McLaren HEALTH PLAN

Northern Physicians Organization

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MHP2017OCT

McLaren HEALTH PLAN

Pay for Performance (P4P)

- The P4P program provides our Primary Care Providers (PCPs) incentives that optimize quality by recognizing the outstanding efforts of physicians. Positive outcomes of the program include:
  - A strong partnership between MHP and its contracted PCPs
  - Improved health care services for members
  - Physician awards of up to $2 per member per month (pmpm)
- PCPs, contracted for all lines of business, with 50 or more members, in January 2018, will automatically be entered in the 2018 P4P program. If you do not have the required amount of assigned members, you must contact your Network Development Coordinator to inquire about participation in the P4P program.

2018 P4P Measures

In order for a PCP to be included in the P4P program, all general terms of the P4P must be met. If all general terms are met*, the following measures for the 2018 P4P are as follows:

- Open Access: Accepting new MHP Medicaid and Commercial members
- Well Child Visit: at least 70% of members, 3-4 years of age, had a visit
- Mammograms: at least 71% of members, 50-70 years of age, had the screening
- Evidence of E-prescribing
- Health Information Exchange (HIE) – Documentation of participation in an HIE Qualified Organization (ex. Great Lakes Health Connect, Patient Ping, Ingenium, Southeast Michigan HIE)
- Achieved Primary Care Medical Home (PCMH) recognition through:
  - Physician Group Incentive Program (PGIP)
  - National Committee for Quality Assurance (NCQA); or
  - Industry standard activity defined as extended hours and a patient disease registry

*A complete list of the 2018 HEDIS measures and the full description of the PRP Program can be found on our website, McLarenHealthPlan.org under the Quality and Utilization Management section.

Coordination of Benefit Claims (Secondary Billing)

- MHP is reviewing and analyzing member's gaps in care. MHP's outreach coordinators have been working closely with your office staff to improve member's access to care. As we are working with your offices, there has been a trend identified indicating that secondary claims are not being submitted to McLaren Health Plan. Per the provider agreement, your office is ***REQUIRED*** to submit a claim for services rendered. If a primary insurance paid the claim, it is crucial you bill McLaren as a secondary payer.

- McLaren Health Plan is able to accept and process electronic secondary claims. To ensure appropriate adjudication of secondary claims, Primary insurance payments must be reported at the line level, not at the claim level.

Coordination of Benefits Continued

- **In addition to claim payment, claim submissions are used for quality measurement, including pay for performance and provider incentive payments. Without a claim on file, MHP cannot determine services you provided for a member, and you may not receive the appropriate payout for the performance incentives**.
- If you have any questions or are having difficulty submitting a secondary claim, please contact Customer Service at (888) 327-0671.

McLaren Health Plan thanks you for the quality care your deliver!

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!**

Appeals Department – New Email Address

- If a practitioner's office would like to submit a new appeal or provide appeal related information via email to McLaren, please use the following email address: MHPAppeals@mclaren.org.
- If you have any questions, please contact Customer Service at (888) 327-0671 (TTY:711).

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.

Chlamydia Screening Incentive

McLaren Health Plan Incentive

$25.00

Procedure Code:

87491-In-office urine test, 87110, 87270, 87320, 87810, 87490-87492

For each of your assigned MHP Community and Medicaid female members (16-24 years), and male members (16-18 years), who receive a chlamydia screening as identified by the procedure codes listed above, you will receive a $25.00 payment.

Your 2018 incentive payment will be distributed in April 2019.

McLaren Outreach Team

McLaren Health Plan is committed to assisting Provider Offices achieve:

- Higher Pay for Performance Payment
- Increased incentive payments to both you and your patients
- Better patient outcomes when preventive services are provided
- Increased positive relationships between the plan, your office and your patients

The MHP Outreach Team of Professionals can assist your office with in-office or off-site scheduling. During these patient contacts, MHP can assist your patients by:

- Discussing the importance of preventive care services
- Determining barriers to care and assisting with such barriers (i.e.. transportation)
- Offering Member Incentives

If you are interested in working with the Outreach Team, please contact MHP at (888) 327-0671 and ask to speak to an Outreach Representative

PROVIDER CHANGES

Reminders from last year :

1. **COB Claims** can be submitted electronically.

2. Medicaid Member policies have **Parity**. The 20 visit maximum limit for Mental Health visits has been removed.

3. If you have a change with demographics, W9, Tax ID. A **Provider Change form** is available on our website. Please complete and submit through **MclarenHealthPlan.org**

Provider Portal

NEW PROVIDER PORTAL GOING LIVE 7/1/18!

MHP's Provider Portal will enable Provider offices to:

- SELF REGISTER
- View all lines of business for members
- Access Provider Panel Roster
- View Claims status and authorizations
- View benefit accumulators and spenddowns

UPDATE COMING SOON

Phase two, coming later in 2018:

- GAPS in Care and Quality reports
- Appeals requests
- Alerts if your provider is due to reattest/recredential

Credentialing REMINDERS:

Complete the following to avoid delays in the credentialing process:

- Update and/or re-attest your CAQH application quarterly
- Leave no gaps in the most recent five years of work history. Please be sure to include leaves of absences, maternity leaves, moves, etc.
- Ensure there is a copy of your liability insurance attached to your application and that it is current
- Provide an accurate credentialing contact

Completing these steps will provide you with a smooth credentialing process and reduce interruptions to you and/or your staff.

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Key Contacts

- Customer Service: (888) 327-0671
  - Member Eligibility
  - Member Benefits
  - Claims Questions
- Network Development: (888) 327-0671
  - Adding New Provider
  - Contract Questions
  - Process Questions
  - Education Requests
- Outreach Team (888) 327-0671
  - Outreach Services
- Medical Management: (888) 327-0671
  - Authorizations
  - Case Management
  - Disease Management

Hours of Operation: **Monday – Friday 8:30 AM – 5:00 PM**
Customer Service Provider Line: **Monday – Friday 7:30 AM – 5:30 PM**

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Thank You!

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