

PARTNERS IN HEALTH

September 2021

McLaren Health Plan is closely monitoring the COVID-19 pandemic. Thank you for the care you are providing during these unprecedented times. Please check www.McLarenHealthPlan.org for updates as they become available.

IN THIS ISSUE

- 7** NEW MEDICARE ADVANTAGE PLANS AVAILABLE JAN. 1
- 10** NEW PROGRAM OFFERS ACCESS TO COMMUNITY SERVICES
- 19** ENCOURAGE YOUR PATIENTS TO GET NEEDED VACCINATIONS

AND MORE!

 **McLaren**
HEALTH PLAN



“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. who shall be referred to as “MHP” throughout this newsletter.

The COVID-19 pandemic has changed the way in which you provide care to our members and the way in which we do business. We recognize that many people delayed getting preventive care and routine well visits due to the pandemic. The team at McLaren Health Plan has been diligently working to identify members who haven't received needed care and are encouraging them to schedule appointments. We are reaching out to those who have been affected by the pandemic and are connecting them to programs and services available throughout communities in Michigan. We are launching Medicare Advantage plans and a Dual Eligible Special Needs plan with an effective date of Jan. 1, 2022 to serve the 65 and older population and those who qualify due to disability. And we are contacting and encouraging members to get the COVID-19 vaccine as well as an annual flu vaccine.



Our efforts to take care of our members and be a trusted source of health care coverage and services could not be possible without you, our provider partners and staff. Thank you for the care you provide to our members. Please contact your Provider Services team if we can be of assistance.

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

Contact Us - General Information About MHP's Departments and Services

Customer Service

Phone: 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](#)

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

Your provider TIN and NPI are required for the login process. Logins require your user name and password each time, for your security.

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 Walgreen's 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; preauthorization 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.

“ 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 Representatives 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
- Reviewing provider incentives, quality initiatives and program updates

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.

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

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

Phone: 888-327-0671 (TTY: 711) Fax: 810-600-7985

The MHP Outreach team is available to assist your office with scheduling your MHP commercial and Medicaid patients for preventive care visits and ancillary tests. The Outreach Team can come to your office during the HEDIS® measurement year to provide chart review to assist in closing gaps in care.

Using *Gaps in Care* reports provided by MHP or by your office, the team can assist your staff by contacting and scheduling patients for these important visits.

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 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:

- Preauthorization requests (See page 14)
- 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: 810-600-7959

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 which would result in under-utilization.

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 promotes 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. 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). Members considered for CCM have complex care needs including, but not limited to:

- 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.

