



PROVIDER NETWORK UPDATE

MARCH 2018

Changes to McLaren Health Plan's Medicaid/Healthy Michigan Physical/Occupational/Speech Therapy Services Effective April 1, 2018

In accordance with the PT, OT, and ST limits defined by the Michigan Department of Health and Human Services (MDHHS), McLaren Health Plan (MHP) is instituting the defined limits of an evaluation and 36 visits for treatment per modality in a 12-month period for PT, OT, and ST services for Medicaid and Healthy Michigan plan members. MHP will require providers to obtain preauthorization to continue PT, OT or ST services beyond the limit of evaluation and 36 visits for treatment in a 12-month period.

Therapy services within the defined limit of an evaluation and 36 visits for treatment, when provided by an in-network provider, do not require preauthorization.

MHP thanks you for your patience as we continue to streamline our processes and continue to work toward easing the administrative burden for you and your office staff.

Action Required: Enroll with CHAMPS

ALL providers rendering services to Medicaid beneficiaries must be enrolled with the MDHHS CHAMPS system. If you are not enrolled, your claims will deny effective May 1, 2018. Register today by logging into the website, www.michigan.gov/mdhhs

1. Click on *Doing Business with MDHHS*
2. Click on *Health Care Providers*
3. Click on *Providers* (middle of page)
4. Click on *CHAMPS* button
5. Click on *MI LOG In*
6. Click *Sign Up*

During registration, be sure to "associate" with MHP. This will ensure that MHP is notified of your registration so claims will process correctly.

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 IDs.

CHAMPS Training is available by emailing ProviderOutreach@michigan.gov.

MHP Healthy Michigan Plan Members to Transition to MHP Community HMO Members Effective April 1, 2018

The Michigan Department of Health and Human Services (MDHHS) will begin transitioning eligible beneficiaries from the Healthy Michigan Plan to a MI Marketplace Option or “Exchange Plan” effective April 1, 2018. Eligible beneficiaries include recipients who:

- Have been enrolled in a Healthy Michigan Plan managed care plan for at least one contiguous year
- Have incomes over 100 percent of the Federal Poverty Level (FPL)
- Are not medically exempt/medically frail
- Have not selected a “healthy behavior”
- Are 21 years of age or older
- Are not pregnant
- Are not enrolled in the Flint Waiver Program

All MI Marketplace Option enrollment will be determined by MDHHS. McLaren Health Plan’s Healthy Michigan Plan Marketplace members will be MHP Community HMO members. They will have the Community Individual HMO benefit package, access the MHP Community (commercial) network of providers and use the Community pharmacy formulary. These members will still have a MI Health ID card provided by MDHHS for certain wrap-around services that are not covered under the MHP Community plan, such as transportation and family planning services provided by non-contracted providers.

Submit claims to MHP in the same manner as you currently submit Community claims. **Use Payer ID 3833M for Healthy Michigan Plan Marketplace members.**

Authorization guidelines for this population are the same as for the MHP Community line of business. These guidelines are available on our website at <http://www.mclarenhealthplan.org/community-provider/referral-guidelines-mhp.aspx>

Required Training Available for You and Your Office Staff

The Culturally and Linguistically Appropriate Services (CLAS) training 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 a National Committee for Quality Assurance requirement for all providers and staff. McLaren Health Plan 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 the CLAS training online and sign the attestation, included in the presentation (one per office location). Fax your completed attestation to (810) 733-9651. If you have completed CLAS training with another health plan, we will accept their signed attestation.

Please contact your Network Development Coordinator at (888) 327-0671, TTY 711, if you have any questions.

G-3245 Beecher Road, Flint, MI 48532 • (888) 327-0671 • (877) 502-1567 Fax
MclarenHealthPlan.org

Submitting Claims for McLaren Medicare Supplement Members

We recently discovered that the McLaren Medicare Supplement ID card has an incorrect Payer ID on the back. The correct **Payer ID is 3833S**. Submit claims to MHP in the same manner as you currently submit Community claims, however, you must use **Payer ID 3833S**.

A letter was mailed to members with a new card. All McLaren Medicare Supplement members should have a card with the correct Payer ID on the back.

Please contact Customer Service at (888) 327-0671, TTY 711, if you have any questions.

We thank you for the quality care you deliver!