

Partners In Health

Fall 2022



 **McLaren**
HEALTH PLAN

GROUP
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., which shall be referred to as “MHP” throughout this newsletter.

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FROM JODY LANDON

Vice President, Customer & Provider Services

The National Committee for Quality Assurance (NCQA) recently awarded McLaren Health Plan its Multicultural Health Care Distinction.* Multicultural Health Care recognizes organizations that lead the market in providing culturally and linguistically sensitive services and work to reduce health care disparities.

“The prevalence of racial and ethnic disparities has been a barrier to improving the quality of health care of many Americans for too long,” said NCQA President Margaret E. O’Kane. “Organizations achieving Multicultural Health Care Distinction are leaders in closing this gap and NCQA commends them for their dedication.”

Our team at McLaren Health Plan is dedicated to helping our members in the most appropriate way. We make sure our member materials are available in alternative languages or offer an interpreter for medical visits when needed. Please reach out if you have patients who need assistance in any way. We’re here to help.

Sincerely,

Jody Landon
Vice President, Customer & Provider Services
McLaren Integrated HMO Group

*NCQA awards distinction to organizations that meet or exceed its rigorous requirements for multicultural health care. NCQA is a private, nonprofit organization dedicated to improving health care quality. NCQA accredits and certifies a wide range of health care organizations. It also recognizes clinicians and practices in key areas of performance. NCQA’s Healthcare Effectiveness Data and Information Set (HEDIS®) is the most widely used performance measurement tool in health care. NCQA’s [website](#) contains information to help consumers, employers and other make more-informed health care choices. NCQA can be found online at www.ncqa.org, on Twitter @ncqa, on [Facebook](#) and on [LinkedIn](#).



CONTACT US

General Information About MHP's Departments and Services

Customer Service

Monday through Friday, 9 a.m. to 5 p.m.

888-327-0671 (TTY: 711)

Fax: 833-540-8648

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 and Healthy Michigan plan 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 for McLaren CONNECT, the provider portal, click [here](#).

McLaren CONNECT replaces the Health Edge portal and FACTSWeb. 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 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 username and password each time, for your security.

*Member eligibility rosters are no longer mailed to primary care offices. Using McLaren CONNECT provides access to an up-to-date roster while eliminating the delay of sending a printed roster mid-month.

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 Walgreens locations throughout Michigan.

McLarenHealthPlan.org

MHP's website contains information about the plan's policies, procedures and general operations. You'll find information about quality programs; pre-authorization 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. Watch for a new and improved MHP website coming soon!

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 coordinators 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
- Updating provider records when changes are needed

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 coordinator, requesting to open your practice to new MHP members, and your representative will make the change.

For 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.

Outreach Team

COUNTIES	PROVIDER NETWORK DEVELOPMENT COORDINATOR	CONTACT INFORMATION
Alpena, Alcona, Antrim, Arenac, Benzie, Charlevoix, Cheboygan, Crawford, Emmet, Grand Traverse, Iosco, Kalkaska, Lake, Leelanau, Manistee, Mason, Missaukee, Montmorency, Ogemaw, Osceola, Oscoda, Otsego, Presque Isle, Roscommon, Wexford	Kylie Weidenhammer	kylie.weidenhammer1@mcclaren.org 810-845-4782
Bay, Clare, Genesee, Gladwin, Huron, Lapeer, Midland, Saginaw, Sanilac, Tuscola	Evan Philburn	evan.philburn@mcclaren.org 810-730-4906
Hillsdale, Jackson, Lenawee, Monroe, Washtenaw, Wayne	Dawn Dunn	dawn.dunn@mcclaren.org 810-701-2182
Macomb, Oakland, St. Clair	Darrian Colborne	darrian.colborne@mcclaren.org 248-804-7871
Clinton, Eaton, Gratiot, Ingham, Ionia, Isabella, Livingston, Mecosta, Montcalm, Shiawassee	Shantell Moore	shantell.moore@mcclaren.org 517-512-5465
Allegan, Barry, Branch, Calhoun, Cass, Hillsdale, Kalamazoo, Kent, Mecosta, Muskegon, Newaygo, Oceana, Ottawa, St. Joseph, Van Buren	Beverly Hude	Beverly.hude@mcclaren.org 517-913-2616

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 and 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 our 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:

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.