New Medicare Advantage Plans Available Jan. 1

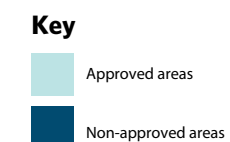
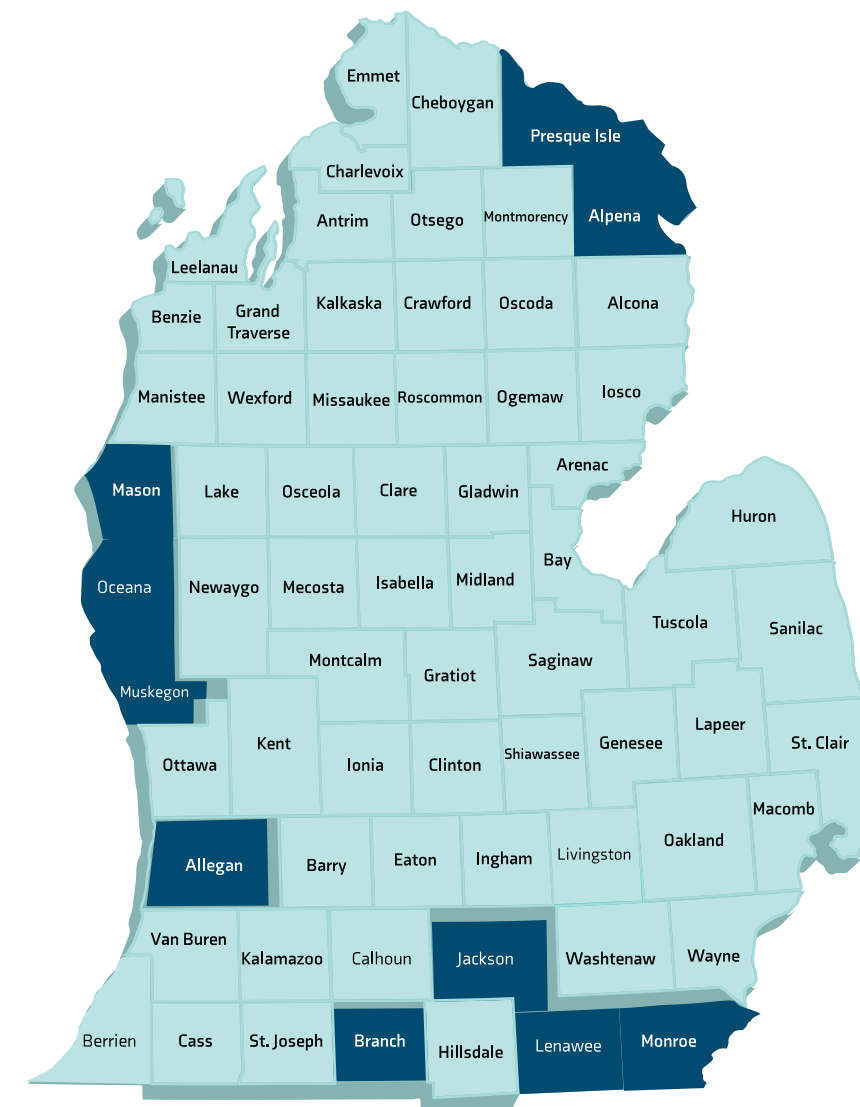
McLaren Health Plan is excited to announce it will offer four new Medicare Advantage plans for calendar year 2022. Eligible members will be able to view and select the benefit plans offered during the Annual Enrollment Period Oct. 15 through Dec. 7, 2021.

The plans include:

- McLaren Medicare Inspire (\$0 premium HMO)
- McLaren Medicare Inspire Plus (HMO)
- McLaren Medicare Inspire Flex (HMO-POS)
- McLaren Medicare Inspire Duals (DSNP)

The McLaren Medicare Advantage 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.



Change to Cost Share for MHP Members Announced for COVID-19 Testing and Treatment

McLaren Health Plan will continue to provide COVID-19 testing with no cost sharing through Dec. 31, 2021. Member cost share will apply for treatment of COVID-19 related services effective Oct. 1, 2021. This does not apply to McLaren Medicaid or Healthy Michigan Plan members. Please call Customer Service at 888-327-0671 (TTY: 711) if you have any questions.

MDHHS REMOVES BARRIERS TO TREAT HEP 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. Effective April 1, 2021, the product MAVYRET® (glecaprevir/pibrentasvir) no longer requires clinical prior authorization (PA) when prescribed in accordance with Food and Drug Administration (FDA)-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.

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 other underserved populations
- Provide support for patients managing chronic health conditions
- Screen patients with symptoms of COVID-19
- And 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: <https://www.cms.gov/files/document/telehealth-toolkit-providers.pdf>

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)
- Comprehensive Diabetes Care (CDC) specific to BP readings
- Follow-Up Care for Children Prescribed ADHA 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.

Another virtual care option for your patients is McLarenNow. It's available 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

LEAD TESTING KITS RECALLED BY THE FDA

The FDA recalled lead test kits used with the popular CLIA-waived, Point of Care testing device LeadCare II, manufactured by Magellan. Also recalled were tests used with Magellan's laboratory-based machines, LeadCare Plus and LeadCare Ultra. The FDA has identified this as a Class I recall, the most serious type of recall. Use of these devices may cause serious injuries.

Significant concerns exist that the performance of the test may provide falsely low results and may lead to health risks in certain populations such as young children and pregnant individuals.

If you currently use a LeadCare II Point of Care, LeadCare Plus or LeadCare Ultra lead testing system by Magellan, check lead test stock, test logs and patient records for the following tests under the recall:

LeadCare II test kits: 2013M, 2014M, 2015M, 2016M, 2017M, 2101M, 2103M, 2105M, 2106M, and 2107M
LeadCare Plus, LeadCare Ultra test kits: 2011MU, 2104MU, and 2108MU
Manufacturing Dates: Oct. 26, 2020 to May 20, 2021
Distribution Dates: Oct. 27, 2020 to June 15, 2021

Stop using any tests found in stock with lot numbers above and check patient logs from Oct. 27 to present to re-test patients tested with the recalled kits via venous draw due to risk of a falsely low result.

