Partners In Health

2024 | Quarter 2

McLaren HEALTH PLAN

INDIVIDUAL
MEDICAID
MEDICARE

"Partners in Health" is the newsletter for McLaren Health Plan physicians, office staff and ancillary providers. It is published twice per year by McLaren Health Plan Inc., who is referred to as "MHP" throughout this newsletter.

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CONTACT US

General Information About MHP's Departments and Services

Customer Service

Phone: 888-327-0671 (TTY: 711)
Fax: 833-540-8648

Customer Service is responsible for assisting physicians, office staff, providers and members with questions. Representatives are available Monday through Friday from 9 a.m. to 6 p.m. Call if you have questions about:

- Transportation for MHP Medicaid and Healthy Michigan plan members
- Referrals
- Claims

MHP has **FREE** interpretation and translation services for members in any setting – ambulatory, outpatient, inpatient, office, etc. If your MHP patients needs help understanding written materials or need interpretation services in their preferred language, call Customer Service at the number above.

McLaren CONNECT

If you have not yet registered for access to our McLaren CONNECT, provider portal, click: https://www.mclarenhealthplan.org/mhp/mclaren-connect.aspx.

McLaren CONNECT replaces the Health Edge portal and FACTSWeb. McLaren CONNECT is a secure web-based system for all MHP lines of business that **allows you to:**

- Verify member eligibility
- View member claims and EOPs
- View and print member eligibility rosters*
- View and print member benefit information
- View a member's demographic information
- Contact the MHP provider team

Your provider TIN and NPI are required for the login process. Logins require your user name and password each time, for your security.

*Member eligibility rosters are no longer mailed to primary care offices. Using McLaren CONNECT provides access to an up-to-date roster while eliminating the delay of sending a printed roster mid-month.

McLarenHealthPlan.org

MHP's website contains information about the plan's policies, procedures and general operations. You'll find information about quality programs, preauthorization processes, health management programs, clinical and preventive practice guidelines, pharmaceutical management procedures, the pharmacy formulary, member rights and responsibilities, the provider appeal process and provider newsletters. Visit often for the most up-to-date news and information. If you would like a printed copy of anything on our website, please call Customer Service.

Interpretation and translation services are FREE to MHP members in any setting — ambulatory, outpatient, inpatient, etc. Oral interpretation services are available for people who are deaf, hard of hearing or have speech problems. If McLaren Health Plan members need help understanding MHP's written materials or need interpretation services, call 888-327-0671 (TTY: 711)

GetHelp.McLaren.org

Do you have patients who need help with food, education, housing, jobs or other 'quality of life' situations? McLaren Health Plan offers an online program to assist members who need community-based services. Simply put in a ZIP code and categories are listed with programs and services by location. There are thousands of resources to choose from, such as advocacy and legal aid; how to help pay for school; adoption and foster care services; tax preparation; mental health care; housing assistance; skills and training to enter or re-enter the workforce, among much more! Let your patients know about www.gethelp.mclaren.org.

Provider Relations

Phone: 888-327-0671 (TTY: 711)
Fax: 810-600-7979

The Provider Relations team is responsible for physician and provider-related issues and requests, including contracting.

Provider relations representatives are assigned to physician or provider practices by county. Their services include:

- Orientations for you or your office staff to learn about MHP – how to submit claims, obtaining member eligibility or claims statuses through the MHP CONNECT provider portal
- Reviewing provider incentives, quality initiatives and program updates

If you have changes to your practice such as a new federal tax identification number, a payment address change or a name change, a new W-9 is required.

Current participating Primary Care Physicians who wish to open their practices to new MHP patients can do so at any time. Simply submit your request in writing, on office

letterhead, to your Provider Relations representative, requesting to open your practice to new MHP members and your representative will make the change.

Other changes, such as hospital staff privileges, office hours or services, address or phone number or on-call coverage, please contact your Provider Relations representative Notification at least 30 days prior to any change is requested to allow time to make system changes.

If you are uncertain of who to contact, call us for the name of your representative.

Provider Relations Representative Territory POD Assignments

ORANGE POD
REP II Stephanie Anderson
Work Cell: 231-342-2012
Stephanie.Anderson2@mclaren.org

REP I Bev Hude (light orange)
Work Cell: 517-803-7509
Beverly.Hude@mclaren.org

REP I Kylie Weidenhammer (dark orange)
Work Cell: 810-845-4782
Kylie.Weidenhammer1@mclaren.org

BLUE POD
REP II Aimee Arseneault
Work Cell: 810-931-1948
Aimee.Arseneault@mclaren.org

REP I Darrian Colborne (light blue)
Work Cell: 248-804-7871
Darrian.Colborne@mclaren.org

