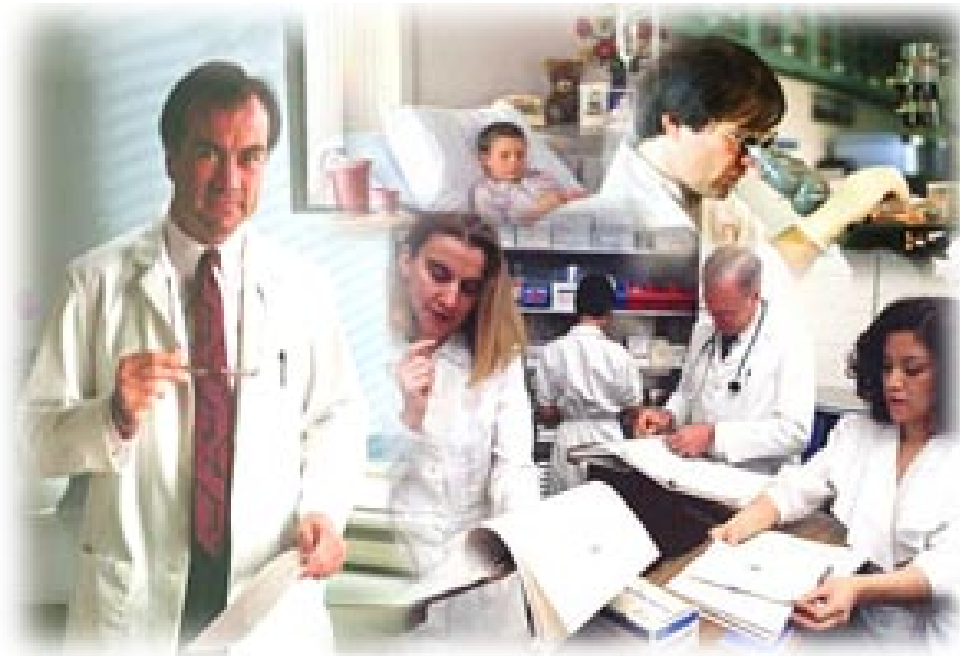


January 2009

Provider Newsletter
"Partners in Health"

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Key Contact Numbers for McLaren Health Plan

Toll free number to all departments: (888) 327-0671

Toll free fax number to all departments: (877) 502-1567

<u>Department</u>	<u>Phone</u>	<u>Fax</u>
Provider Services	(888) 327-0671	(810) 733-9651
Medical Management	(810) 733-9722	(810) 733-9645
Utilization Management	(810) 733-9522	(810) 733-9645
Quality Management	(810) 733-9711	(810) 733-9645
Customer Service	(888) 327-0671	(810) 733-9644

(888) 327-0671

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Just a reminder of changes in the Notification and Authorization requirements for both **Commercial and Medicaid** products. Some highlights of these changes include:

- **NO** written notification requirements for **In-Network Specialty consultations*** or **care provided in the specialist's office**. (Place of Service 11 on the CMS 1500 bill)
- The Pre-numbering process on the Provider Referral Form has been eliminated
- The back of the Provider Referral Form clarifies **Pre-Authorization** requirements

The **Provider Referral Form** has been revised to reflect these changes. You will notice the format has changed and information has been added to clarify authorization requirements. Please discard all old referrals. **Only use the new form dated March 2008.**

Referral requirements are the same for the Commercial and Medicaid products, unless otherwise noted.

MHP has made these changes in an effort to streamline processes for our participating practitioners and members. MHP remains committed to the Primary Care Physician (PCP) as the gatekeeper and medical home for our members. While the processing of the Provider Referral Form has been **eliminated** for the services discussed above, ongoing coordination of care remains the PCP's responsibility. MHP will continue to educate our members on the importance of discussing all health care needs with their PCP.

* The only exception is members <12 years old who are referred for chiropractic services and injectible medications administered in the office. These services require pre-authorization.

Sending Claims to McLaren Health Plan and Health Advantage

Remember when sending claims to McLaren Health Plan/Health Advantage, make sure the claims are submitted with the ID number listed on the member's card. When MHP transitions to the 10 digit ID number for Medicaid members, we will notify our provider network and send our members new ID cards indicating their correct MHP ID number.