Utilization Management

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

Fax: 810-600-7965

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 that would result in underutilization.

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:

- 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 Management

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

Fax: 810-600-7965

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

McLaren Medicare Plans Available Jan. 1

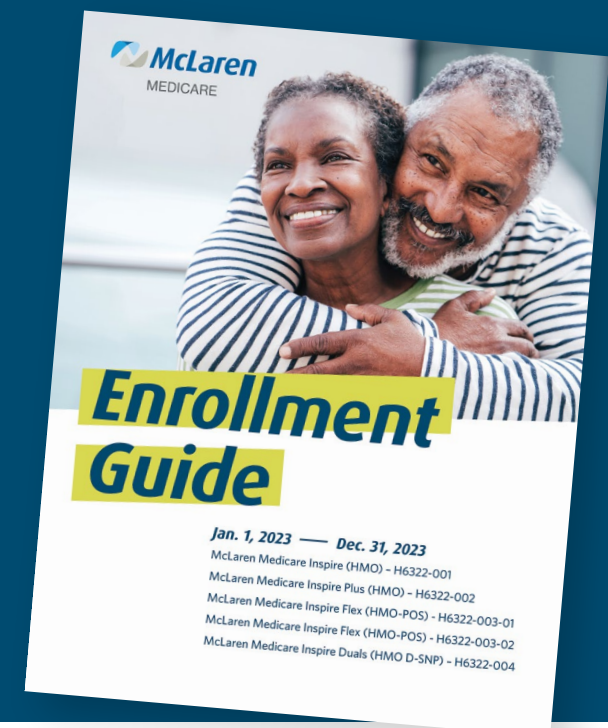
McLaren Medicare offers five Medicare Advantage plans for an effective date of Jan. 1, 2023. People eligible for Medicare will be able to view and select from the benefit plans offered during the Annual Enrollment Period, Oct. 15 through Dec. 7, 2022.

The plans are:

- McLaren Medicare Inspire (HMO) - H6322-001
- McLaren Medicare Inspire Plus (HMO) - H6322-002
- McLaren Medicare Inspire Flex (HMO-POS) - H6322-003-01
- McLaren Medicare Inspire Flex (HMO-POS) - H6322-003-02
- McLaren Medicare Inspire Duals (HMO DSNP) - H6322-004

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.



COMMUNITY PARTNERSHIPS HELP MHP MEMBERS ACCESS HEALTHY FOODS AND MORE

McLaren Health Plan partnered with farmers markets throughout the state, and wow — it was an exciting summer, with more to come this fall!

“Our goal is to help our members — and the community

“Our goal is to help our members – and the community at large – learn about the wonderful programs and services available through local farmers markets,”

said **Tasha Oliver**, director of Medicaid Services at McLaren Health Plan.

at large — learn about the wonderful programs and services available through local farmers markets,” said Tasha Oliver, director of Medicaid Services at McLaren Health Plan.

Partnering markets include those in Mount Pleasant, Boyne City, Frankenmuth, Davison, St. Louis, Lapeer and Lansing. While farmers markets are best known for providing fresh fruits and vegetables, many also have free cooking classes and other programs and services. Most participate in the “Double Up Bucks” program where eligible

people can get twice the amount of fruits and vegetables when using their WIC and SNAP benefits as payment. McLaren Health Plan partnered with markets to help bring awareness of how eating fresh produce can help with overall good health.

In Lansing, the McLaren Health Plan partnership goes even further at the Allen Neighborhood Center, a nonprofit organization that brings health-

related programs and services to an underserved area. There’s a clinic offering health education and outreach, suburban growing initiatives and an incubator kitchen for entry-level food entrepreneurs.

Every Monday from 8:30 a.m. to 1 p.m., the center hosts a food pantry called the Breadbasket, offering free food to those in need. There’s even affordable apartments for rent on-site!

“We fully support the programs and services the Allen Neighborhood Center provides,” Oliver said. “With its goals to improve the health and well-being of participants and create a sense of belonging and community pride in a safe and sustainable neighborhood, it makes perfect sense for McLaren Health Plan to get involved.”

For more information about our farmer’s market initiatives, go to [McLaren Event page](#).