REP I Jessica Kline (dark blue)
Work Cell: **810-493-1044**
Jessica.Kline@mclaren.org

GREEN POD
REP II Ken Axtell
Work Cell: 517-490-2626
Ken.Axtell@mclaren.org

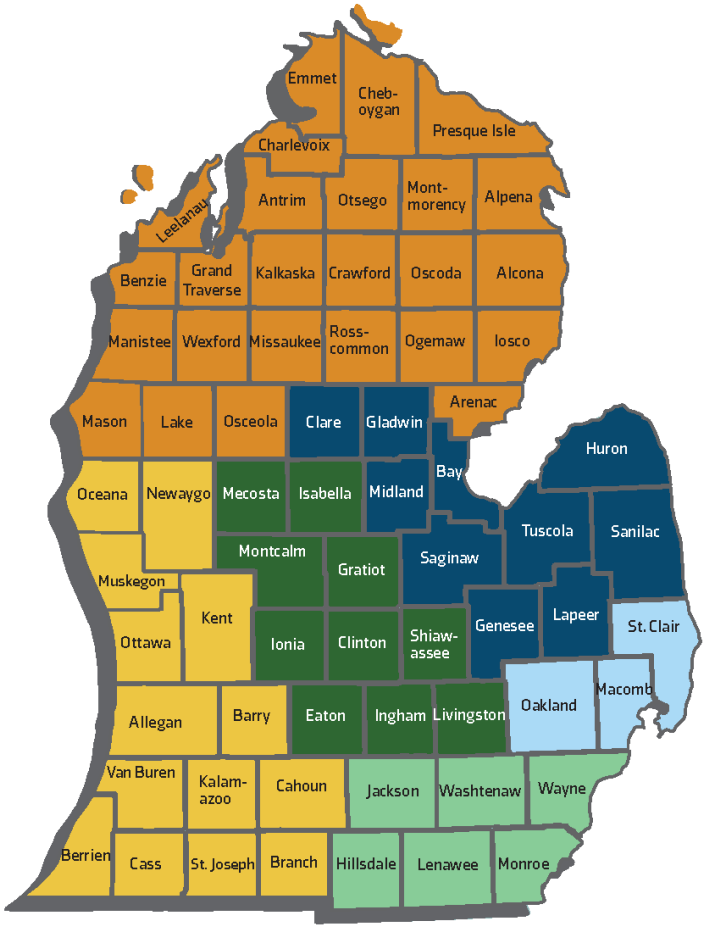
REP I Dawn Dunn (light green)
Work Cell: 810-701-2182
Dawn.Dunn@mclaren.org

REP I Shantell Moore (dark green)
Work Cell: 517-512-5465
Shantell.moore@mclaren.org

PROVIDER RELATIONS

Phone: 888-327-0671
Fax: 810-600-7979

Visit the McLaren CONNECT provider portal at mclarenhealthplan.org to view your claim status and verify member eligibility.



Outreach Team

Phone: 888-327-0671 (TTY: 711)
Fax: 810-600-7985

The MHP Outreach team is available to assist your office with scheduling your MHP commercial and Medicaid patients for preventive care visits and ancillary tests. The Outreach Team can come to your office during the HEDIS® measurement year to provide chart review to assist in closing gaps in care.

Using Gaps in Care reports provided by MHP or by your office, the team can assist your staff by contacting and scheduling patients for these important visits.

By working together, we strive to achieve:

- Increased incentive payments
- Better patient outcomes when preventive services are provided
- Improved relationships among you, your patients and MHP

The MHP Outreach team is trained in several electronic scheduling systems and can assist with in-office or off-site scheduling. During patient contacts, the Outreach team can assist your patients by:

- Discussing the importance of preventive care services
- Determining barriers to care and assisting with barriers, such as transportation

Call us and ask to speak to an Outreach representative if you are interested in working with the Outreach team. If you have medical records you want to send to the Outreach Team for gap closure, fax directly to 810-600-7985 or email MHPQuality@mclaren.org.

Medical Management

Phone: 888-327-0671 (TTY: 711)
Fax: 810-600-7959

Medical Management supports the needs of both MHP providers and members. Medical Management coordinates members' care and facilitates access to appropriate services through the resources of nurse case managers.

Through case management services, nurses promote the health management of MHP members by focusing on early assessment for chronic disease and special needs and by providing education regarding preventive services. Nurses also assist the physician and provider network with health care delivery to MHP members. Nurses are available 24 hours a day, seven days a week and work under the direction of MHP's Chief Medical Officer.

