

COMPLETION OF ANNUAL HEALTH RISK ASSESSMENTS DURING COVID-19 PANDEMIC

McLaren Health Plan (MHP) is offering the opportunity for PCPs to complete and attest to HRAs for their assigned Healthy Michigan Plan (HMP) members telephonically or during in-office visits. PCPs who submit a complete, attested HRA may bill a claim to MHP with CPT code 96160 to receive a \$50 incentive.

Your office should have received your HMP member lists of your assigned patients who are in need of a initial or annual HRA. If you need a new list, please send a request to MHPoutreach@mclaren.org. Please send the following information with your request:

- HMP member HRA report
- Provider NPI
- Provider name and address
- Name of person submitting request

PCP attested HRAs can be completed in the following ways:

Submit form by fax or via CHAMPS:

Fax: 517-763-0200

CHAMPS: The HRA form can be submitted and viewed in the CHAMPS system via the HRA questionnaire web page

The MDHHS *Completing the HRA within CHAMPS* guide is **available on our website at McLarenHealthPlan.org under Provider Information.**

Submit to MHP by:

Fax: 833-540-8648

Email: customerservice@mclaren.org

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

A copy of a fillable PDF version of the HRA is included with this update which you can send to MHP at the above email address. This form can also be found on the HMP page of MHP's website at McLarenHealthPlan.org

To assist our PCP offices with completion of HMP HRAs, **effective June 1, 2020**, MDHHS will begin allowing MHP staff to complete and attest to the HMP HRA. This is a limited time exception due to the COVID-19 pandemic.

MHP has developed an HRA workgroup to oversee this initiative.

- ✓ Staff will outreach to all HMP beneficiaries, using secure telephonic or telehealth options to complete the HRAs.
- ✓ Staff are trained to assist members with completing the HRA and clinical staff will follow-up with members should a serious and/or time-sensitive health issue be disclosed.
- ✓ MHP staff will submit the HRA data to MDHHS within seven days of completion.

HRA results will be available for PCPs in CHAMPS. Members can access their completed HRA through the *My Health* button on the MIBridges portal.

If you have any questions, please contact Customer Service at 888-327-0671 (TTY: 711).



NEW PRODUCT: MCLAREN DIRECTCARE WITH ROUNDSTONE

McLaren DirectCare with Roundstone is a new TPA product being offered to employer groups. It's similar to our commercial product, mirroring the same service area and fee schedule but with a separate provider directory to come. Providers may begin to see membership starting July 2020.

When submitting electronic claims for McLaren DirectCare with Roundstone members, please use **Payer ID 3833T**. Refer to the provider manual on our website for detailed instructions for submitting electronic claims.

		Toll-free Phone 888-327-0671 McLarenHealthPlan.org																
Subscriber Name	Contract Number	Group	Plan															
JOHN DOE	0000000	000000	DirectCare															
PERSON CODE FOR RX BILLING 00 JOHN DOE																		
<table border="1"> <thead> <tr> <th>Copays</th> <th>In Network</th> <th>Out of Network</th> </tr> </thead> <tbody> <tr> <td>PCP Copay:</td> <td>\$25</td> <td>30%</td> </tr> <tr> <td>Specialist Copay:</td> <td>\$40</td> <td>40%</td> </tr> <tr> <td>Urgent Care Copay:</td> <td>\$35</td> <td>\$35</td> </tr> <tr> <td>Emergency Room Copay:</td> <td>\$100</td> <td>\$100</td> </tr> </tbody> </table>		Copays	In Network	Out of Network	PCP Copay:	\$25	30%	Specialist Copay:	\$40	40%	Urgent Care Copay:	\$35	\$35	Emergency Room Copay:	\$100	\$100		
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Provider Information McLaren DirectCare Customer Service 888-327-0671	
Eligibility and Benefits For verification of eligibility and benefits, visit our Provider Portal, McLaren CONNECT at McLarenHealthPlan.org	Pharmacy Billing Information: MedImpact RxBIN: 003585 RxPCN: ASPRODI RxGRP: XXXXX Pharmacy Help Desk: 888-274-9689
Hospital Admission Authorization Emergency Hospital admissions must be reported within 24 hours and require concurrent review. All other Hospital admissions require Authorization and concurrent review. Failure to follow these requirements may reduce or negate benefits. Call 888-327-0671 to seek authorization for hospital services.	Person Code Billing Required Claims Submission McLaren DirectCare utilizes ENS Optum Insight as our EDI Vendor. Payer ID for electronic claims is: McLaren DirectCare (Commercial TPA): 3833T Secondary claims can also be submitted electronically.
Preferred Laboratory Network JVHL is the preferred laboratory network for McLaren Health Plan Community. To locate a participating JVHL lab, please call Customer Service at 888-327-0671.	
Members: for assistance in locating a provider for Urgent and Emergency Care, visit our website at McLarenHealthPlan.org	
Issue date xx/xx/xxxx	