Netwerkes Selected as Preferred EDI Clearinghouse

MHP has selected **Netwerkes** as our preferred EDI gateway clearinghouse for the submission of electronic claims. For information on how your office or your clearinghouse can submit electronic claims to MHP, contact Netwerkes at: payersupport@netwerkes.com or call Netwerkes at (262) 523-3600 and ask for the Payer Services Team. MHP's EDI Payer ID is 38338.

Hayes Health Technology Website

MHP is aware when new medical care options become available. To ensure our members receive quality, cost-effective care, we look at these options and research the procedures, medications, and devices involving the new medical care. In an effort to have the most up-to-date information on new medical technology, MHP has subscribed to Hayes Health Technology Website. The rating system, developed by Winifred S. Hayes, Inc., reflects the strength and direction of the evidence regarding safety and efficacy of a medical technology, its impact on health outcomes, indications for use, and comparison with other technologies. Please call Medical Management at (888) 327-0671 for questions about new medical care options.

MHP makes decisions about the use of medical services based on if they are appropriate and a covered benefit. No one at MHP, the doctors or employees, are rewarded for denying medical services. MHP is committed to looking out for the best interest of our members so they obtain the care they need.

JVHL NEW Exclusive Lab Vendor

MHP has selected **JVHL** as our new exclusive vendor for laboratory services beginning **March 1, 2009**. JVHL will provide you and your patients with responsive, convenient, high quality services. JVHL specializes in outreach laboratory services with more than 400 phlebotomy locations, full-time courier services, and 24 hour/7 day client services support. For a listing of service centers and a provider directory, please visit the JVHL website at www.jvhl.org.

Access to Epocrates

MHP is pleased to announce that you can now access our formulary information on Epocrates. Formulary listings for MHP Commercial, MHP Medicaid, and Health Advantage are all available for you on Epocrates.

Maternal Infant Health Program (MIHP)

In an effort to provide our pregnant members with the most appropriate, high quality care available, MHP has requested all MIHP providers sign a Medicaid Care Coordination Agreement. MIHP provides preventive services to pregnant women, mothers, and their infants to help reduce maternal and infant mortality and morbidity. MIHP is intended to supplement regular prenatal/infant care.

MIHP services include:

- Psychosocial and nutritional screening
- Plan of care development

- Referral to community services
- Referral to childbirth or parenting classes
- Coordination with medical provider and MHP



If you have any questions regarding MIHP or would like to refer a patient to MIHP, please contact Medical Management at (888) 327-0671.

Treatment of Children and Adolescents With Acute Pharyngitis

MHP follows the Michigan Quality Improvement Consortium Guidelines in reference to the recommended assessment, diagnosis, and treatment of Acute Pharyngitis in children and adolescents.

Assessment of a high risk patient:

- A past history of rheumatic fever (especially carditis and valvular disease)
- Household contact with a history of rheumatic fever

Assessment of a low risk patient:

- Sudden onset
- Sore throat
- Fever
- Patchy discrete exudate
- Headache

- Nausea, vomiting, abdominal pain
- Inflammation of pharynx and tonsils
- Tender, enlarged anterior cervical nodes

Children at low risk for strep pharyngitis need no testing, require no antibiotics, and should be advised of symptomatic treatment only. Those at intermediate or high risk should have either a throat culture or rapid strep screen for Group A streptococcal infection.



Follow up:

- If the throat culture is positive, antibiotic treatment is indicated; negative throat culture indicates symptomatic treatment only, avoid antibiotics
- If the rapid strep screen is positive, antibiotic treatment is indicated; if the rapid strep screen is negative, culture and use antibiotics only if the throat culture is positive

Preferred Treatment for Strep Pharyngitis:

- Penicillin VK
- Amoxicillin
- Benzathine Penicillin

If allergic to Penicillin, use Erythromycin Ethyl Succinate

Lead Screening - Missed Opportunities!

In a recent report from the Michigan Department of Community Health, 21% of our 2 year old MHP children did not receive blood lead test, but had a documented well child visit.

In an effort to assure that children being seen in your office for any reason have easy access to lead screening, MHP will assist you in getting free lead testing supplies from the State of Michigan. These kits are to be used for Medicaid eligible children

receiving an **in-office** blood lead screening.