Call the Medical Management team for information and support with situations about:

- Preauthorization requests
- Inpatient hospital care (elective, urgent and emergent)
- Medically necessary determinations of any care, including the criteria used in decision-making
- Case management services
- Complex case management for members who qualify
- Disease management – diabetes, asthma, maternity care
- Preventive health education and community outreach support
- Children's Special Health Care Services (CSHCS)

Through its utilization management process, Medical Management is structured to deliver fair, impartial and consistent decisions that affect the health care of MHP members. Medical Management coordinates covered services and assists members, physicians and providers to ensure that appropriate care is received. Nationally recognized, evidence-based criteria is used when determining the necessity of medical or behavioral health services. The criteria are available to you upon request by calling the Medical Management team.

If there is a utilization denial, the member and physician will be provided with written notification – which will include the specific reason for the denial – as well as all appeal rights. MHP's Chief Medical Officer, or an appropriate practitioner, will be available by telephone to discuss utilization issues and the criteria used to make the decision.

Utilization decision making is based solely on appropriateness of care and service and existence of coverage. MHP does not specifically reward practitioners or other individuals for issuing denials of coverage, service or care. There are no financial incentives for utilization decision-makers to encourage decisions which would result in under-utilization.

Case Management

Phone: 888-327-0671 (TTY: 711)
Fax: 810-600-7965

Case management is offered to all MHP members. A case management nurse is assigned to each primary care office to assist you with managing your MHP members. The MHP nurses help manage medical situations and are a resource for identified issues. This enables a circle of communication that promotes continuity of care, the member's understanding of his or her health care, support for the primary care physician and promotes the PCP office as the medical home.

MHP members are referred for case management services by physicians who identify at-risk patients. Complete a **Referral to Case Management form** found here. When MHP receives the form, a nurse begins an assessment of the member and identifies a proactive approach to managing the totality of the member's health care needs. The program focuses on preventive health management, disease management, general and complex case management and Children's Special Health Care Services (CSHCS) case management.

Program goals are:

- **Empower** members to understand and manage their condition
- **Support** your treatment plan
- **Encourage** patient compliance

Preventive health management helps by:

- Informing members of preventive testing and good health practices
- Mailing reminders to members about immunizations, well-child visits and lead screenings
- Highlighting ways to stay healthy and fit in member newsletters
- Identifying members who are due for annual checkups and screenings and notifying PCPs of these patients
- Initiating call programs to assist members with scheduling annual checkups and screenings

If you do not know who your case management nurse is, please call Customer Service at 888-327-0671 (TTY: 711).

Complex Case Management

Phone: 888-327-0671 (TTY: 711)
Fax: 810-600-7965

MHP has nurses trained in Complex Case Management (CCM). Members considered for CCM have complex care needs including, but not limited to:

- Those listed for a transplant
- Ones who have frequent hospitalizations or ER visits
- Members with multiple health care conditions
- Are part of the Children's Special Health Care Services (CSHCS)

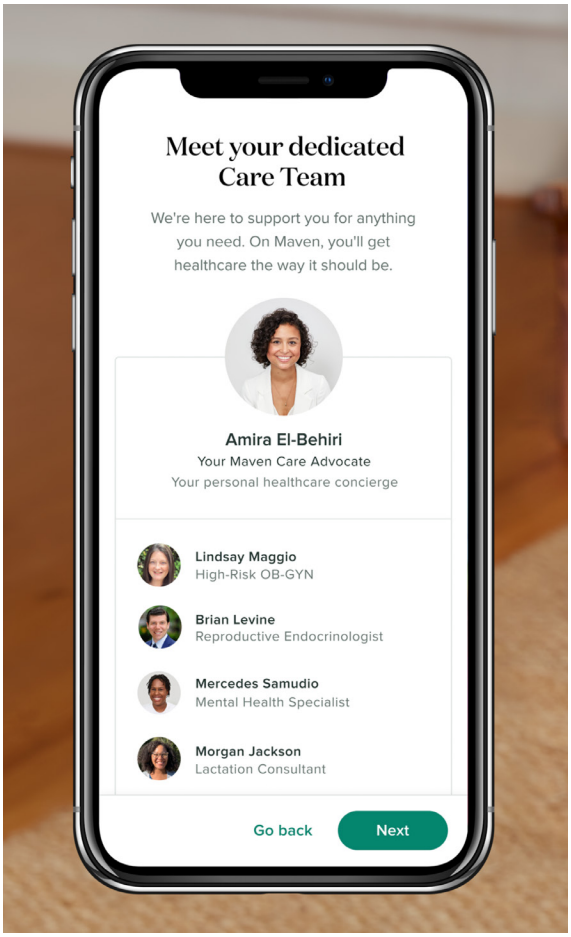
Virtual Case Management

Phone: 888-327-0671 (TTY: 711)
Fax: 810-600-7965

The Medical Management team at McLaren Health Plan (MHP) has virtual case management services available for members. Using the 'ZOOM for Healthcare' platform, case managers can connect with members on a personal level with face-to-face conversations while maintaining social distancing and the need for privacy.

