



HEALTH PLAN

mclarenhealthplan.org

Provider Network Update

JANUARY 2025

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Introduction

Welcome to McLaren Health Plan's new Provider Network Update. This is a monthly communication that will be sent to you via email and posted on our website at mclarenhealthplan.org/mclaren-health-plan/provider-communications.

If you would like to be added to our email distribution list to stay up-to-date on McLaren Health Plan processes and policies, learn about McLaren Health Plan community participation and sponsored events, Link directly to other online resources, and to receive this newsletter via email, please email the information below to MHPprovidercomm@mclaren.org.

Email Address

First Name

Last Name

Phone Number (XXX-XXX-XXXX)

Fax Number (XXX-XXX-XXXX)

Provider Group/Business Name

NPI

Group NPI

Address 1

Address 2

City

State

ZIP

Quality Quick Tips

Adults' Access to Preventative/Ambulatory Health Services

Happy New Year! Each new year brings the opportunity for a fresh start to get your patients on track with their annual ambulatory and preventative health services. Health care visits provide a great opportunity for your patients to receive preventative services and counseling on topics such as diet and exercise. These visits can also help to address acute issues or manage chronic conditions. The AAP HEDIS measure

The AAP measure is the percentage of members 20 years and older who had an ambulatory or preventative care visit. Medicaid and Medicare members who had an ambulatory or preventative care visit during the measurement year are reported as:

- AAP 20-44 years of age
- AAP 45-64 years of age
- AAP 65+

AAP			
Medicaid	MY2023	CURRENT	NCQA 75 th Percentile
AAP 20-44 years	70.70%	74.86%	74.69%
AAP 45-64 years	80.87%	82.81%	84.08%
AAP 65+	67.30%	65.91%	88.40%
Medicaid	MY2023	CURRENT	NCQA 75 th Percentile
AAP	95.57%	93.71%	96.81%

How to Implement Best Practices and Improve Performance

- This measure allows the use of telehealth, telephone visits and online assessments
- Whether in person or telehealth, give your patients instructions on what to have for their visit, such as
 - Medication names, dosages, frequency, prescribing provider and pharmacy name
 - Specialists or other providers they've seen, type of care received, and/or tests/screenings completed
- Use Gap in Care Reports to manage total populations, assess those who still need health care services and outreach accordingly
 - Call or send letters to members who still need to schedule a visit
 - For those who have a scheduled appointment, confirm appointment dates and times
 - Evaluate any barriers to scheduling visits such as office hour availability or work/school schedules, or other barriers such as lack of transportation
- Use all contacts with your patients as an opportunity to go over other preventative services they may need to follow-up such as:
 - Colon Cancer Screening
 - Breast Cancer Screening
 - Cervical Cancer Screening
 - Diabetic Screening

Thank you for the quality care you deliver!

Cervical Cancer

January is Cervical Cancer Awareness Month. This is a great time to check in with your female members who have not already obtained this important screening. Half of women in the U.S. between the ages of 21 and 60 don't know how often they should be screened for cervical cancer. Talk to your patients and educate them on the importance of these necessary screenings. This is also a good time to encourage the HPV vaccine as a proven cancer prevention option. McLaren Health Plan (MHP) is committed to the health of our members. Please join us in this effort by providing the following cervical cancer screening for women.

Cervical cancer screening is recommended every 1-5 years for women 21 - 64 years of age.

For patients with a cervix and who are not at high risk for Cervical Cancer, this can be achieved by the following:

Population	Recommendation
Age 21 – 29 years	Cytology alone every 3 years
Aged 30 – 65 years	Any of the following: <ul style="list-style-type: none"> • Cytology alone every 3 years • hrHPV testing alone every 5 years • Cotesting HrHPV and cytology every 5 years

Health Screening Measure	Medicaid MY22Rates	Medicaid MY23Rates	CURRENT	NCQA 75th%
Cervical Cancer Screening	55.06%	57.49%	53.90%	61.80%

Don't forget! McLaren Health Plan wants to recognize and reward you for your excellent quality care and offers an incentive opportunity for Primary Care Providers. Based on your Cervical Cancer Screening overall compliance for your assigned membership you will earn a per Medicaid member incentive noted below:

	NCQA 75 th Percentile	NCQA 90 th Percentile
	61.80%	66.48%
Incentive Opportunity	\$25 per screened member	\$50 per screened member

We look forward to working in partnership with you to assist our members in achieving optimal health. If you would like a listing of your assigned patients that need these services or if you have questions or would like more information, please email us at MHPQuality@mclaren.org.