2019 PAY FOR PERFORMANCE PAYOUT

MHP is in the final stages of analyzing the claims data for Pay for Performance (P4P) incentive 2019 payout for eligible providers. We anticipate payout to providers who meet all of the program requirements will be made by the end of June 2020 and mailed to your office or to your PO/PHO group, if applicable.

If you have any questions, please contact your Network Development Coordinator at 888-327-0671.

REMINDER: THE CLAIMS EDITING SYSTEM GO-LIVE

The anticipated go-live date for the Claims Editing System (CES) is **June 15, 2020**. If unforeseen technological issues are encountered, CES will be implemented no later than June 30, 2020.

If you have any questions, please contact Customer Service at 888-327-0671.



INSTRUCTIONS

The Healthy Michigan Plan is very interested in helping you get healthy and stay healthy. We want to ask you a few questions about your current health. Your doctor and your health plan will use this information to better meet your health needs. The information you provide in this form is personal health information protected by federal and state law and will be kept confidential. It CANNOT be used to deny health care coverage.

We also encourage you to see your doctor for a check-up as soon as possible after you enroll with a health plan, and at least once a year after that. An annual check-up appointment is a covered benefit of the Healthy Michigan Plan. Contact your health plan if you need transportation assistance to get to and from this appointment.

If you need assistance with completing this form, contact your health plan. You can also call the Beneficiary Help Line at 1-800-642-3195 or TTY 1-866-501-5656 if you have questions.

You can also learn more at this website: www.healthymichiganplan.org.

Instructions for completing this Health Risk Assessment for Healthy Michigan Plan:

- Answer the questions in sections 1-3 as best you can. You are not required to answer all of the questions.
- Call your doctor's office to schedule an annual check-up appointment. Take this form with you to your appointment.
- Your doctor or other primary care provider will complete section 4. He or she will send your results to your health plan.
- Don't forget to complete a new health risk assessment each year.

After your appointment, keep a copy or printout of this form that has your doctor's signature on it. This is your record that you completed your annual Health Risk Assessment.

For questions and/or problems, or help to translate, call the Beneficiary Help Line at 1-800-642-3195 or TTY 1-866-501-5656.

Spanish: Si necesita ayuda para traducir o entender este texto, por favor llame al telefono, 1-800-642-3195 or TTY 1-866-501-5656

Arabic: TTY 1-866-501-5656

إذا كان لديكم أي سؤال، يرجى الإتصال بخط المساعدة على الرقم المجاني ١-٨٠٠-٦٤٢-٣١٩٥

First Name, Middle Name, Last Name, and Suffix				Date of Birth (mm/dd/yyyy)	
Mailing Address			Apartment or Lot Number	mihealth Card Number	
City		State	Zip Code	Phone Number	Other Phone Number

SECTION 1 - Initial assessment questions (check one for each question)


1. In general, how would you rate your health? Excellent Very Good Good Fair Poor

2. Has a doctor told you that you have hearing loss or are deaf? Yes No

3. (For women only) Are you currently pregnant? Yes No Not applicable (men only)


4. In the last 7 days, how often did you exercise for at least 20 minutes in a day?

Every day 3-6 days 1-2 days 0 days


 Exercise includes walking, housekeeping, jogging, weights, a sport or playing with your kids. It can be done on the job, around the house, just for fun or as a work-out.