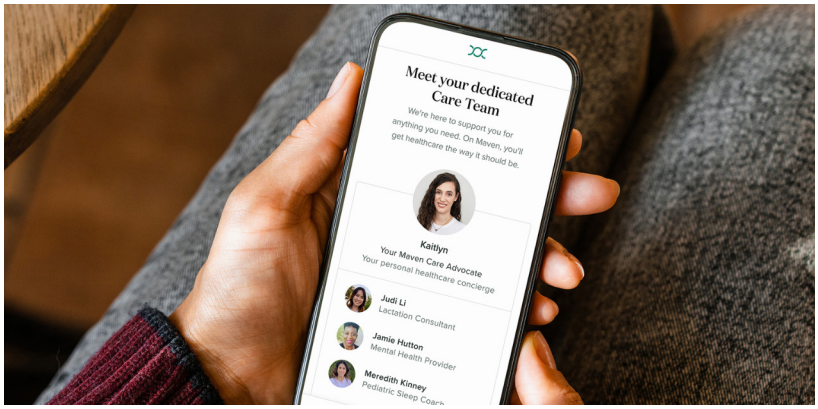
Conversations about health maintenance, missed services – or services which are due – and other important health discussions can take place during these visits. Members currently receiving case management services, or those who would like to, are eligible to participate.

Please call MHP at 888-327-0671 (TTY: 711) if you have an MHP patient you would like to refer for case management services.



Maven - Free support for having a baby

McLaren Health Plan partners with Maven



Free Support for Having a Baby

Maven provides 24/7 virtual support through pregnancy. They can also help once the baby is here.

Maven is free as part of your McLaren Health Plan. That means no co-pays and no surprise bills!

With Maven, your patients have access to:

- Unlimited online appointments and messages with doctors
- A dedicated Care Advocate to help you find the right provider
- Trusted resources like articles and parenting classes

Get support with things like:

- Your mental health
- Concerns about your pregnancy
- Questions as you recover from birth
- Learning more about your baby's milestones
- Nursing or formula feeding

Your patients can sign up at: mavenclinic.com/join/McLaren

NPIN Information

The CDC National Prevention Information Network (NPIN) is the reference and referral service for information on HIV/AIDS, viral hepatitis, sexually transmitted diseases (STDs), and tuberculosis (TB). It is "an information and resource platform connecting public health partners through collaborative communication and innovative technology solutions for HIV, viral hepatitis, STDs, TB, and adolescent and school health." [1]

We encourage providers to use the tools and resources provided by NPIN. Please also register your practice with NPIN to be included in the online searchable directory of providers. For additional information or to register for NPIN, visit the CDC at the below links.

NPIN Information: https://npin.cdc.gov/ | NPIN Registration link: https://npin.cdc.gov/organization/submit

[1] CDC, *https://npin.cdc.gov/*, last accessed 4/25/2024

Quality Quick Tips

APRIL - RESPIRATORY CONDITIONS

NCQA has developed many HEDIS standards around respiratory conditions including asthma, upper respiratory infections, COPD, pharyngitis, and bronchitis. Your testing and treatment of these illnesses is vital to meet these metrics. To assist your understanding of the HEDIS requirements surrounding treating Upper Respiratory Infections (URI), Pharyngitis (CWP), and Acute Bronchitis (AAB) in your patients aged 3 and older, see the key respiratory-related HEDIS measures with code to identify below:

Read more and how to improve HEDIS Scores >

MAY - BEHAVIORAL HEALTH

FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION

It is important that children prescribed medication for ADHD be monitored appropriately. Members between the ages of 6-12, with a new prescription for an ADHD medication should have:

