

## **IMPORTANT INFORMATION**

### **CLAIMS EDITING SYSTEM GO-LIVE**

The anticipated go-live date for the Claims Editing System (CES) is **4/15/2020**. If unforeseen technological issues are encountered, CES will be implemented no later than 6/01/2020.

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

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### **HEALTHY MICHIGAN PLAN WORK REQUIREMENT BLOCKED**

On 3/04/20, MDHHS announced a federal judge in Washington, D.C. issued a judgment blocking Michigan from enforcing work requirements for its Healthy Michigan Plan members. This ruling means Michigan cannot enforce the work requirements which went into effect Jan. 1, 2020.

A lawsuit filed late last year by a coalition of state and national health care advocates sought to stop the state from implementing the new requirements by arguing the federal approval for the state to implement them was invalid. McLaren Health Plan Healthy Michigan Plan members have been notified of the change.

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### **AUTHORIZATIONS ACCESSIBLE ON THE PROVIDER PORTAL**

The McLaren Health Plan provider portal, McLaren CONNECT, now includes member authorizations. The authorization enhancement enables provider offices to view the authorization determination status (approved, denied, in process) as well as the authorization detail.

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

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### **CLAIM RECOVERIES DUE TO ALTERNATIVE APPROPRIATE PAYERS**

McLaren Health Plan, along with all other managed care plans, is required by Medicaid to recover payments when another payer is responsible for payment of a member's services, either in whole or in part. Medicaid is the payer of last resort.

McLaren Health Plan is currently reviewing data provided by MDHHS and will be recovering paid claims where appropriate. A vendor will be used to assist in identifying other appropriate payers. Claims that were paid in error will be recovered in one of two ways:

1. If our vendor identifies a claim that should have been paid by another payer, our vendor will recover from the appropriate payer. There will not be a take-back directly from you; however, you may receive an EOP from McLaren Health Plan to show the encounter(s) have been adjusted. This is to ensure the encounters we report to MDHHS are accurate.
2. If McLaren Health Plan identifies a recovery, you will receive a denial of the claim, followed by an EOP that indicates the encounter(s) were adjusted because it should have been covered by another payer. You will then need to bill the appropriate payer in order to be reimbursed.

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