Your office will be provided with all of the supplies and instructions needed to complete this test, including pre-paid envelopes for mailing the samples. In addition, you will be able to bill MHP for the collection of these specimens using **billing code 36416**. You will be **reimbursed \$15** for every capillary lead test collected in your office.

If you need information on how to obtain the lead testing kits, or if you would be interested in hosting a lead clinic, please call your Provider Services Specialist at (888) 327-0671.

The percentage of children found in Michigan with elevated blood lead levels is higher than the national average. Michigan currently ranks as the sixth highest state for estimated population of children with lead poisoning.

Keep Talking!

“Communication between providers is one of the best remedies in successfully treating our members”

The coordination of medical care is essential to a member’s overall state of health. MHP promotes and encourages providers to communicate with one another when co-treating a patient, including behavioral health issues. MHP believes communication between providers is one of the best remedies in successfully treating our members.

MHP supports communication that facilitates the primary care provider as the medical home with such actions as:

- Prompting patients to return to their PCP after a consultation or

hospital stay

- Reminding specialists to send summaries of recommendation to the PCP
- Providing communication from pharmacy data identifying poly pharmacy, including multiple prescribing
- Notifying members of PCP terminations
- Improving the process for members to authorize sharing of behavioral health information with PCP
- Promoting the sharing of information by the PCP to Behavioral Health Specialists when co-

existing medical and behavioral health conditions exist

Each treating provider should ask, “*what does the PCP need to know to treat the member in the safest and most efficient manner?*”

Please call Medical Management if we can assist you regarding our member’s care.

It is the **responsibility** of each treating provider to adequately inform the patient’s PCP of all recommendations and medical treatment being proposed.

How Well Do You Communicate With Your Patients?

McLaren Health Plan participates annually in the Consumers Assessment of Health Plans Survey (CAHPS). Many practitioners are aware of CAHPS as a means to measure overall member satisfaction. MHP would like to focus on the actual questions members are asked regarding satisfaction with their doctor’s communication skills.

The **How Well Doctors Communicate** score is a composite of 4 questions. These questions quantify the industry’s expectations member’s have of their treating practitioner’s communication skills. The questions are:

- Does your personal doctor listen carefully to you?
- Does your personal doctor explain things in a way you can understand?
- Does your personal doctor show respect for what you have to say?
- Does your personal doctor spend enough time with you?

All health care providers that have contact with patients need to focus on ensuring that the “service encounter” results are a positive experience. To be a great communicator you must demonstrate the ability to send clear and convincing messages in an open and effective manner, such as:

- Engaging patients by making eye contact
- Using the patient’s name several times in the conversation
- Speaking slowly, with adequate volume, and a pleasant tone
- Having the patient repeat important aspects of the conversation
- Encouraging questions
- Finishing the encounter with a genuine pause and ask, “Is there anything else I can do for you?”

The composite questions regarding doctor communication are designated as **Key Drivers** of member satisfaction. The CAHPS survey will be administered again in March 2009.

MHP’s trends have remained steady. Help us increase our scores and make 2009 a banner year!

How to Make the Most Out of an Office Visit!

People are encouraged through a national outreach program to talk with a doctor, nurse, or pharmacist and to use the **Ask Me 3** questions. These questions are:

- What is my main problem?
- What do I need to do?
- Why is it important for me to do this?

Even if a patient does not ask you in this manner, *respond with this format!* Have the patient write your answers down! Answering these questions can help the patient better understand their health issues and what they need to do to become healthy!



Preventive Care - Medical Management Working For You

MHP Case Nurse Managers

Every PCP has a MHP Nurse Case Manager assigned to their office. They can provide assistance with referrals, home care needs, inpatient discharge planning, and educational information pertaining to our disease management initiatives, such as diabetes and asthma. Please utilize them as a resource for your office staff when caring for MHP members. If you do not know your assigned Nurse Case Manager, or if you would like to speak with them, please call Medical Management at (888) 327-0671.

Pediatric Preventive Health Care

MHP supports Bright Futures and the American Academy of Pediatrics guidelines relative to Pediatric preventive health care. The guidelines focus on history, measurements, sensory screenings, developmental/behavioral assessments, physical examinations, procedures, oral health, and anticipatory guidance by age. The periodicity table created by Bright Futures and the American Academy of Pediatrics is available on the Bright Futures website at www.brightfutures.aap.org.