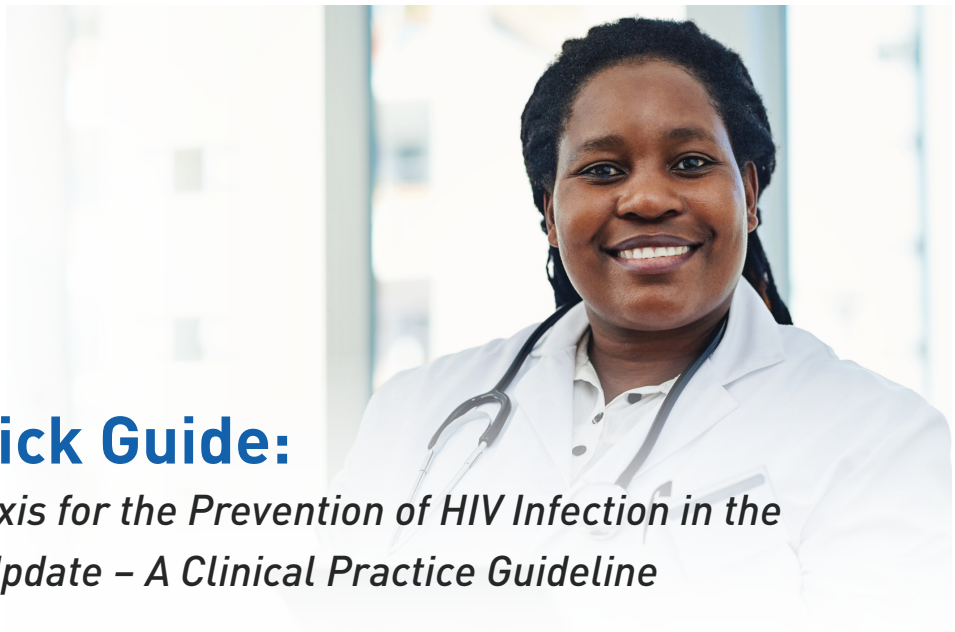
- At least one follow-up visit, with a practitioner with prescribing authority, during the first 30 days after initial prescription
- At least two follow-up visits within 270 days after the end of the initial phase. One of these visits may be a telephone call.

Read more and how to improve HEDIS Scores >

JUNE - CHILDREN'S HEALTH

Preventive screenings, anticipatory guidance and immunizations aid in the promotion of healthy lifestyles in children and adolescents. McLaren Health Plan encourages providers to continue to provide quality care and assist with the catching up of children past due for immunizations, well visits, and other preventive screenings. The following are key measures of care for children as well as best practices and tips on how to provide quality outcomes.

Read more and how to improve HEDIS Scores >



Clinicians' Quick Guide:

Preexposure Prophylaxis for the Prevention of HIV Infection in the United States – 2021 Update – A Clinical Practice Guideline

The Centers for Disease Control and Prevention (CDC) has released the *Preexposure Prophylaxis for the Prevention of HIV Infection in the United States—2021 Update—A Clinical Practice Guideline*. The updates in this version of the guideline give health care providers the latest information on prescribing pre-exposure prophylaxis (PrEP) for HIV prevention to their patients and increasing PrEP use by people who could benefit from it. The revisions also:

- Update guidance based on current evidence.
- Include information on recent approvals of PrEP medications by the US Food and Drug Administration (FDA).
- Clarify some aspects of clinical care.
- Make the guideline simpler to use so that health care providers can apply it more easily.

Below are key changes in the updated PrEP guideline.

What Are the New Graded Recommendations?

GRADE IIIB

Inform all sexually active adults and adolescents that PrEP can protect them from getting HIV. Providers should offer PrEP to anyone who asks for it, including sexually active adults who do not report behaviors that put them at risk for getting HIV. Telling all sexually active adults and adolescents about PrEP will increase the number of people who know about PrEP. Talking about PrEP may also help patients overcome embarrassment or stigma that may prevent them from telling their health care provider about behaviors that put them at risk for getting HIV.

GRADE IA

Prescribe cabotegravir (CAB) injections as PrEP for sexually active adults. The FDA approved CAB for PrEP in 2021. CAB may be right for people:

- Who had problems taking oral PrEP as prescribed.
- Who prefer getting a shot every 2 months instead of taking oral PrEP.
- Who have serious kidney disease that prevents use of other PrEP medications.

To access the updated PrEP guideline, visit:
cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf

CDC | LET'S STOP HIV TOGETHER | Ending the HIV Epidemic

What Are the Key Changes in the Updated PrEP Guideline?

Patients Who Should Be Prescribed PrEP

More easily identify patients who would benefit from PrEP. The updated guideline includes flow charts offering a few questions about sexual or drug injection behaviors that might put patients at risk of getting HIV.

HIV Laboratory Tests

Quickly test patients who are starting or taking PrEP. The updated guideline includes two testing algorithms:

- For patients who are starting or restarting PrEP after a long stop, test using an HIV antigen/antibody test (a laboratory-based test is preferred).
- For patients who are taking or have recently taken PrEP (including patients who have taken oral PrEP in the last 3 months and patients who had a CAB injection in the last 12 months), test using an HIV antigen/antibody test and a qualitative or quantitative HIV-1 RNA test.
- If a patient has a positive antigen/antibody test and a detectable HIV-1 RNA test (if applicable) confirming the patient has HIV, link that patient to HIV care and treatment.
- If a patient has a negative antigen/antibody test and an undetectable HIV-1 RNA test (if applicable) confirming the patient does not have HIV, continue prescribing PrEP.