[Allen Neighborhood Center](#)



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.
- Listen and take the concerns of pregnant and recently pregnant women seriously. It is a simple, yet powerful action to prevent pregnancy-related deaths. Women know their bodies and can often tell when something is not right.
- Offer timely treatment and quality care that 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](#)

[Urgent Maternal Warning Signs — Council on Patient Safety](#)

MIRACLE Team contacts information:

Jennifer Johnson, Ph.D.

Phone: 810-600-5669

Email: jjohns@msu.edu

Jonné McCoy-White, DrPH

Phone: 810-423-0962

Email: mccoyjon@msu.edu

Scheduling:

fleesmor@msu.edu

810-600-9126

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 and click on McLarenCONNECT. Register as a user on McLaren CONNECT to access.
- Go to <https://www.mclaren.org/main/mclaren-now-virtual-visit>.

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](#).

McLaren Health Plan has a flyer available [here](#) for you to share with your patients.

Help to Eliminate Hepatitis 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 when prescribed in accordance with Food and Drug Administration-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 Three-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 one hour of CME. For more sessions visit the Project ECHO website.

- Past Recording: Exploring the New Land of HCV Therapy

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

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](#).

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.

Codes That Now Require Prior Authorization

Effective Oct. 1, the following codes now require prior authorization for these McLaren Health Plan lines of business: Medicaid and Healthy Michigan Plan (McLaren Health Plan), small and large group and individual (McLaren Health Plan Community), and McLaren Health Advantage.

Specialty medications/Injections — Additions — C9098, J0178, J1551, J2356, J2998, J3299

Exception — prior authorization is not required for McLaren Medicare (Medicare Advantage) or McLaren Medicare supplement.

Effective Oct. 1, the following codes now require prior authorization for these McLaren Health Plan lines of business: Medicaid and Healthy Michigan Plan (McLaren Health Plan), small and large group and individual (McLaren Health Plan Community), and McLaren Health Advantage.

Specialty medications/Injections — Additions — J9331, Q5115

Exception — prior authorization is not required for McLaren Medicare (Medicare Advantage) or McLaren Medicare supplement

Exception — prior authorization is not required when the patient has a cancer diagnosis.

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. McLaren Health Plan now 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 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.

Here is a list of codes to bill specific to housing insecurity:

Z59	Problems related to housing and 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:

Problems related to education and literacy:	
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

Problems related to employment and unemployment:	
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

Occupational exposure to risk factors:	
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

Problems related to housing and economic circumstances	
Z59.0	Homelessness
Z59.00	Homelessness unspecified
Z59.01	Sheltered homelessness
Z59.02	Unsheltered homelessness
Z59.1	Inadequate housing
Z59.2	Discord with neighbors, lodgers and landlord
Z59.3	Problems related to living in residential institutions
Z59.4	Lack of adequate food and safe drinking water
Z59.41	Food insecurity
Z59.48	Other special lack adequate food
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

Z59.811	Housing instability housed w/ risk homelessness
Z59.812	Housing instability housed homeless past 12mo
Z59.819	Housing instability housed unspecified
Z59.9	Problems related to housing and economic circumstances, unspecified

Problems related to social environment	
Z60.0	Problems of adjustment to life-cycle transitions
Z60.2	Problems related to living alone
Z60.3	Acculturation difficulty
Z60.4	Social exclusion and rejection
Z60.5	Target of (perceived) adverse discrimination & persecution
Z60.8	Other problems related to social environment
Z60.9	Problems related to social environment, unspecified

Problems related to upbringing	
Z62.0	Inadequate parental supervision and control
Z62.1	Parental overprotection
Z62.2	Upbringing away from parents
Z62.21	Child in welfare custody
Z62.22	Institutional upbringing
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 of physical sexual abuse child
Z62.811	Personal history psychological abuse child
Z62.812	Personal history of neglect childhood

Z62.813	Personal history of forced labor/sexual exploitation childhood
Z62.819	Personal history of unspecified abuse in childhood
Z62.82	Parent-child conflict
Z62.820	Parent-biological child conflict
Z62.821	Parent-adopted child conflict
Z62.822	Parent-foster child conflict
Z62.890	Parent-child estrangement nec
Z62.891	Sibling rivalry

Other problems related to primary support group, including family circumstances	
Z65.0	Conviction in civil and criminal proceedings without imprisonment
Z65.1	Imprisonment and other incarceration
Z65.2	Problems related to release from prison
Z65.3	Problems related to other legal circumstances
Z65.4	Victim of crime and terrorism
Z65.5	Exposure to disaster, war and other hostilities