Contact Magellan's LeadCare product support team at 1-800-275-0102 or by email at LeadCareSupport@magellandx.com if you have any questions.

NEW PROGRAM OFFERS ACCESS TO COMMUNITY SERVICES

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 like housing support, access to healthy foods, job assistance, legal services and more.

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.



2020 HEDIS® Plan 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 2020 plan results are below; ongoing initiatives are in place to ensure 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.

MEASURE	COMMERCIAL		MEDICAID	
	RATE	TREND	RATE	TREND
Living with Illness				
Diabetes Care, Hba 1c Testing	88%	▼	78%	▼
Diabetes Care, Eye Exam	58%	▲	55%	▼
Controlling High Blood Pressure	54%	▼	47%	▼
Taking Care of Women				
Breast Cancer Screening	75%	=	56%	▼
Cervical Cancer Screening	71%	=	60%	▼
Chlamydia Screening	49%	=	57%	▼
Timeliness of Prenatal Care	87%	▼	79%	▼
Postpartum Care	92%	▼	70%	▼
Keeping Kids Healthy				
Childhood Immunization, Combo 3	77%	▼	63%	▼
Childhood Immunization, Combo 10	56%	▲	31%	▲
Child & Adolescent Well Visits	49%		41%	
Blood Lead Level (on or before age 2)	N/A		74%	▼
Access to Care				
Adult Access (ages 20-44)	93%	▲	74%	▼

Help Available for Internet, Laptop Purchase

There is a new Federal Communications Commission program called the Emergency Broadband Benefit. It helps families and households struggling to afford internet service during the COVID-19 pandemic. 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 you patients to go to www.fcc.gov/broadbandbenefit or by calling 833-511-0311 for more information.

The McLaren Institutional Review Board Seeks Physician Members

The McLaren Health Care Human Research Protection Program (HRPP) is accepting applications from individuals interested in serving as members on the Institutional Review Board (IRB). Please read through the FAQs below to learn more about what an IRB is, and how you might fit into it. Physicians, McLaren employees and members of the community are encouraged to apply.

What is an Institutional Review Board (IRB)?

The purpose of the IRB is to assure appropriate steps are taken to protect the rights and well-being of humans participating as subjects in a research study. The IRB's job is to ensure the research is carried out ethically, as safely as possible and in compliance with institutional policies, federal regulatory requirements and state and federal laws.

Who Serves on an IRB?

An IRB consists of members of varying backgrounds. IRBs are meant to be representative of the communities they serve and are required to have diverse membership, including community members who are not affiliated with McLaren Health Care. In addition, IRBs need members with broad ranges of professional and personal experience to provide the expertise needed to understand and evaluate research projects. The board's composition is made up of scientific, non-scientific and lay individuals who represent the perspective of research participants.

What is "Human Subjects Research?" What Kind of Research Does the MHC IRB Review?

Human Subjects Research (HSR) includes any type of research project that involves people or people's private information. HSR can include:

- Clinical trials testing out new drugs and devices to treat disease;
- Development of new methods to screen and test for diseases;
- Behavioral interventions designed to improve outcomes for individuals;
- Surveys and interviews, and
- Retrospective review of past outcomes of treatment methods

What Are the Expectations of IRB Members?

After sufficient training, members are expected to attend at least 80% of their assigned meetings. Meetings are held the first and third Friday of every month and currently take place via Zoom. Members are assigned one or more research studies at least one week prior to the meeting they plan to attend. They must complete a review of the study, which will be discussed at the meeting or will undergo expedited review outside of the meeting.

What Do I Do If I'm Interested in Serving as a Member of the IRB?

Submit an [application](#). Access it here or through this website: <https://www.mclaren.org/main/irb-member-corner>. Be sure to read the application carefully in order to fully understand the requirements of IRB members.

There is no deadline for submitting an application. If a membership opening is not available, your application will be kept on file for future consideration.

If you have questions about becoming an IRB member or want further information, please contact Patricia Ivery, manager of the Research Integrity Office, at 248-484-4955 or by e-mail at hrpp@mclaren.org

2021 PCP INCENTIVE PROGRAM RECOGNIZES EFFORT WHILE IMPROVING OUTCOMES

McLaren Health Plan (MHP) is committed to providing high quality, cost-effective health care to our members. By establishing a Primary Care Physician (PCP) Incentive Program, we build a strong partnership with you, which results in improved access to health care services for our members.