Early Care Healthy Families Program

MHP's Early Care Healthy Families Program focuses on early identification of a pregnant member and follows the mom and infant for 36 months post delivery.

This comprehensive program promotes:

- Prenatal care
- Postpartum follow-up
- Early childhood health needs
 - Immunizations
 - Preventive care
 - Well child visits

Early identification of pregnant members is key to the health of the mother and child. Your office can assist us in the identification of these members. Please call Cecelia or Kay at (810) 733-9521 or fax the **Notification of Pregnancy Form** to (810) 733-7645. The form is available on our website at www.mclarenhealthplan.org.

Women's Health

Mammograms are recommended on a yearly basis for women 40-69 years of age.

Cervical Cancer Screening is recommended every 1-3 years for women 18-64 years of age.

MHP sends reminders to members semi-annually regarding the importance of mammograms and pap smears. These members are also contacted by phone and encouraged to contact their PCP to schedule these important tests. If we can assist your office in contacting these members, or if you would like a listing of your patients who have not received these tests, please call Customer Service at (888) 327-0671.

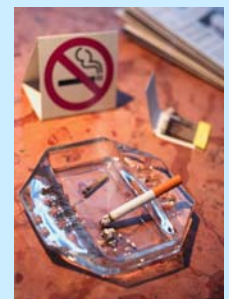
Smoking Cessation Information

MHP is committed to helping our members stop smoking. In an effort to help our providers with this endeavor, MHP, in affiliation with Workforce Health Solutions, is offering a Telephonic Smoking Cessation Program to MHP members.

Members can access the Telephonic Smoking Cessation Program toll free at (866) 800-0135.

The program includes:

- Initial Readiness Assessment
- Series of phone calls from a health coach over a 12 month period
- Series of personalized mailings
- Quit kit smoking cessation aids and an educational workbook



Announcing Changes to the Professional Fee Schedule

McLaren Health Plan/Health Advantage remains committed to offering providers competitive reimbursement for the high quality services they provide. We are pleased to announce the annual changes to the Commercial Fee Schedule are complete, effective for dates of service on or after September 1, 2008.



Key highlights include:

- Increases to the evaluation and management office visit codes
- Significant increases for immunization codes, including the administration fee

In general, professional services increased by 2.8%, however providers may see variations in fees among specialties and codes.

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Each year MHP reviews many aspects of our programs, processes, and operations to ensure availability of practitioners and accessibility of services. Our PCP availability standard requires a 750 member to 1 PCP ratio and the availability of a PCP within 20 miles in urban counties and 30 miles in rural counties. Our PCP availability standard requires 80% compliance. MHP's PCP availability standard is at 100% compliance. All MHP members have a PCP available within either the 20 or 30-mile radius as stated in the Practitioner Availability Policy.

Our PCP access standards require 80% compliance with member's needs to seek care. During the 2008 HEDIS audit, we surveyed a total of 256 PCP's appointment availability standards. Based on the results from the HEDIS survey, MHP's PCP access standards far exceeded our goal.

Standard Type	Standard	Compliance	Comments
Urgent Care	Within 48 Hours	100%	100% receive same day appointments
Routine/Regular Care	Within 14 Days	99%	Average routine care was within 8 days; Preventive Care/Physicals averaged 20 days
In-Office Wait Time	30 Minutes	97%	The other 3% averaged 45-60 minutes

Specialty Network Access Facilities

Over the past several months, the Department of Community Health, the Medicaid Qualified Health Plans, and the four Public Entities (University of Michigan Health System, Wayne State University, Hurley Hospital, and Michigan State University) have worked on a joint initiative to increase access to specialty care services to Michigan Medicaid recipients. Medicaid recipients are able to access the specialty care providers affiliated with these public entities that are unavailable through MHP's con-

tracted network. If you determine that a member is in need of a specialty care service that is not sufficiently available within MHP's network, please fax a MHP referral form to Medical Management at (877) 502-1567. It is our hope that this process will increase the care and access to necessary specialty care to Michigan Medicaid recipients. If you have any questions, please call Medical Management at (888) 327-0671.