Remember to talk to your patients about tobacco cessation, MHP has a free tobacco cessation program for MHP Community and Medicaid members, call 800-784-8669 for more information.

Children’s Health

Happy New Year! Each year brings the opportunity for a fresh start to get your patients on track with their well visits, immunizations, and preventive screenings. You can turn a sick visit into a well visit by incorporating the elements of a well child exam into the visit. You will be able to bill MHP for services performed for both the sick and well child. You can do this by adding modifier 25 to the sick visit and you will be reimbursed for both services.

A sports physical can also become a well child visit by adding anticipatory guidance (nutrition, health and social/behavior) to the sports physical’s medical history and physical exam. Visit must include the following:

- Physical growth and development assessment
- Mental developmental history
- Complete physical exam
- Hearing and vision screening
- Anticipatory guidance

Note: For providers serving children in foster care: MDHHS released new medical exam requirements for children in foster care in effect beginning March 2024. These are:

- Medicaid beneficiaries in foster care must complete a medical exam within 30 days of entering foster care covered at no cost to the member regardless of their last medical exam. For foster children ages 0-20 years, children must receive all appropriate medical exams for their age.
- For ages 3 and older, children must receive a dental exam within 90 days of entering foster care unless the child had a dental exam within 6 months prior to the date.
- Medicaid members in foster care must also be able to maintain their current PCP

Child and Adolescent Provider Incentives		
LOB	Measure	Incentive
Medicaid	Chlamydia Screening	\$25 per female member age 16 – 24
Medicaid	Vaccines for Children and Adolescents	Combo10 - \$100 IMA Combo2 - \$50

MHP will reimburse you for one well child visit each calendar year. You do not have to wait a full 12 months to perform a well child visit.

And because dental health and physical health are so intrinsically connected, Well Child visits are also an excellent time to inquire if your patient has a dental home or receives routine dental exams!

PCP Feedback (Please print)	Comments, requests, questions, etc.: FAX to 810-600-7985
PCP Name/Office Name _____	
Name _____	Phone _____
Email _____	

Authorization Changes

For the most recent and upcoming authorization information, visit McLaren Health Plan’s website at mclarenhealthplan.org and select the Provider tab.

- All changes and announcements are posted online at least 60 days prior to becoming effective.
- [Upcoming-Authorization-Changes.pdf](#)
- As of 10/1/2024, the following codes are being added and require prior authorization for Commercial/ Health Advantage/Medicaid/Medicare:
 - G0482 – Laboratory; Definitive drug tests that identify 15–21 drug classes • G0483 – Laboratory; Definitive drug tests that identify 20+ drug classes
 - CPT 81513 RNA marker testing for bacterial vaginosis – Prior Authorization requirements removed for Medicaid, Community, and HA - retroactive to 1/1/24. (Note: claims will be automatically reprocessed)
 - CPT A9278 non-durable medical equipment Continuous Glucose Monitors (receiver/monitor) – no longer be covered effective 1/1/25 per MDHHS bulletin [Numbered Letter L 24-79-DMEPOS-Final.pdf](#)
 - For all current prior authorization requirements, visit: [Prior Authorization Codes List](#)

- For all current Medicare prior authorization requirements, visit: [Medicare Prior Authorization Information](#)

Sickle Cell Disease has many impacts

Sickle Cell Disease is a complex condition affecting every blood vessel, organ, and system in the body. While its severity impacts each person uniquely, Sickle Cell's most common visible presentation is excruciating, unpredictable pain. However, Sickle Cell's less visible symptoms of anemia, oral health and vascular and organ damage are often silent and suffered by every individual living with the disease.

Medical professionals play a vital role in diagnosing and treating major illnesses, including patient education about certain conditions and preventative measures. This is especially true for Sickle Cell Disease - a condition that demands comprehensive patient education.