The PCP Incentive Program provides incentives that optimize transformation activities, care coordination and quality by recognizing your outstanding efforts while improving health care outcomes.

MHP provides Gaps in Care reports; a Quick Reference Guide for the 2021 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.

Your network development coordinator, outreach coordinator and the quality management team are here to answer your questions. Please call us at 888-327-0671 (TTY: 711).

Incentive Status	Line of Business	Program	Measure	Incentive	Reimbursement Methodology
New	Community and Medicaid	Healthy Child	Childhood Series Completion by 2nd birthday & Adolescent Immunization Series Completion by 13th Birthday	CIS Combo 3 \$50 per child Combo 10 \$100 per child IMA Combo 2 \$50 per child	Annual payout (Within 4 months of the end of the measurement year)
Modified	Medicaid	Club 101	Annual Well Child Visit up to age 14	Reimburse \$101 (above Medicaid fee schedule)	At time of billed claim
Modified	Community and Medicaid	Diabetic Core Measures	Must complete All 1. Annual doctor visit with foot exam 2. HbA1C test 3. Blood Pressure Check 4. Diabetic Eye Exam 5. eGFR & uACR	\$50	Annual payout (Within 4 months of the end of the measurement year)

Continued	Community and Medicaid	Pay for	Care Management/Care Coordination E-prescriber & E-portal HIE Participation PCMH recognition	\$2 PMPM	Annual payout (within 6 months of the end of the measurement year)
Continued	Community and Medicaid	Cervical Cancer Screening	PAP & HPV test completed Meet the NCQA 75th Percentile Standard Rate OR PAP & HPV test completed Meet the NCQA 90th Percentile Standard Rate	Achiever \$25 OR High Achiever \$50	Annual payout (Within 4 months of the end of the measurement year)
Continued	Medicaid	Lead Screening	Billed claim with CPT 36416 Billed claim with CPT 83655	\$15 – 36416 \$25 – 83655	At time of billed claim
Continued	Community and Medicaid		Chlamydia Screening incentive for female members ages 16-24	\$25 per eligible member screened	Annual payout (within 4 months of the end of the measurement year)
Continued	Healthy Michigan Plan	Annual Health Risk	Annual HRA billed with CPT 96160 - completed HRA attested and submitted	\$50 per each billed HRA	At time of billed claim
Continued	Community and Medicaid	Breast Cancer Screening	Breast Cancer Screening incentive for female members ages 50-74	\$50 per eligible member screened	Annual payout (within 4 months of the end of the measurement year)
Continued	Community and Medicaid	Weight	Claim submission of documented BMI percentile with counseling for nutrition and physical activity	\$15 (\$5 for each component)	At time of billed claim
Continued	Medicaid		Members ages 0-3 with claim for developmental screening annually	\$20	At time of billed claim

HEDIS® is a registered trademark of the National Committee for Quality Assurance

PCPs ACKNOWLEDGED FOR QUALITY, PERFORMANCE

These high performing doctors and staff are a shining example of how to achieve compliance with quality measures and better patient outcomes.

The following physicians performed at the **90th percentile or above for completion of cervical cancer screening:**



Alexandria Smits, DO and staff



Katherine Roth, MD



Julie Hodson, NP



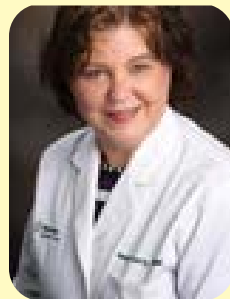
Kathleen Perkins, DO



Richard Cohen, DO



Shafi Ahmed, MD



Patricia Terry, NP

The following physician performed at the **90th percentile or above for completion of well child visits:**



Faisal Mawri, MD

The following physician performed at the **90th percentile or above for completion of adolescent well care visits:**



Lisa Chimner, MD

The following physicians performed at the **90th percentile or above for completion of adolescent immunizations:**



Bhaskar Devanagondi, MD



James Brouillette, MD



Roderic E. Tinney, MD



Sandra Bronni, MD



Claudio Duarte, MD



Constanza Fox, MD



Inez Balinska, MD



Nuzhat Ali, MD and staff

The following physicians performed at the **90th percentile or above for completion of childhood immunizations:**



Bhaskar Devanagondi, MD



Claudio Duarte, MD



Constanza Fox, MD



Dariusz Balinski, MD



Jennifer Boote, DO



Joel Greenberg, DO



Olga Napolova, MD



ENCOURAGE YOUR PATIENTS TO GET NEEDED VACCINATIONS

Assuring Better Child Health and Development

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 Network Development Coordinator or call Customer Service at 888-327-0671 (TTY: 711) if you would like a copy of this material.

