Provider Network Update

MAY 2019

REMINDER: FRONT-END CLAIM REJECTIONS

Claims submitted to McLaren Health Plan (MHP) electronically ***will receive a front-end rejection*** for the following reasons:

- **Accurate Member Identification**: *ALL claims must contain accurate member information* (member name, member/subscriber ID and gender) or ***the claim will deny.*** Verification of your assigned membership can be done on the McLaren CONNECT Provider Portal.

- **Correct Billing Provider Information:** Claims must contain valid billing NPI and rendering Provider NPI, as assigned by CMS. The tax ID number is not acceptable in lieu of this field. This must be included as the "Billing Provider Secondary Identifier." The billing address cannot contain a P.O. Box or department number for electronic claims, as specified by 5010 billing requirements.

In addition, corrected, replacement or voided claims submitted to MHP electronically or by paper submission will reject for the following reasons:

- Missing a valid member ID or the billing Provider tax ID that matches the original claim
- Missing a valid, original claim number to indicate that the claim is a corrected, replacement or voided claim

MHP does not accept handwritten notes as indicators of a corrected claim.
All resubmitted claims must contain a resubmission or frequency code to indicate that the claim is a corrected, replacement or voided claim.

To avoid unnecessary claim rejections be sure to follow the Standard Billing Requirements listed below and refer to MHP Provider Manual at McLarenHealthPlan.org

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REMINDER: STANDARD BILLING REQUIREMENTS

Ensure required billing requirements are followed to prevent claim denial.

MHP encourages ***all claims submission be done electronically***, including coordination of billing claims.

G-3245 Beecher Road, Flint, MI 48532 • (888) 327-0671 • (833) 540-8648 Fax
McLarenHealthPlan.org

MHP Payer IDs for electronic claims are:

McLaren Medicaid / Healthy Michigan Plan – 3833C
McLaren Community - Commercial HMO/POS –38338
McLaren Health Advantage – 3833A
McLaren Medicare Supplement – 3833S

If you must submit a paper claim, all paper claims are to be mailed to:

McLaren Health Plan
P.O. Box 1511
Flint, MI 48501-1511

Handwritten claims will not be accepted. Paper claims must be typed on the current form version as designated by the CMS and the National Uniform Claim Committee (NUCC). If you are submitting paper claims, you need to contact your Network Development Coordinator for assistance with transitioning to electronic claims submission.

All claims must be submitted and received by MHP ***no later than one (1) year from the date of service*** to be eligible for reimbursement. Claims received exceeding this filing limit may be denied.

Use a CMS 1500 Form for:	Use a UB-04 Form for:
Professional services provided by physicians, behavioral health providers, DME providers, laboratories, ambulances, etc.	Services provided by hospitals (inpatient/outpatient), ambulatory surgery centers, hospices, home health care companies, skilled nursing facilities and dialysis facilities.

Important Information:

- Industry standard HCPCS, CPT, Revenue and ICD codes must be used.
- Prenatal visits may be billed using the global code, but prenatal individual dates **MUST** be listed on the claim form.
- DME claims must have appropriate modifiers listed (refer to HCPC's reference book).
- Anesthesia is to be billed listing the total number of minutes. **DO NOT** include base units. Example: total anesthesia time is two (2) hours, units would equal 120 (minutes). Total time in minutes should be provided in box 24G, in the unshaded area. The procedure base units will be added to the total number of units by MHP. See Reference Guide "D" for more information on anesthesia billing.
- DO NOT include the MHP Provider Identification Number (PIN) on claims.
- Hospital based clinics/providers will be reimbursed for professional services. See Reference Guide "E" for more information on hospital based billing.

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For additional billing information, access the Provider Manual at McLarenHealthPlan.org. If you have any questions, please contact Customer Service at (888) 327-0671 (TTY: 711).

MCLAREN CONNECT- PROVIDER PORTAL

Do you have access to McLaren CONNECT?

The Provider Portal enables you to:

- Verify member eligibility
- View & print member eligibility rosters
- View member demographic information
- View member claims and print EOPs
- View & print member benefit information
- Directly contact the MHP Provider Team

Registering is easy! Go to McLarenHealthPlan.org/McLarenCONNECT, click Provider Portal and provide your provider contact information. If you have a question please, contact Customer Service at (888) 327-0671 (TTY: 711).

EFFECTIVE 8/1/19: MEMBER ELIGIBILITY ROSTERS WILL NO LONGER BE MAILED

Member Eligibility Rosters are currently available for you to view and print through McLaren CONNECT provider portal. Effective August 1, 2019, Member Eligibility Rosters will ***no longer be mailed*** to Provider offices. Having the Member Rosters available online allows you access to an up to date member roster, while eliminating the delay of printing and sending mid-month.