Other problems related to primary support group, including family circumstances	
Z63.3	Absence of family member
Z63.31	Absence of family member military deployment
Z63.32	Other absence of family member
Z63.4	Disappearance and death of a family member
Z63.5	Disruption of family by separation and divorce
Z63.6	Dependent relative needing care at home
Z63.7	Other stressful life events affecting family & household
Z63.71	Stress on family due to return of family member from military deployment
Z63.72	Alcoholism and drug addiction in family
Z63.79	Other stressful life events affecting family

Problems related to medical facilities and other health care	
Z75.3	Unavailability & inaccessibility of health care facilities
Z75.4	Unavailability & inaccessibility of other helping agencies
Contact with/suspected exposure to hazardous substances	
Z77.011	Contact with and suspected exposure to lead
Z77.090	Contact with and suspected exposure to asbestos

Office of Disease Prevention and Health Promotion, October 11, 2018, Healthy People 2020 — Social Determinants of Health
 ICD-10 Data, 2018, Factors Influencing Health Status and Contact with Health Services

Problems related to other psychological circumstances	
Z64.0	Problems related to unwanted pregnancy
Z64.1	Problems related to multiparity
Z64.4	Discord with counselors

Measurement Year 2021 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 2021 plan results are below; ongoing initiatives are in place to ensure that 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
Living With illness				
Diabetes Care, Hba1c Testing	93%	↑	86%	↑
Kidney Health, Evaluating for Patients With Diabetes	23%		29%	
Diabetes Care, Eye Exam	62%	↑	62%	↑
Controlling High Blood Pressure	53%	=	53%	↑
Taking Care of Women				
Breast Cancer Screening	75%	=	54%	=
Cervical Cancer Screening	73%	=	57%	↓
Chlamydia Screening	44%	↓	58%	=
Timeliness of Prenatal Care	91%	↑	78%	=
Postpartum Care	90%	=	67%	=
Keeping Kids Healthy				
Childhood Immunization, Combo 3	81%		59%	=
Childhood Immunization, Combo 10	59%	↑	30%	=
Well-Child Visits in First 15 months, 6+ Visits	89%	↑	59%	=
Well-Child Visits 15-30 months, 2 visits	86%		46%	
Child & Adolescent Well-Care Visit	56%	=	41%	
Blood Lead Level (on or before age 2)	N/A		41%	↓
Access to Care				
Adult Access (ages 20-44)	95%	↑	76%	↓

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 6 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 6 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, 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 (PREVNAR 13 OR PCV13 AND 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 to ensure your VIS stock is current.

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 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.

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.

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

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 and 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.

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.

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?
McLaren Health Plan (Medicaid or MIChild)	Members up to age 21	The State of Michigan	HealthyKidDental
McLaren Health Plan (Medicaid)	Pregnant women	Delta Dental EPO	Delta Dental
McLaren Health Plan (Healthy Michigan Plan)	Members age 19-64	Delta Dental EPO	Delta Dental
McLaren Health Plan Community (Commercial/Group)	Check with your employer to see if dental coverage is offered and who is eligible	A dental carrier chosen by your employer	From a dentist affiliated with the plan chosen by your employer
McLaren Health Plan Community (Marketplace/Individual)	Must purchase separate dental plan on your own	A dental carrier chosen by you	From a participating dentist in the plan chosen by you
McLaren Health Advantage (Group, Self-funded)	Check with your employer to see if dental coverage is offered and who is eligible	Check with your employer	Check with your employer



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.

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.

These guidelines can be found at [here](#) and at [here](#).

The MQIC guidelines are evidence-based. They include physical conditions such as asthma and diabetes and behavioral health conditions such as depression and attention-deficit/hyperactivity disorder for children and adolescents. The guidelines are reviewed at least every two years for needed updates.

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.

Help Available for Internet, Laptop Purchase

There is a Federal Communications Commission program called the Emergency Broadband Benefit. It helps families and households struggling to afford internet service. This temporary benefit will help lower the cost of internet service for eligible households. It also connects qualified people to jobs, health care services, virtual classrooms and more.