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

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.

In addition to the COVID-19 vaccine, flu shots are especially important this year for everyone six 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 six 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 McLaren Health Plan (MHP) providers who give vaccinations are required to submit that information to MCIR.

MHP sends gap reports to PCP office 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

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.

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.

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 and 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?

1. Increase communication with the hospital systems through the Michigan Health Information Network (MiHIN) to admit, discharge and transfer electronic health data. Educate members on the appropriate use of ED and quickly schedule follow-up appointments.
2. Increase education and reminders for patients during routine visits regarding appropriate use of ED. [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
3. Increase office hours to include earlier/later or weekend hours to accommodate working patients..
4. Offer triage services for members calling for care after hours.

CONFIRM YOUR PATIENTS WITH DIABETES ARE GETTING THEIR ANNUAL CORE MEASURES COMPLETED

McLaren Health Plan reminds our 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.

Incentive Payment Available for Chlamydia Screening

A \$25 incentive payment is available for all eligible patients you screen for Chlamydia. 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 16-24 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.

CONTINUE TO ADVISE YOUR PATIENTS TO QUIT SMOKING

At every visit, advise smokers 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

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.

¹Journal of Clinical Psychiatry, National Epidemiological Survey on Alcohol and Related Conditions
<http://learnaboutmarijuanawa.org/factsheets/tobacco.htm>

Report Social Determinants of Health When Identified During Patient Visits

You can help identify and report members with social determinants of health (SDoH) by including the appropriate diagnosis codes with your claims:

Z55	Problems related to education and literacy
Z56	Problems related to employment and unemployment
Z57	Occupational exposure to risk factors
Z59	Problems related to housing and economic circumstances
Z60	Problems related to social environment
Z62	Problems related to upbringing
Z63	Other problems related to primary support group, including family circumstances
Z64	Problems related to certain psychosocial circumstances
Z65	Problems related to other psychosocial circumstances

MHP is involved with 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

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

Office of Disease Prevention and Health Promotion, October 11, 2018, Healthy People 2020²— Social Determinants of Health, <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

ICD-10 Data, 2018.

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 www.mqic.org and at www.mclarenhealthplan.org/medicaid-provider-guidelines-mhp-asp.

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.

Help Your MHP Members Know their Dental Coverage

Here's a quick chart that tells you the dental coverage your McLaren Health Plan members 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	Find a participating dentist at www.healthykidsdental.org
McLaren Health Plan (Medicaid)	Pregnant women	Delta Dental EPO	Find a participating dentist at www.deltadentalmi.com
McLaren Health Plan (Healthy Michigan Plan)	Members age 19-64	Delta Dental EPO	Find a participating dentist at www.hmidental.com
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
McLaren Health Plan (Medicare Supplemental)	Must purchase separate dental plan on your own	A dental carrier chosen by you	From a participating dentist in the plan chosen by you

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.



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 five percent ownership. McLaren Health Plan requires all providers to follow MHP policies and procedures, 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.

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

Kidney Health Toolkit Available for Your Patients with CKD

About 37 million adults in the United States have chronic kidney disease (CKD) and 9 out of 10 people with CKD are unaware they are living with the disease. Early identification, regular monitoring and ongoing management of CKD are critical to slow disease progression and avoid kidney failure.

NCQA created the [Kidney Health Toolkit](#) for use in improving the quality of care for patients with and at risk of CKD. This toolkit will help equip your providers, practices and members with tools that guide and facilitate strategies to promote kidney health.

The Kidney Health Toolkit includes the following tools to help patients and their care teams navigate CKD diagnosis, monitoring and management:

Let's Talk About Diabetes and Kidney Health: Ready-Set-Test

Provider guide on diabetes and CKD testing.

Are Your Kidneys at Risk?

Patient infographic on CKD risk factors and testing.

