



Hospital Network Update August 2024

UPDATE: Hospital Inpatient Clinical Claim Review & Payment Analytics

Effective 11/1/2024, McLaren Health Plan has retained Health Management Systems, Inc. (HMS), a Gainwell Technologies company to conduct periodic reviews of inpatient hospital claims paid by McLaren Health Plan for health care services to ensure the integrity of the paid claims, including coding validation, payment accuracy, compliance with regulations, policies, and contractual requirements. These reviews apply to the McLaren Health Plan Medicaid and McLaren Medicare Advantage lines of business. More information on working with HMS is included with the [Powerpoint](#) attached to this communication.

REMINDER: Outpatient Hospital APC Review

VARIS will continue to perform reviews for the McLaren Health Plan Medicaid line of business for outpatient claims as it relates to APCs and coding accuracy.

REMINDER: Hospital Pre-Authorization Requirements

As we continue to navigate the impact to our operations due to the disruption to our technology and information systems, we are continuing to make progress restoring our systems and services. As a reminder from the notice posted on 8/15/2024, effective for DOS beginning 8/16/2024 and after, all inpatient hospital, NICU, LTAC, inpatient rehab, and SNF stay authorization requirements have been reinstated. Continue to fax clinical documentation to 855-377-3653. For Hospital stays, greater than 48 hours, you may fax authorization requests and clinical documentation to 855-377-3653. All hospital inpatient stays for McLaren Health Plan Medicaid members less than 48 hours are considered observation. Hospital observation stays do not require prior authorization or submission of clinical documentation. The time period for the temporary waiver of authorizations for all lines of business for inpatient hospital, NICU, LTAC, inpatient rehab, and SNF stays was only for DOS 8/3/2024 – 8/15/2024.

Outpatient authorization requirements are still in place. Outpatient authorization requests may be faxed to 855-377-3653. Providers will be notified verbally of auth decisions by Medical Management staff. We reserve the right to retrospectively review cases for medical necessity. If you have any questions, please contact Customer Service at 888-327-0671.

If you have any questions, please contact your Provider Relations Representative at (888) 327-0761 (TTY: 711) for assistance.

McLaren Health Plan thanks you for the quality care you deliver!