Report Fraud, Waste, & 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 & abuse by a **member** include:

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

Examples of fraud & abuse by a **provider** include:

- Falsifying his/her credentials
- Billing for services not performed
- Billing more than once for same services
- Upcoding and unbundling procedure codes
- Over-utilization, performing inappropriate/unnecessary services

- Under-utilization, not ordering services that are medically necessary
 - Collusion among providers
- Examples of fraud and abuse by a MHP **employee** include:
- Altering provider contracts or forging signatures
 - Collusion with providers or members
 - Intentionally denying services or benefits that are normally covered
 - Inappropriate incentive plans for providers
 - Embezzlement or theft

The Deficit Reduction Act of 2005 requires information about both the federal False Claims Act and other laws associated with:

- Fraud, Waste, & Abuse
- Whistleblower Protection

Federal law prohibits an employer from discriminating against an

employee in the terms and conditions of his/her employment because the employee initiated or otherwise assisted in a false claims action.

To report a possible violation, (you may remain anonymous), in writing to:

McLaren Health Plan
Attn: Compliance Officer
G3245 Beecher Rd., Suite 200
Flint, MI 48532

Or by calling MHP Compliance Hotline: (866) 866-2135

To report Medicaid Fraud, Waste, & Abuse (you may remain anonymous), in writing to:

Program Investigation Section
Capitol Commons Building
400 S. Pine, 6th Floor
Lansing, MI 48909


Or by calling:
Michigan Program Investigation at (866) 428-0005

Provider Appeal Process

It is the goal of MHP to resolve provider issues before reaching an appeal level. MHP encourages providers to first contact Customer Service when a dispute occurs. If after informally attempting to resolve the dispute through a verbal contact or a Provider Claims Adjustment, a provider continues to disagree with an administrative action taken by MHP, a written formal appeal may be filed. A provider may appeal an administrative action taken by MHP, such as:

<ul style="list-style-type: none"> • Denial of inpatient days or other services • Place of service authorization (inpatient vs. outpatient) • Denial of authorization 	<ul style="list-style-type: none"> • Payment issues • Clinical claim edits • Denial of claim
Appeal Process	Provider Appeal Time Frames
<p>Within 90 calendar days of the administrative action by MHP, the provider must complete and submit a Provider Request for Appeal (PRA) form and attach a copy of the claim in paper form. These two items and any additional information must be mailed to:</p> <p style="text-align: center;"> McLaren Health Plan Appeals Department G-3245 Beecher Road Flint, MI 48532 </p> <p>Supporting documentation must be included along with the PRA form. This includes information not previously submitted regarding the reason and rationale for the appeal. Additional information may include charts and office notes, radiology or lab/pathology reports, operative notes and/or surgery reports, etc.</p> <p>Please note, the paper claim must be attached to the PRA form and cannot be submitted EDI.</p>	<p>PRA must be received within 90 calendar days of the disputed action. Disputed action dates are from the latter of the:</p> <ul style="list-style-type: none"> • Explanation of payment (EOP) • Original claim date of service • Adjusted EOP • Authorization decision <p>The right to appeal is forfeited if the provider does not submit a written request for an appeal within the 90 day calendar time frame, and any charges in dispute must be written off.</p>

