



*MHP is Excellent Accredited
for its Medicaid HMO*

Provider Welcome Packet

G-3245 Beecher Rd. • Flint, MI 48532 • (888) 327.0671 • Fax (877) 502.1567

www.mclarenhealthplan.org • www.healthadvantage.org

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* If you would like a written copy of any information on our website, please contact Medical Management at (810) 733-9711 or toll free at (888) 327-0671.

Introduction

McLaren Health Plan (MHP) is a Health Maintenance Organization (HMO) dedicated to meeting the health care needs of each member. Our mission is to partner with providers that offer high quality, accessible, and cost-effective health care throughout our service area.

As an HMO, MHP combines the resources of independent physicians, multi-specialty groups, ambulatory care centers, ancillary providers, and hospitals to offer members access to a comprehensive array of high quality health care providers.

Health Advantage (HA), a wholly owned subsidiary of MHP, is a full service Third Party Administrator (TPA), who has offered self-funded PPO benefits to employers since 2002. HA provides administrative services, such as:

- Claims Payment
- Utilization and Case Management
- Customer and Provider Services
- Pharmacy Benefit Management
- Stop-Loss Reinsurance
- COBRA and FSA Administration
- Vision and Dental benefits

Together, MHP and HA offer a variety of benefit plans designed specifically to meet the needs of our customers and their communities. Detailed and up-to-date information can be obtained at www.mclarenhealthplan.org or www.healthadvantage.org.

Products Overview

McLaren Health Plan Commercial HMO

MHP's HMO covers a comprehensive set of health care services obtained through a designated provider network. Each MHP HMO member selects a primary care physician (PCP), who is responsible for coordinating the member's health care. The PCP provides the member with a medical home.

HMO members have plans with varying levels of copayments, deductibles, and out-of-pocket maximums. The member is not responsible for deductibles at the time of service, but after the provider receives payment from MHP, the Provider Payment Report (PPR) will detail the amount that the member may be billed. Emergency care and urgent care are covered in and outside of the network.

McLaren Health Plan Commercial Point of Service (POS)

MHP's POS product offers the member the most flexibility in obtaining care. Although the member must still select a PCP, for each episode of medical care, the member determines his/her level of coverage based on the "point" from which the member receives the "service" – PCP coordinated (HMO-like) care within the network, or self-referred care within or outside the network.

McLaren Health Plan Medicaid HMO

MHP is contracted with the State of Michigan Department of Community Health to provide medical services to eligible Medicaid recipients. MHP provides administrative services and arranges for the provision of all MHP covered services, offering some additional benefits including transportation. The PCP provides the member with a medical home.

Health Advantage

As a self-funded PPO, HA's sales team targets employers with 100 or more employees. Members do not have to designate a PCP or obtain specialty care referrals. Additionally, reimbursement is fee-for-service with rates that are competitive with other local payers.

Eligibility Reports

Primary Care Physicians servicing MHP Commercial and Medicaid members will receive monthly Eligibility Reports to identify eligible members. Providers can also verify member eligibility and benefit coverage by accessing our FACTSWeb site. The reports will look like the following:

McLaren Health Plan Member Eligibility List for October 2008 Commercial



Commercial ID	Dependent	Member Name	Sex	DOB	Age	Effective Date
1234567	3	DOE,JANE	F	2/3/2004	4	10/1/2008
7654321	0	JONES,BOB	M	8/9/2000	8	10/1/2008

McLaren Health Plan Member Eligibility List for October 2008 Medicaid



Medicaid ID	Member Name	Sex	DOB	Age	Effective Date
912345678	PATIENT,IMA	F	5/6/1978	30	10/1/2008
923456789	HOUSTON,DE	M	8/9/2000	8	10/1/2008