Oral PrEP Options

Prescribe emtricitabine (F)/tenofovir disoproxil fumarate (TDF) (Truvada® or generic equivalent) or consider the additional option of prescribing emtricitabine (F)/tenofovir alafenamide (TAF) (Descovy®) for sexually active men and transgender women. In 2019, the FDA approved F/TAF as PrEP for sexually active men and transgender women. The updated guideline adds F/TAF as a PrEP option for these groups. F/TAF is not recommended for people assigned female sex at birth who could get HIV through receptive vaginal sex.

Ongoing Assessments

For oral PrEP (F/TDF or F/TAF)

CDC revised the recommended assessments for patients taking oral PrEP as follows:

- Assess creatinine clearance once every 12 months for patients under age 50 or patients whose estimated creatinine clearance was greater than 90 mL/min when they started oral PrEP.
  - For all other patients, assess creatinine clearance every 6 months.
- For patients taking F/TAF, measure patients' triglyceride and cholesterol levels and their weight each year.
- Review the list of medications that may interact with F/TAF or F/TDF.

For injectable PrEP (cabotegravir, or CAB)

Because the FDA approved CAB for PrEP in 2021, the updated guideline includes a new section that details the ongoing assessments and follow-up schedule for patients taking CAB.

- Regular kidney, triglyceride, or cholesterol assessments are not needed for patients taking CAB, as they are for patients taking oral PrEP.
- The follow-up schedule for recommended assessments is different for CAB users:
  - HIV testing every 2 months (at each injection visit).
  - Sexually transmitted infection (STI) testing every 4 months (at every other injection visit).

What Are Other Considerations for Providing PrEP?

Same-Day PrEP

Offer same-day PrEP to patients when appropriate. The updated guideline offers steps to safely prescribe PrEP to patients on the same day as their first evaluation. These steps include:

- Conducting baseline assessments and tests.
- Offering information on insurance or co-pay assistance.
- Scheduling follow-up tests and appointments.
- Giving or prescribing oral PrEP or CAB injections.

Tele-PrEP

Provide PrEP by telehealth when available. The guideline includes options for offering PrEP services by telehealth, such as having telephone or web-based visits, using laboratory or home testing, and prescribing a 90-day supply of PrEP medication.

2-1-1 Dosing

Learn about 2-1-1 dosing. The guideline now provides information on how to correctly use off-label 2-1-1 dosing for oral PrEP. This information may benefit gay, bisexual, and other men who have sex with men who choose to use 2-1-1 dosing. *This approach is not approved by the FDA and is not recommended by CDC.*

Primary Care for PrEP Patients

Address primary care needs during PrEP visits. The updated guideline describes how health care providers can offer primary care services to patients taking PrEP to help prevent and screen for other conditions. These may include STIs, mental health disorders, tobacco/nicotine use, and drug or alcohol use disorders.

Free Same-Day Connection to Mental Health Support

for pregnant & postpartum people in
Wayne, Oakland, Macomb, Genesee, Ingham, and Washtenaw counties

DO YOU NEED MENTAL HEALTH SUPPORT?

Pregnancy and postpartum mood and anxiety disorders are common. If you're experiencing the following symptoms, you could benefit from mental health support.

- Feeling overwhelmed and exhausted
- Crying spells, sadness, hopelessness
- Anger, irritability, frustration
- Difficulty controlling worries
- Difficulty understanding and managing fear

WHAT HAPPENS WHEN YOU SIGN UP?

A licensed mental health professional will talk with you to see what you need and together you will create a plan for support.

Your plan may include:

- Short-term therapy to meet your needs (4-5 sessions)
- Referrals to longer term therapy options
- Connection to community resources
- Talking with your doctor
- Follow up calls, texts, emails, or video chat
- Perinatal support group

HOW CAN THIS HELP YOU?

The consultant can teach you skills that may help you:

- Bond with your child
- Improve your relationships
- Cope with stress
- Calm your mind
- Change unhelpful thoughts and behaviors

50%

REDUCTION

in clinical depression and anxiety for patients in their first month of services

Sign Up Today

Scan QR code or visit:
tinyurl.com/MC3PeriBHC

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

This project is supported by funds from the Center of Medicare and Medicaid Services through the Michigan Department of Health and Human Services as a Michigan Medicine Program

Updated January 2024

MC3

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Clinical Pearls Video Series

Straightforward recommendations for the assessment and management of common pediatric behavioral health conditions

If you're a prescriber, you've no doubt been to conferences and lectures where so much time is spent on epidemiology and data. This is important information, but in this new video series, we get right to the core of what you need to know on the assessment and management of common pediatric behavioral health conditions that you see every day in clinic.

The Clinical Pearls videos are focused, 15-25 minute videos from the experts in the field. The videos will be released on the fourth and second Tuesdays of the month beginning February 27. **Watch the trailer**.