5. In the last 7 days, how often did you eat 3 or more servings of fruits or vegetables in a day?

Every day 3-6 days 1-2 days 0 days

 Each time you ate a fruit or vegetable counts as one serving. It can be fresh, frozen, canned, cooked or mixed with other foods.

6. In the last 7 days, how often did you have (5 or more for men, 4 or more for women) alcoholic drinks at one time? Never Once a week 2-3 times a week More than 3 times during the week

 1 drink is 1 beer, 1 glass of wine, or 1 shot.

7. In the last 30 days have you smoked or used tobacco? Yes No

If YES, Do you want to quit smoking or using tobacco?

Yes I am working on quitting or cutting back right now No

8. How often is stress a problem for you in handling everyday things such as your health, money, work, or relationships with family and friends?

Almost every day Sometimes Rarely Never

First Name, Middle Name, Last Name, and Suffix

mihealth Card Number

9. Do you use drugs or medications (other than exactly as prescribed for you) which affect your mood or help you to relax? Almost every day Sometimes Rarely Never



This includes illegal or street drugs and medications from a doctor or drug store if you are taking them differently than exactly how your doctor told you to take them.

10. Have you had a flu shot in the last year? Yes No

11. How long has it been since you last visited a dentist or dental clinic for any reason?

Never Within the last year Between 1-2 years Between 3-5 years More than 5 years

12. Do you have access to transportation for medical appointments?

Yes No Sometimes, but it is not reliable



Transportation could be your own car, a friend who drives you, a bus pass, or taxi. Your health plan can help you with a ride to and from medical appointments.

13. Do you need help with food, clothing, utilities, or housing? Yes No



This could be trouble paying your heating bill, no working refrigerator, or no permanent place to live.

14. A checkup is a visit to a doctor's office that is NOT for a specific problem. How long has it been since your last checkup? Within the last year Between 1-3 years More than 3 years

SECTION 2 - Annual appointment

A routine checkup is an important part of taking care of your health. An annual check-up appointment is a covered benefit of the Healthy Michigan Plan and your health plan can help you with a ride to and from this appointment.

Date of appointment:

_____ (mm/dd/yyyy)

At my appointment, I would most like to talk with my doctor about:

An annual appointment gives you a chance to talk to your doctor and ask any questions you may have about your health including questions about medications or tests you might need.

Take this form to your check-up and complete the rest of the form with your doctor at this appointment.

First Name, Middle Name, Last Name, and Suffix	mihealth Card Number
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Section 3 - Readiness to change

Your Healthy Behavior

Small everyday changes can have a big impact on your health. Think about the changes you would be most interested in making over the next year. It is also important to get any health screenings recommended by your doctor.

Now that you have thought about your healthy behavior, answer questions 1 - 3. For each question, use the scale provided and pick a number from 0 through 5.