Sample Member Identification Cards

McLaren Health Plan Commercial HMO


 <p>McLAREN HEALTH PLAN A McLAREN HEALTH SERVICE</p>	<p>24-Hour Toll-free Phone (888) 327-0671</p> <p>OR</p> <p>To speak with a Registered Nurse, call the Member After-Hour Clinical Line at (866) 807-6193</p>																
<p>Contract Number «CONTRACT»</p> <p>Subscriber Name «SUBSCRIBER NAME»</p> <p>Members Covered «MEMBER 00» «MEMBER 01» «MEMBER 02» «MEMBER 03» «MEMBER 04» «MEMBER 05»</p> 	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Group</td> <td style="text-align: center;">Plan</td> </tr> <tr> <td style="text-align: center;">«GROUP»</td> <td style="text-align: center;">«PLAN»</td> </tr> </table> <div style="border: 2px solid orange; padding: 5px; margin-top: 10px;"> <p>Co-pays/Deductibles</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>Office</td> <td style="text-align: right;">«OFFICE»</td> </tr> <tr> <td>Emergency Room</td> <td style="text-align: right;">«ER»</td> </tr> <tr> <td>Urgent Care Co-pay</td> <td style="text-align: right;">«URG»</td> </tr> <tr> <td>Coinsurance</td> <td style="text-align: right;">«COINS»</td> </tr> <tr> <td>Deductible</td> <td style="text-align: right;">«DED»</td> </tr> <tr> <td>Rx Co-pay</td> <td style="text-align: right;">«RX»</td> </tr> </table> </div>	Group	Plan	«GROUP»	«PLAN»	Office	«OFFICE»	Emergency Room	«ER»	Urgent Care Co-pay	«URG»	Coinsurance	«COINS»	Deductible	«DED»	Rx Co-pay	«RX»
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McLaren Health Plan Commercial Point of Service (POS)



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<p>Eligibility and Benefits</p> <p>For Customer Service, Verification of Benefits and Eligibility call Health Advantage at: (888) 327-0671</p>	<p>GlobalCare Travel Network</p> <p>“Away from home, let the GlobalCare nurse help you with your medical concerns, and locate a provider in the GlobalCare network.”</p> <p>Within the U.S.: (866) 807-6193 Outside of the U.S.: (770) 667-0247</p>
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p>Send all Claims to: Health Advantage P.O. Box 1511 Flint, MI 48501-1511</p> </div>	<p>4-D Pharmacy Management</p> <p>Member Services: (877) 647-4026 Pharmacies Only: (800) 522-7487 or (888) DRUGS 4D</p>
<p>Available Networks Outside the Health Advantage Service Area</p> <div style="display: flex; justify-content: space-around; align-items: center;">   </div> <p style="font-size: small; text-align: center;">MI + CO OH</p> <p style="font-size: x-small; text-align: center;">A National PPO and Affiliated Networks:</p> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <div style="text-align: center;">  <p>A Viant Network LA, MS</p> </div> <div style="text-align: center;">  <p>A Beech Street Network ID, WA</p> </div> <div style="text-align: center;">  <p>MT</p> </div> <div style="text-align: center;">  <p>IA, NE</p> </div> <div style="text-align: center;">  <p>WV</p> </div> </div> <p style="font-size: x-small; text-align: center;">Outside MI, CO, and OH</p>	

McLaren Health Plan Medicaid

 <p>McLAREN HEALTH PLAN A McLAREN HEALTH SERVICE</p>	<p>24 Hour # 1-888-327-0671</p>
<p>Member Name: John Doe Member ID: 123456789 PCP Name: John Deer MD PCP Phone: 5171112222</p>	
<p>Please show this card each time you get health care services.</p>	

Sample Health Advantage Identification Card

 HEALTHADVANTAGE	
<p>CONTRACT NO. 1234567</p> <p>ENROLLEE NAME John Smith</p> <p>GROUP NO. 100</p> <p>PLAN Tier Green</p>	<p>Plan Type: PPO</p> <p>Copay Office Visit: None Rx: \$5/\$15/\$25</p> <p>Deductibles: In-Plan: None Out-of-Plan: \$500/\$1000 Rx: \$100 per individual</p> <p>Coinsurance: In-Plan: 100% Out-of-Plan: 60%</p> <p style="text-align: right;"></p>

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Possession of a McLaren Health Plan or Health Advantage member ID card does not guarantee eligibility. Members should be cross-referenced with the monthly Member Eligibility Report or you can verify eligibility by calling Customer Service at (888) 327-0671.