Suicidal and Non-Suicidal Self-Injurious Behavior
Alejandra Arango, Ph.D. (coming Feb. 27)

Basics of Psychotropic Medication Use
Paresh Patel, M.D., Ph.D. (coming March 12)

Substance Use Disorders
Joanna Quigley, M.D. (coming March 26)

Trauma-Informed Care
Alyse Folino Ley, D.O. (coming April 9)

Aggression and Behavioral Dysregulation
Nasuh Malas, M.D., M.P.H. (coming April 23)

Learn more & watch the videos at
MC3Michigan.org/clinical-pearls-video-series.

MC3 funded by the Michigan Department of Health and Human Services (MDHHS) via general funds, Medicaid Administration funds, Health Resources and Services Administration (HRSA) funds, and Flint Water Crisis funds.

HELP PREVENT FRAUD, WASTE AND ABUSE

MHP is committed to preventing health care fraud, waste and abuse, as well as complying with applicable state and federal laws governing fraud and abuse.

Examples of fraud and abuse by a member include:

- Altering or forging a prescription
- Altering medical records
- Changing or forging referral forms
- Allowing someone else to use his or her member ID card to obtain health care services

Examples of fraud and abuse by a provider include:

- Falsifying his or her credentials
- Billing for services not performed
- Billing more than once for same services
- Upcoding and unbundling procedure codes
- Over-utilization: performing inappropriate or unnecessary services
- Under-utilization: not ordering services that are medically necessary
- Collusion among providers

Examples of fraud and abuse by an MHP employee include:

- Altering provider contracts or forging signatures
- Collusion with providers or members
- Inappropriate incentive plans for providers
- Embezzlement or theft
- Intentionally denying services or benefits that are normally covered

Federal law prohibits an employer from discriminating against an employee in the terms and conditions of his or her employment because the employee reports or otherwise assists in a false claims action.

To report a possible violation, contact MHP's Compliance Officer:

- Mail: McLaren Health Plan, Attn: Compliance Officer, G-3245 Beecher Road, Flint, MI 48532
- Email: MHPCompliance@mclaren.org
- Phone: Compliance Hotline at 866-866-2135

To report Medicaid fraud, waste and abuse, contact MHP as above or:

- **Mail**:

  Department of Attorney General
  Health Care Fraud Division
  P.O. Box 30218
  Lansing, MI 48909

- **Online:** https://www.michigan.gov/ag/about/faqs/senior/who-do-i-call-report-welfare-medicaid-fraud
- **Phone:** 800-24-ABUSE (800-242-2873)

To report Medicare fraud, waste and abuse, contact MHP as above or:

- Mail: U.S. Department of Health and Human Services, Attn: Hotline, P.O. Box 23489, Washington, D.C. 20026
- Online: www.oig.hhs.gov/fraud/report-fraud
- Phone: Hotline at 800-HHS-TIPS (800-447-8477)

Information provided will be kept confidential. You can remain anonymous by calling the hotline numbers or through the U.S. mail.

Take action to protect your benefits:

- Refuse medical supplies you did not order
- Return unordered medical supplies that are shipped to your home
- Report companies that send you these items

Identity theft can lead to higher health care costs and personal financial loss. Don't let anybody steal your identity.

Current fraud schemes to be on the lookout for include:

- People using your health plan number for reimbursement of services you never received
- People calling you to ask for your health plan numbers
- People trying to bribe you to use a doctor you don't know to get services you may not need

You are one of the first lines of defense against fraud. Do your part and report services or items that you have been billed for but did not receive.

- Review your plan explanations of benefits (EOBs) and bills from physicians
- Make sure you received the services or items billed
- Check the number of services billed
- Ensure the same service has not been billed more than once

Do Your Part!

- Never give out your Social Security number, health plan numbers or banking information to someone you do not know
- Carefully review your MHP Explanation of Benefits (EOBs) to ensure the information is correct
- Know that free services DO NOT require you to give your MHP ID number to anyone

Medical Record Standards and Maintenance

MHP's participating providers are required to maintain accurate and timely medical records for MHP members for at least 10 years in accordance with federal and state laws. Providers must also ensure the confidentiality of those records and allow access to medical records by authorized representatives of MHP, regulatory agencies, accrediting bodies and appropriate governmental agencies at no cost.

Each provider contracting with MHP is required to maintain a medical record for each member served while enrolled in MHP. Medical records of members must be in English and should be sufficient enough to fully disclose and document the extent of services provided.

Medical records must be signed, dated and legible. Failure to maintain legible and complete records will result in a denial of payment.