- | | | | | | | | |
|--|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--|
| <p>1. Thinking about your healthy behavior, do you want to make some small lifestyle changes in this area to improve your health?</p> | <input type="checkbox"/>
0 | <input type="checkbox"/>
1 | <input type="checkbox"/>
2 | <input type="checkbox"/>
3 | <input type="checkbox"/>
4 | <input type="checkbox"/>
5 | <p>I don't want to make changes now</p> <p>I want to learn more about changes I can make</p> <p>Yes, I know the changes I want to start making</p> |
| <p>2. How much support do you think you would get from family or friends if they knew you were trying to make some changes?</p> | <input type="checkbox"/>
0 | <input type="checkbox"/>
1 | <input type="checkbox"/>
2 | <input type="checkbox"/>
3 | <input type="checkbox"/>
4 | <input type="checkbox"/>
5 | <p>I don't think family or friends would help me</p> <p>I think I have some support</p> <p>Yes, I think family or friends would help me</p> |
| <p>3. How much support would you like from your doctor or your health plan to make these changes?</p> | <input type="checkbox"/>
0 | <input type="checkbox"/>
1 | <input type="checkbox"/>
2 | <input type="checkbox"/>
3 | <input type="checkbox"/>
4 | <input type="checkbox"/>
5 | <p>I do not want to be contacted</p> <p>I want to learn more about programs that can help me</p> <p>Yes, I am interested in signing up for programs that can help me</p> |

Section 4 – To be completed by your primary care provider

Primary care providers should fill out this form for Healthy Michigan Plan beneficiaries enrolled in Managed Care Plans only. Fill in the “Healthy Behaviors Goals Progress” question and select a “Healthy Behavior Goals” statement in discussion with your patient. Sign the Primary Care Provider Attestation, including the date of the appointment. Both parts of Section 4 must be filled in for the attestation to be considered complete.

Healthy Behaviors Goals Progress

Did the patient maintain or achieve/make significant progress towards their selected health behavior goal(s) over the last year?

- Not applicable – this is the first known Healthy Michigan Plan Health Risk Assessment for this patient.
- Yes
- No
- Patient had a serious medical, behavioral, or social condition or conditions which precluded addressing unhealthy behaviors.

First Name, Middle Name, Last Name, and Suffix	mihealth Card Number
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Healthy Behavior Goals

Choose one of the following for the next year:

- 1. Patient does not have health risk behaviors that need to be addressed at this time.
- 2. Patient has identified at least one behavior to address over the next year to improve their health (choose one or more below):

<input type="checkbox"/> Increase physical activity, learn more about nutrition and improve diet, and/or weight loss	<input type="checkbox"/> Reduce/quit alcohol consumption
<input type="checkbox"/> Reduce/quit tobacco use	<input type="checkbox"/> Treatment for substance use disorder
<input type="checkbox"/> Annual influenza vaccine	<input type="checkbox"/> Dental visit
<input type="checkbox"/> Follow-up appointment for screening or management (if necessary) of hypertension, cholesterol and/or diabetes	<input type="checkbox"/> Follow-up appointment for maternity care/reproductive health
<input type="checkbox"/> Follow-up appointment for recommended cancer or other preventative screening(s)	<input type="checkbox"/> Follow-up appointment for mental health/behavioral health
<input type="checkbox"/> Other: explain _____	
- 3. Patient has a serious medical, behavioral or social condition(s) which precludes addressing unhealthy behaviors at this time.
- 4. Unhealthy behaviors have been identified, patient's readiness to change has been assessed, and patient is not ready to make changes at this time.
- 5. Patient has committed to maintain their previously achieved Healthy Behavior Goal(s).

Primary Care Provider Attestation

I certify that I have examined the patient named above and the information is complete and accurate to the best of my knowledge. I have provided a copy of this Health Risk Assessment to the member listed above.

Provider Last Name	Provider First Name	National Provider Identifier (NPI)
Provider Telephone Number		Date of Appointment
Signature		Date

Submit form by fax or via CHAMPS:

Fax to: 517-763-0200

CHAMPS: The Health Risk Assessment form can be submitted and viewed in the CHAMPS system via the Health Risk Assessment Questionnaire Web Page.

OR submit form to McLaren Health Plan by:

Fax: (833) 540-8648 **Email:** customerservice@mclaren.org **Mail:** McLaren Health Plan, P.O. Box 1511, Flint, MI 48501

The Michigan Department of Health and Human Services does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs, or disability.

AUTHORITY: MCL 400.105(d)(1)(e)

COMPLETION: Is voluntary, but required for participation in certain Healthy Michigan Plan programs.