Getting In Touch With McLaren Health Plan and Health Advantage

Telephone Directory

Department	Telephone No.	Fax No.
Customer Service	(888) 327-0671	(877) 502-1567
Medical Management	(810) 733-9522	Referrals: (877) 502-1567 All Other: (810) 733-9645

Mailing Address

Department	Address
Administrative	G-3245 Beecher Road Suite 200 Flint, MI 48532
Claims	P.O. Box 1511 Flint, MI 48501-1511
Referral Form	Medical Management Department G-3245 Beecher Road Flint, MI 48532 or FAX To: (877) 502-1567

Provider Network Support

MHP has a Medical Management Department that supports the needs of our members, as well as the needs of MHP providers. **A Nurse Case Manager is assigned to every primary care office** and offers assistance in the coordination of care and facilitating access for appropriate health care services.

MHP's Nurse Case Managers work under the direction of MHP's Chief Medical Officer. Together, they promote "immediate" health care management by focusing on early assessments to identify members with a chronic disease and/or special needs. Nurse Case Managers will provide educational services to members requiring preventive instruction. In addition, Nurse Case Managers are available to assist MHP providers with health care delivery to each member and are available 24 hours a day, 7 days a week.

If you do not know who your Nurse Case Manager is, you may call our toll free number at (888) 327-0671 to reach Customer Service, who will connect you with your Nurse Case Manager. You may also call Medical Management directly at (810) 733-9522 and ask to talk with your nurse. Please be aware, you may get voice mail when you call the direct number due to the large volume of incoming calls. Voice mail messages are checked frequently throughout the day and all calls will be returned within one business day.

Your Nurse Case Manager can help with information and support, such as:

- Pre-authorization requests
- Formulary and pharmacy management
- Inpatient hospital care (elective, urgent, and emergent)
- Medically necessary determination of care, including criteria utilized in decision making
- Case Management services
- Complex Case Management for members who qualify
- Disease Management: Diabetes, Asthma, Maternity Care, Depression, and others
- Non-compliant members, including habitual "no shows"
- Preventative health education and community outreach support

Medical Management's business hours are 8:30 am to 5:00 pm, Monday through Friday. You may call **your nurse** directly at (810) 733-9522 or toll free at (888) 327-0671.

McLaren Health Plan Referral Process Authorization Requirements

MHP promotes the traditional primary care relationship between physicians and their patients. Therefore, PCPs are given the responsibility and authority to issue referrals for care outside of the PCP office setting. MHP recommends that the PCP coordinate the entire episode of care to ensure the timely initiation and appropriate utilization of health services.

The Provider Referral Form is utilized by MHP when services outside of the PCP office setting are requested. The PCP must clearly identify on the **Provider Referral Form** if the member is covered under MHP's Medicaid or Commercial product. As a reference guide, the Provider Referral Form includes a Frequently Requested Services section on the front of the form, and a Complete Listing of Services that require **pre-authorization** on the back of the form.

MHP does not require any authorization for In-Network (contracted) specialty consultations, or for care provided in the specialist office. However, **pre-authorization** is required, regardless of the contracted status of the physician for:

- Injections given in a specialist office
- Chiropractic services for members < 12 years of age

In summary, a completed Provider Referral Form and pre-authorization are required for:

- Any care that is referred to an Out-of-Network (non-contracted) physician
- Any service listed on the back of the Provider Referral Form
- Chiropractic services for members < 12 years of age
- Certain injections (please call Medical Management for clarification)

Pre-authorization requests are subject to a medical review by MHP and may require additional information and/or documentation before a service can be approved.

When completing the **Provider Referral Form**:

- PCP has the option of requesting an office consult with or without follow up visits
- PCP must contact MHP to add any testing, outpatient procedures, or additional consults to other specialists, to the original office consult referral
 - Referrals are valid for the duration of the episode of care, not to exceed one year
- A new referral form will be required if the episode of care exceeds one year

Please call Customer Service at (888) 327-0671 for Provider Referral Forms.

Website Information

McLaren Health Plan and Health Advantage maintain websites that provide an array of information regarding the plan's policies, procedures, and general operations. Such information includes the pre-notification and pre-authorization process, health management programs, including clinical and preventive practice guidelines, pharmaceutical management procedures, prescription drug formularies, member's rights and responsibilities, provider newsletters, and much more. See the side bar on the example below for a full listing of information.

In addition, the Provider Manual is available on the website for your convenience.

Providers can also verify member eligibility and benefit coverage, as well as status claims by accessing our FACTSWeb site. Providers must complete a registration form to obtain a user login and password, as well as the website address. For further information on registering, go to our website or contact Customer Services at (888) 327-0671.

McLaren Health Plan

Access McLaren Health Plan's website at www.mclarenhealthplan.org. Click on the "Providers" tab for provider specific information.