The program provides a discount up to \$50 per month toward broadband service for eligible households and up to \$75 per month for qualifying households on qualifying Tribal lands. Eligible households also can receive a one-time discount of up to \$100 to purchase a laptop, desktop computer or tablet from participating broadband providers if they contribute more than \$10 and less than \$50 toward the purchase price. Tell your patients to go to www.fcc.gov/broadbandbenefit or call 833-511-0311 for more information.

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

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 2022 Primary Care Provider Incentive table and the 2022 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.

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).

[PCP Incentive Program document](#)

[Pay for Transformation document](#)

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 5% ownership. McLaren Health Plan requires all providers to follow MHP policies and procedures and 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.

Help Prevent Fraud, Waste and Abuse

McLaren Health Plan works hard to prevent fraud, waste and abuse. We follow state and federal laws about fraud, waste and abuse. Examples of fraud, waste and abuse by a **member** include:

- Changing a prescription form
- Changing medical records
- Changing referral forms
- Letting someone else use his or her MHP ID card to get health care benefits
- Resale of prescriptions

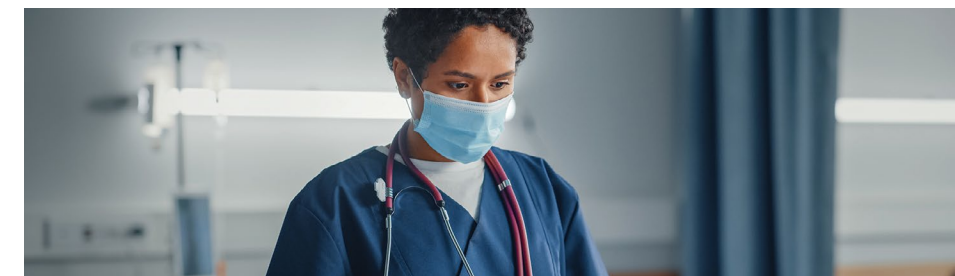
Examples of fraud, waste and abuse by a **doctor** include:

- Falsifying his or her credentials
- Billing for care not given
- Billing more than once for the same service
- Performing services that are not needed
- Not ordering services that are medically necessary
- Prescribing medicine that is not needed

Call **MHP's Fraud and Abuse Line** at **866-866-2135** if you think a doctor, other health care provider or member might be committing fraud, waste or abuse. You can email MHP's Compliance Department at MHPcompliance@McLaren.org. You also can write to MHP at:

McLaren Health Plan Inc.
Attn: Compliance
P.O. Box 1511
Flint, MI 48501-1511

Contact the **State of Michigan** if you think a member has committed fraud, waste or abuse. Here's how:



- Fill out a fraud referral form at <https://mdhhs.michigan.gov/Fraud> OR
- Call the MDHHS office in the county where you think the fraud, waste or abuse took place OR
- Call the MDHHS office in the county where the member lives

Contact the **Michigan Department of Health and Human Services Office of Inspector General** if you think a doctor or other health care provider has committed fraud, waste or abuse. Here's how:

- Call them at **855-MI-FRAUD (855-643-7283)** OR
- Send an email to MDHHS-OIG@michigan.gov OR
- Write to them at Office of Inspector General, P.O. Box 30062, Lansing, MI 48909

Here's What MHP Tells Its Members

You might be the target of a fraud scheme if you receive medical supplies that you or your doctor did not order.

Take Action to Protect Your Benefits:

- Refuse medical supplies you did not order.
- Return unordered medical supplies that are shipped to your home.
- Report companies that send you these items.

Identity theft can lead to higher health care costs and

personal financial loss. Don't let anybody steal your identity.

Current fraud schemes to be on the lookout for include:

- People using your health plan number for reimbursement of services you never received
- People calling you to ask for your health plan numbers
- People trying to bribe you to use a doctor you don't know to get services you may not need

You are one of the first lines of defense against fraud. Do your part and report services or items that you have been billed for but did not receive.

- Review your plan explanations of benefits (EOBs) and bills from physicians.
- Make sure you received the services or items billed.
- Check the number of services billed.
- Ensure the same service has not been billed more than once.

Do Your Part!

- Never give out your Social Security number, health plan numbers or banking information to someone you do not know.
- Carefully review your MHP Explanation of Benefits (EOB) to ensure the information is correct.
- Know that free services DO NOT require you to give your MHP ID number to anyone.

G-3245 Beecher Road
Flint, MI 48532



GROUP
INDIVIDUAL
MEDICAID
MEDICARE