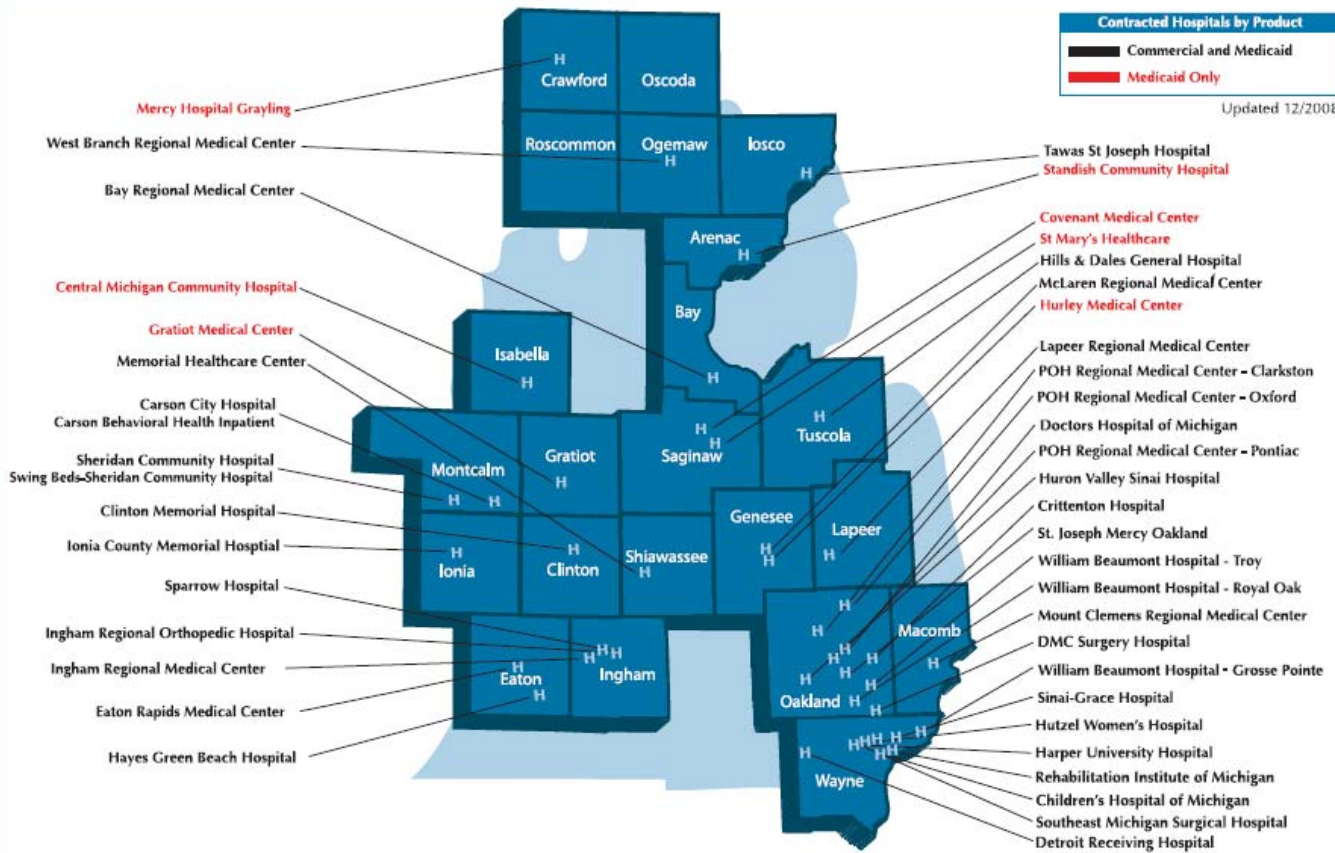
What's On The Web?

<p style="text-align: center;">MHP Website</p> <p>As a member of our provider network, we appreciate the high quality, accessible, and cost effective health services you provide to our members. Our website at www.mclarehealthplan.org is reviewed and updated continuously. Some of the information on our website includes:</p> <ul style="list-style-type: none"> • Case Management Support • Credentialing Policies & Procedures • Electronic Billing Information • Provider Directory • Pharmaceutical Management Information • Clinical Practice Guidelines • Disease Management Programs • Member Rights and Responsibilities 	<ul style="list-style-type: none"> • Fraud & Abuse • Utilization Management <p style="text-align: center;">New Search Capabilities</p> <p>Did you know you can access our website to locate a provider? Just follow these simple steps:</p> <ul style="list-style-type: none"> • Select the Directory tab • Select the Commercial or Medicaid Directory to view the entire directory <p style="text-align: center;">Providers are listed by Specialty and County. You may utilize the Find a Provider option to locate a provider by:</p> <ul style="list-style-type: none"> • Name • Specialty • Location • Language 	<p style="text-align: center;">What is FACTSWeb?</p> <p>FACTSWeb is a quick and easy way for you to access our system to status a claim, verify member's eligibility, and view MHP commercial member's benefit information. It is a secure website that is HIPAA compliant. Completion of a simple application form will give you access. If you have any questions on FACTSWeb or would like to obtain access, please call Customer Service at (888) 327-0671.</p> 
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McLAREN HEALTH PLAN HOSPITAL NETWORK

Contracted Hospitals by Product	
	Commercial and Medicaid
	Medicaid Only

Updated 12/2008



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www.McLarenHealthPlan.org

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