While much attention is often focused on the systemic effects of Sickle Cell Disease, it's equally important to emphasize the impact this disease can have on oral health. Those living with Sickle Cell Disease are often unaware of the unique oral health challenges they may face.

Patients with Sickle Cell Disease are already vulnerable to a range of health issues, including anemia and organ damage. Commonly used medications can potentially increase the risk of oral sores or ulcers. Oral sores can be painful and lead to other complications, including infections.

By educating patients about the connection between Sickle Cell Disease and oral health, providers can empower patients to take proactive measures to decrease and mitigate complications.

As a reminder, McLaren Health Plan is contracted with Delta Dental to offer dental coverage to all beneficiaries ages 19 and older enrolled in Healthy Michigan Plan, as well as all enrollees ages 21 and older, enrolled in Medicaid. Services include but aren't limited to, exams, cleanings, and extractions for members.

Eligible members can locate a Delta Dental Healthy Michigan Plan dentist in their area by calling Delta Dental at 1-866-558-0280. Members may also use the provider directory which can be found at: www.dentaldentalmi.com/member/plans/medicaid=medicare-advantage/healthy-michigan-plan.

For more information on best practices for treating Sickle Cell disease, please visit Sickle Cell Disease Association of America - Michigan Chapter, Inc. at sccaami.org and the Michigan Department of Health and Human Services' Hemoglobinopathy Quality Improvement Program at Michigan.gov.

Sickle Cell Anemia Member Incentives

McLaren Health Plan (MHP) Medicaid members can earn rewards for managing their sickle cell disease. MHP members with Sickle Cell anemia who have the following services completed by December 31, 2025 can earn:

- 1 PCP visit: age 0-18 \$10 annually
- 1 TransCranial Doppler (TCD) age 2-15 screening: \$50 annually
- 1 Hematologist visit: age 0-18 \$10 annually
- Antibiotic prophylaxis (300 days used) Members age 3 months to 5 years: \$50 annually
- Hydroxyurea (300 days used) Members age 1-18: \$50 annually

Please encourage your MHP members to contact MHP Customer Service at 1-888-327-0671 today to learn more.

*Rewards are in the form of McLaren Visa gift cards. Members must report services completed within 90 days of completing the service. Members do not have to complete all activities to claim their rewards.

Join the Effort to Eliminate Hep C in Michigan

Any provider with prescriptive authority can help cure hepatitis C. Through the Michigan Department of Health and Human Services' [We Treat Hep C](#) Initiative, Medicaid and Healthy Michigan Plan beneficiaries living with hepatitis C can be cured at little to no cost regardless of the prescriber's specialty, patient's past or current use of alcohol or drugs, or liver damage.

As of April 1, 2021 the antiviral MAVYRET® no longer requires prior authorization. As a result, treatment with MAVYRET® is available to all Medicaid (\$1 copay) and Healthy Michigan Plan (no copay) beneficiaries at little to no cost. Other direct-acting antivirals (\$3 copay) will require prior authorization and will be approved only when MAVYRET® isn't clinically appropriate. For more information on hepatitis C and treatment options, visit [Michigan.gov](#) or any of the additional resources below at [mclarenhealthplan.org](#).

Hepatitis C Resources

Help eliminate hepatitis C as a health threat with these tools and guidance:

- We Treat Hep C: [michigan.gov/mdhhs](#)
- Testing recommendations for hepatitis C virus infection: [cdc.gov](#)
- Recommendations for hepatitis C screening among adults: [cdc.gov](#)

- Recommended Testing Sequence for Identifying Current Hepatitis C Virus (HCV) Infection: [cdc.gov](https://www.cdc.gov)
- Hepatitis C Outcome Reporting: [michigan.gov](https://www.michigan.gov)
- [Michigan Medicaid Preferred Drug List](#)
- [AbbVie quick reference guides](#) for pretreatment assessment, on-treatment monitoring and post treatment follow-up guide
- [Recommendations for universal hepatitis C screening in pregnancy](#)
- [HCV in Adults Under 40](#) - Fact sheet includes epidemiology of hepatitis C among adults under 40, testing recommendations, and information on the We Treat Hep C Initiative.