

## **Pharmacy Prior Authorization Provider Education**

McLaren Health Plan is dedicated to meeting the health care needs of each of our members. There are some health-related services and procedures that require prior authorizations. McLaren Health Plan is committed to making a determination on prior authorization requests within 24 hours.

However, several authorization requests submitted for review recently have included little to no documentation, leading to denials. Lack of information often results in an appeal, ultimately requiring providers to submit clinically relevant documentation for review. In most cases, when all relevant documentation is submitted with the original prior authorization request, an approval is granted.

There are a few things you can do to help us make clinically appropriate determinations without delay.

When preparing requests for prior authorizations, please remember to submit all relevant clinical documentation with the request.

Prior authorizations for anti-obesity agents are on the rise, and there are a few important things to note when submitting a prior authorization for these medications:

1. Please submit the patient's current BMI with date.
2. Please submit documentation OR a detailed attestation of the patient's current caloric reduction/exercise program or behavioral modification program.
3. For renewal requests, please include the patient's weight at baseline and current weight.

Be sure to review our pharmacy benefit prior authorization criteria and electronic prior authorization details by following the link below. For questions regarding prior authorizations for the pharmacy benefit, please call Customer Service at (888) 327-0671, TTY: 711.

Thank you for caring for our members!

<https://www.mclarenhealthplan.org/mclaren-health-plan/pharmacy-mhp-providers>

## **Fee Schedule Update**

McLaren Health Plan Community and McLaren Health Advantage are reviewing and adjusting the commercial fee schedule throughout 2023. The fee schedule adjustments only impact McLaren Health Plan Commercial and PPO lines of business. The first fee schedule updates will be put into place in September 2023. If you have any questions about the fee schedule update, please contact your Provider Relations Representative at (888) 327-0671.

## **InterQual Transparency Project**

All providers servicing our Commercial and Individual lines of business can now access and view InterQual medical necessity criteria on the Provider Portal.

Please register with this link: <https://customerconnection.changehealthcare.com/>

Change Healthcare enables users to manage support cases from one place with an easy-to-use online tool.

## **Better Doctor Attestation Request**

McLaren Health Plan has recently partnered with Better Doctor in order to assist the plan and its providers to ensure our directory information is accurate. Providers and offices have begun receiving communication asking to have a representative visit [verify.betterdoctor.com](https://verify.betterdoctor.com) to verify the information currently in our systems for the practice. This process is very simple and is also a necessary requirement for remaining in network with McLaren Health Plan. Please be sure to visit the link and verify the practice's location using the access code provided.

These requests will be sent out every 90 days to ensure that information is as current as possible.