The screenshot displays the McLaren Health Plan website interface. At the top left is the McLaren Health Plan logo with the tagline "Better Doctors. Better Care." and "A McLAREN HEALTH SERVICE". The date "Fri, April 10, 2009" and a search bar with a "Go!" button are on the top right. Below the logo are utility links for "Text size", "Print this page", "Email this page", and "Bookmark this page". A navigation menu includes "Members", "Employers", "Agents", "Providers", "Directory", "Media", "Your Feedback", and "McLaren Subsidiaries". The "Providers" page content includes a "Related Links" sidebar with items like "Network Expansion", "Directory Changes", "Disease and Health Management Programs", "Electronic Billing Instructions", "FACTSWeb", "Fraud & Abuse", "HEDIS Information", "Immunization Reimbursement Increase", "Medical Guides to Clinical Practice Guidelines", "National Standards for Culturally and Linguistically Appropriate Services in Health Care", "Payment for Services", "PCP Fax Communication", "Pharmaceutical Management", "Provider Complaints & Appeals Process", "Provider Credentialing", "Provider Manual", "Provider Newsletters", "Provider Welcome Packet", "Quality Performance Improvement", "Standards: Facility", "Standards: Medical Records", "Utilization Management", and "W-9 Form". The main content area features a "Providers" heading, a mission statement, a "Physician Support" section, a "Professional Fee Schedule Update" section, and a "Key highlights include:" section with bullet points: "Increases to the Evaluation and Management office visit codes" and "Significant increases for immunization codes, including the administration fee". A "JVHL NEW Exclusive Lab Vendor" notice is at the bottom.

Health Advantage

Access Health Advantage's website at www.healthadvantage.org.
Click on the "Providers" tab for provider specific information.

The screenshot displays the Health Advantage website interface. At the top left is the logo, a stylized 'A' in a blue square, followed by the text 'HEALTHADVANTAGE'. To the right of the logo, the date 'Fri, April 10, 2009' is shown, along with a search bar containing the text 'Search' and a 'Go!' button. Below the logo and date are several utility icons: a minus sign, a plus sign, and a text size icon; a printer icon with the text 'Print this page'; an email icon with the text 'Email this page'; and a bookmark icon with the text 'Bookmark this page'. A horizontal navigation bar contains six tabs: 'For Members', 'Providers', 'For Employers', 'Documents and Forms', 'Directory', and 'Healthy Reminders'. The 'Providers' tab is currently selected. Below the navigation bar, there are two columns. The left column contains a 'Home' and 'Back' link, a 'Related Links' section with a list of links including 'Authorization & Notification', 'Claims', 'Contact Information', 'Contact Health Advantage', 'Electronic Billing Instructions', 'FACTSWeb', 'Fraud & Abuse', 'GlobalCare Inc.', 'Directory Changes', 'Immunization Reimbursement Increase', 'Pharmacy Benefit', 'Provider Complaints and Appeals Process', 'Provider Newsletters', 'Provider Welcome Packet', 'Value Check Program', and 'Value to Providers', and a 'Quick Links...' dropdown menu. The right column is titled 'Providers' and contains a welcome message: 'Welcome to Health Advantage! Please utilize our Website to get to know Health Advantage and its many services. If you have further questions or concerns, our Provider Services Department is available to you by calling 1-888-327-0671.' Below this is a section titled 'Professional Fee Schedule Update:' which states: 'Health Advantage remains committed to offering providers competitive reimbursement for the high quality services provided. We are pleased to announce the annual changes to the Commercial fee schedule have been completed and are effective for dates of service on or after September 1, 2008.' This is followed by 'Key highlights include:' and a bulleted list: 'Increases to the Evaluation and Management office visit codes' and 'Significant increases to the immunization codes, including the administration fee'. Below the list, it says: 'In general, professional services increased by 2.8%, however providers may see variations in fees among specialties and codes.' At the bottom of the page, there are links for 'MHC Value Statements' and 'Groupwise'.

FACTSWeb

FACTSWeb provides real-time, on-line access to:

- Insured and dependent information
- Verification of member eligibility
- Plan Summary information
- Claim history and status
- Payment Information

To access FACTSWeb, you must complete a FACTSWeb application form, which can be found on both the McLaren Health Plan and Health Advantage websites.