MHP network (that includes up to six weeks after they have their baby).
- The right to no "gag rules" from MHP. Doctors are free to discuss all medical treatment even if they are not covered services.
- The right to participate in decision-making regarding their health care.
- The right to refuse treatment, to get a second opinion and express preferences about treatment options.
- The right to receive a copy of their medical record upon request, & request amendments or corrections.
- The right to know how MHP pays its providers, including incentive arrangements or financial risk.
- The right to be provided with a telephone number and address to obtain additional information about payment methods, if desired.
- The right to tell MHP if they have a complaint, the care provided and the right to appeal a decision to deny or limit coverage.
- The right to know that they or a provider cannot be penalized for filing a complaint or appeal about care.
- The right to receive beneficiary information and information about the structure and operation of MHP, including the services, providers of care and member rights and responsibilities.
- The right to make suggestions regarding MHP members' rights and responsibilities.
- The right to have their medical record kept confidential by MHP and their provider.
- The right to be free from other discrimination prohibited by state and federal regulations.
- The right to be free to exercise their rights without adversely affecting the way McLaren, providers or the state treats them.

### MHP Members Have the Following Responsibilities:

- To schedule appointments in advance and be on time. If a member needs to cancel an appointment with any doctor's office, call as soon as possible.
- To use the hospital emergency room only for emergency care. If possible, a member should call his/her doctor before going to the emergency room.
- To give all the information that the member can to his or her providers and MHP so they can be cared for in the best way.
- To ask questions if the member doesn't understand the care he or she is getting.
- To talk about their care and help their doctors plan what they will be receiving.
- To complete the treatments that the member has agreed to and follow all plans of care.
- To tell the MDHHS and MHP Customer Service right away with any change in address or telephone number.
- To help MHP assist with the member's health care by telling us of any problems he/she has with services.
- To tell MHP suggestions in writing or by contacting Customer Service for assistance.
- To carry the MHP Member ID card at all times.

If you have questions or need more information, contact Provider Services at 888-327-0671 (TTY: 711) or your McLaren Health Plan provider representative.