You've Been Diagnosed with Kidney Disease. Now What?

Patient pamphlet on understanding a CKD diagnosis and next steps.

Chronic Kidney Disease: Talk, Listen, Learn

Patient and provider poster on how to talk about CKD.

Source: <https://www.ncqa.org/kidney-health-toolkit/>



COVID-19 and Cardiovascular Disease: Are Your Patients at an Increased Risk?

During the COVID-19 pandemic, cardiovascular health remains a top public health priority. Public health officials are warning about the relationship between COVID-19 and cardiovascular disease. Not only are there more deaths from cardiovascular disease during COVID-19, but also people who have serious heart conditions are at higher risk for severe illness from COVID-19.

It's important for patients to continue to seek cardiovascular care or missed services during the pandemic. The CDC Million Hearts and CDC Foundation have worked with key partners to produce a toolkit with important messages you can use to reinforce the need for patients to continue to seek cardiovascular care during this time. For more information, go to www.cdcfoundation.org.



Exercise: Tell Your Patients About the Benefits

If you could give your patients a magic pill to take away their aches and pains, make them feel better, have more energy and even add years to their life, most of them would listen to you and they'd take that pill. You can still tell them how to achieve these goals – get moving!

Here are **5** reminders for you to tell your patients that can help them lead a happier, healthier life.

- 1. Exercise controls weight.** Any amount of daily activity is better than none at all.
- 2. Exercise combats health conditions and diseases.** Being active can help prevent or manage high blood pressure, depression, Type 2 diabetes, arthritis and can help improve cognitive function.
- 3. Exercise improves mood.** Getting COVID-depressed? Go outside, take a walk, stay socially-distanced and deliver some oxygen and nutrients to your tissues.
- 4. Exercise improves sleep.** Regular physical activity can help you fall asleep faster and deepen your sleep.
- 5. Exercise can be fun!** Engage in activities that make you happy. Go on a hike, download a yoga class, lift weights, whatever makes you sweat – and happy – do it.

HOW TO REPORT FRAUD, WASTE AND 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 and abuse by a member include:

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

Examples of fraud and abuse by a provider include:

- *Falsifying his or her credentials*
- *Billing for services not performed*
- *Billing more than once for same services*
- *Upcoding and unbundling procedure codes*
- *Over-utilization: performing inappropriate or unnecessary services*
- *Under-utilization: not ordering services that are medically necessary*
- *Collusion among providers*

Examples of fraud and abuse by an MHP employee include:

- *Altering provider contracts or forging signatures*
- *Collusion with providers or members*
- *Inappropriate incentive plans for providers*
- *Embezzlement or theft*
- *Intentionally denying services or benefits that are normally covered*

The Deficit Reduction Act of 2005 requires any entity that receives \$5 million or more in Medicaid payments to have the following in place:

- *Established written policies for all employees that provide detailed information about the Federal and State False Claims Acts and whistleblower protections;*

- *Detailed provisions in the policies regarding the entity's policies and procedures for detecting and preventing fraud, waste and abuse; and*
- *The above information must be contained in any employee handbook for the entity.*

Federal law prohibits an employer from discriminating against an employee in the terms and conditions of his or her employment because the employee reports or otherwise assists in a false claims action.

To report a possible violation, contact MHP's Compliance Officer:

- *Mail: McLaren Health Plan, Attn: Compliance Officer, G-3245 Beecher Road, Flint, MI 48532*
- *Email: MHPCompliance@mcclaren.org*
- *Phone: Compliance Hotline at 866-866-2135*

To report Medicaid fraud, waste and abuse, contact MHP as above or:

- *Mail: Office of Inspector General, P.O. Box 30062, Lansing, MI 48909*
- *Online: www.michigan.gov/fraud*
- *Phone: Hotline at 855-MI-FRAUD (855-643-7283)*

To report Medicare fraud, waste and abuse, contact MHP as above or:

- *Mail: U.S. Department of Health and Human Services, Attn: Hotline, P.O. Box 23489, Washington, D.C. 20026*
- *Online: www.oig.hhs.gov/fraud/report-fraud*
- *Phone: Hotline at 800-HHS-TIPS (800-447-8477)*

Information provided will be kept confidential. You can remain anonymous by calling the hotline numbers or through the U.S. mail.

FRAUD, WASTE AND ABUSE