



HEALTH PLAN

Dear Member, Parent, or Guardian:

McLaren Health Plan has a specially trained and dedicated staff to assist our Children's Special Health Care Services (CSHCS) members. Contact our Customer Service Department at 1-888-327-0671 for assistance with:

- Information about your health plan or benefits
- Assistance obtaining prior authorizations for a service or supplies
- Questions about transportation
- Question about filing a grievance or appeal
- Help with transitioning to adulthood starting at age 14 and continuing into young adulthood
- To speak with your nurse

Most of this information is also available on our website.

Referral and prior authorization information, including a listing of services or supplies that need authorization is located on our website here:
<https://www.mclarenhealthplan.org/mclaren-health-plan/referral-guidelines-mhp1>.

Non-emergency Transportation Services

McLaren Health Plan covers transportation for medical, dental, and behavioral health treatment and services that are covered by the plan. Mileage reimbursement is also covered.

- Scheduling Medical Transportation: ModivCare 855-251-7100 or download the ModivCare app.
- Mileage Reimbursement: ModivCare 855-251-7100
 - Members should call ModivCare at 855-251-7100 and report the driver and their trip details to obtain a trip number for their ModivCare Trip Log, aka Mileage Reimbursement form.
 - Once the Trip number is obtained, it needs to be logged on the ModivCare Trip Log (ModivCare link below).
 - After the Mileage Reimbursement form is completed by the member & signed by their provider, it needs to be submitted to one of the following:
 - By Mail: ModivCare Billing, 798 Park Avenue NW, Norton, VA 24273
 - By Fax: 866-528-0462
 - By Email: virginia.billingoperations@modivcare.com

McLaren Health Plan
G-3245 Beecher Road
Flint, MI 48532
888-327-0671



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ModivCare Trip Log Form & Trip Log Instructions are here:

<https://www.modivcare.com/facilities/mi/>

Grievances and Appeals

We want you and your family to be happy with the services you receive from McLaren Health Plan and our providers. If you are unhappy, you can file a grievance. You can file a grievance any time you are unhappy.

An appeal is a way for you to ask for a review of our actions. If we decide that a service or item cannot be approved, or if a previously received service or item is being reduced or stopped, you will get an Adverse Benefit Determination letter from us. You may appeal that decision, but you must do so within 60 calendar days of the date on the letter.

You can file your grievance or appeal by phone, fax, email, or mail:

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

Fax: 810-600-7984

Email: MHPappeals@mclaren.org

Mail: McLaren Health Plan

Attn: Member Appeals

G-3245 Beecher Rd

Flint, MI 48532

We will review your grievance and provide you with a resolution within 30 calendar days from when you submit it.

We will review your appeal and provide you with a resolution within 30 days from when you submit it. If you or your provider believes the standard 30 calendar day timeframe will seriously jeopardize your life, health, or ability to regain the most function due to your situation, you can ask for an expedited appeal. If we accept your expedited appeal, we will review your appeal and provide you with a resolution within 72 hours by phone. If the expedited appeal does not meet criteria noted above, it will be handled within the standard 30 calendar days.