As a reminder, medical records must include:

A. A record of outpatient and emergency care
B. Specialist referrals
C. Ancillary care
D. Diagnostic test findings, including all laboratory and radiology
E. Therapeutic services
F. Prescriptions for medications
G. Inpatient discharge summaries
H. Histories and physicals
I. Allergies and adverse reactions
J. Problem list
K. Immunization records
L. Documentation of clinical findings and evaluations for each visit
M. Preventive services-risk screening
N. All other documentation sufficient to fully disclose the quantity, quality, appropriateness and timeliness of services rendered by provider.

Medical records must be maintained in a detailed, comprehensive manner that conforms to good professional medical practice, permits effective professional medical review and medical audit processes and facilitates a system for follow-up treatment.

Providers are required to store medical records securely and maintain written policies and procedures that:

- Ensure access by authorized personnel only
- Preserve the confidentiality of all medical records
- Maintain medical records that are documented accurately and in a timely manner, readily accessible and permit prompt, systematic retrieval of information.
- Train staff periodically on proper maintenance of patient information confidentiality

For more information on MHP medical record standards, see Medical Record Maintenance in the MHP Provider Manual.

Member Language Needs and Resources

McLaren Health Plan uses census data to track and monitor the language needs of its enrolled members – as well as the language of the population in its geographical area – to ensure appropriate language assistance.

The top languages spoken by MHP members:

- English
- Spanish
- Arabic
- Swahili

MHP offers providers detailed reports on service area language needs and the language needs of assigned members. Language assistance resources are made available to providers and staff, along with training to identify needs and services available.

Please contact Customer Service at 888-327-0671 (TTY: 711) to obtain a list of language needs of assigned members in your practice or to request training about language services.

Learn More About MHP Member Rights & Responsibilities

McLaren Health Plan members have rights and responsibilities. Providers have a responsibility to recognize a member's needs and treat members in a mutually respectful manner. Understanding member rights and responsibilities ultimately helps your patients get the most from their health care benefits.

MHP Members Have:

- The right to confidentiality.
- The right to be treated with respect and dignity, including to be free from restraint and seclusion.
- The right to a primary care provider at all times.
- The right to receive culturally and linguistically appropriate services.
- The right to receive covered benefits consistent with McLaren's contract with the State of Michigan, and state and federal regulations.
- The right to a current listing of network providers and access to a choice of specialists within the network who can treat chronic problems.
- The right to get covered routine and preventive OB-GYN and pediatric covered services without a referral, if the OB-GYN or pediatric specialist is a participating provider.
- The right to receive Federally Qualified Health Clinic (FQHC) and Rural Health Clinic (RHC) services.
- The right to be free from any form of restraint or seclusions used as a means of coercion, discipline, convenience or retaliation.
- The right to continue receiving services from a specialty provider who is no longer in the MHP network, if it is medically necessary.
- The right for female members who are pregnant to continue coverage with a provider who is no longer in the MHP network (that includes up to six weeks after they have their baby).
- The right to no "gag rules" from MHP. Doctors are free to discuss all medical treatment even if they are not covered services.
- The right to participate in decision-making regarding their health care.
- The right to refuse treatment, to get a second opinion and express preferences about treatment options.
- The right to receive a copy of their medical record upon request, & request amendments or corrections.
- The right to know how MHP pays its providers, including incentive arrangements or financial risk.
- The right to be provided with a telephone number and address to obtain additional information about payment methods, if desired.
- The right to tell MHP if they have a complaint, the care provided and the right to appeal a decision to deny or limit coverage.
- The right to know that they or a provider cannot be penalized for filing a complaint or appeal about care.
- The right to receive beneficiary information and information about the structure and operation of MHP, including the services, providers of care and member rights and responsibilities.
- The right to make suggestions regarding MHP members' rights and responsibilities.
- The right to have their medical record kept confidential by MHP and their provider.
- The right to be free from other discrimination prohibited by state and federal regulations.
- The right to be free to exercise their rights without adversely affecting the way McLaren, providers or the state treats them.

MHP Members Have the Following Responsibilities:

- To schedule appointments in advance and be on time. If a member needs to cancel an appointment with any doctor's office, call as soon as possible.
- To use the hospital emergency room only for emergency care. If possible, a member should call his/her doctor before going to the emergency room.
- To give all the information that the member can to his or her providers and MHP so they can be cared for in the best way.
- To ask questions if the member doesn't understand the care he or she is getting.
- To talk about their care and help their doctors plan what they will be receiving.
- To complete the treatments that the member has agreed to and follow all plans of care.
- To tell the MDHHS and MHP Customer Service right away with any change in address or telephone number.
- To help MHP assist with the member's health care by telling us of any problems he/she has with services.
- To tell MHP suggestions in writing or by contacting Customer Service for assistance.
- To carry the MHP Member ID card at all times.

If you have questions or need more information, contact Provider Services at 888-327-0671 (TTY: 711) or your McLaren Health Plan provider representative.