

ProviderReport



All together now

Michigan Complete Health and Meridian Health Plan of Michigan, a WellCare company are bringing our health plans together to better serve our members, providers, partners and communities. This joining of our organizations will allow us to become a more robust health plan and enhance the delivery of best-in-class care to our members.

Right now, nothing is changing. You should continue to treat members from each health plan as you do under your current

contract(s). Your existing provider support channels will remain in place. And your patients' current Member ID cards will remain valid as well. We will communicate any relevant changes in health plan operations to you well in advance.

In the meantime, you can stay apprised of updates by visiting our website at **mmp.michigancompletehealth.com**.

You may also contact Michigan Complete Health Provider Relations at **1-844-239-7387**.

Safer opioid prescribing toolkit

MDHHS has partnered with the University of Michigan Injury Prevention Center to develop a toolkit for medical providers on safer opioid prescribing practices. These comprehensive resources will help medical professionals make evidence-based decisions when prescribing opioids to decrease the risk of opioid misuse.

The toolkit is available at <http://michmed.org/optoolkit>.

Reminder Michigan Complete Health Outpatient Imaging Program

In an effort to continue promotion of quality improvement for services provided to our members, Michigan Complete Health utilizes National Imaging Associates, Inc. (NIA) to provide the management and prior authorization of non-emergent, advanced, outpatient imaging services.

Services managed and authorized by NIA include outpatient:

- CT/CTA
- MRI/MRA
- PET Scan
- CCTA
- MUGA Scan
- Myocardial Perfusion Imaging
- Stress Echocardiography
- Echocardiography

Prior authorization is required for specific outpatient radiology procedures.

To obtain a prior authorization or get additional information on NIA you can:

- Call NIA at 1-800-424-4926 or
- Visit the NIA website at www.RadMD.com or
- Refer to the NIA FAQs or presentation at <https://www.michigancompletehealth.com/providers/resources/national-imaging-associates.html>

Payment policies

Michigan Complete Health is implementing updated Payment and Clinical Policies that will guide how claims for certain services are adjudicated and paid. We will be instituting these policies to provide clinical based rule content to evaluate claims against payment and clinical policies to ensure accurate reimbursement. This is in addition to all other reimbursement processes that Michigan Complete Health currently employs. The policies that dictate the coding and billing rules applied are based on industry standards and guidelines as published and defined in the

Current Procedural Terminology (CPT), Centers for Medicare and Medicaid Services (CMS), and public domain specialty society edits, unless specifically addressed in the fee-for-service provider manual published by the State of Michigan or regulations.

The policies can be found on Michigan Complete Health web site: <https://www.michigancompletehealth.com/providers/resources/clinical-payment-policies.html>.

The effective date for the below policies is March 1, 2020.

NUMBER	POLICY NAME	POLICY UPDATE	LINE OF BUSINESS (LOB)
CP.MP.124	ADHD Testing and Therapy	The changes will make the policy less restrictive. Codes have been removed from the list of procedures that are non-payable when billed with a sole diagnosis of ADHD	Medicaid, Medicare
CP.MP.106	Endometrial Ablation	The changes will make the policy less restrictive. Added new diagnosis codes as payable when billed	Medicaid, Medicare
CP.PHAR.93	Bevacizumab (Avastin)	Removes any payment edits for HCPCS codes	Medicaid, Medicare
CC.PP.055	Physician's Office Lab Testing	The changes are both adding certain CPT codes and removing other CPT codes	Medicaid, Medicare

Is pre-authorization needed?

Check our website tool. In a few simple clicks you can easily check if a prior authorization is needed.

We continue to update our pre-authorization tool to better assist you with caring for our members. The pre-authorization tool can be found on our website at <https://mmp.michigancompletehealth.com/mmp/for-providers/pre-auth-needed.html>. With a few simple clicks, the tool will allow

you to check if a prior authorization is needed and lets you login and submit an authorization through our provider portal. The tool also provides links to behavioral health, vision and dental authorization requirements. If you have any questions call the Provider Relations team.

The screenshot shows the 'MMP Pre-Auth' web application. At the top, there are navigation tabs for 'FOR MEMBERS', 'FOR PROVIDERS', and 'CONTACT'. The 'FOR PROVIDERS' tab is active, showing a sidebar with 'Login', 'Pre-Auth Check', 'MMP Pre-Auth', 'Provider Resources', and 'Provider Email Alert Signup Form'. The main content area is titled 'MMP Pre-Auth' and contains a disclaimer, a list of services requiring verification (Vision, Dental, Behavioral Health/Substance Abuse, etc.), a question about emergency services, a 'Yes/No' response area, and a table for 'Types of Services' with 'YES' and 'NO' columns. The table has three rows of questions with radio buttons for each response. Below the table, there are links for 'Login Here' and two PDF forms: 'Prior Authorization Form Inpatient (PDF)' and 'Prior Authorization Form Outpatient (PDF)'.

Interpreta tool

Interpreta is a tool that enables care managers, providers, and other clinical staff to access daily gaps in care (daily and prospective HEDIS), claims data, and Interpreta care calendar. In addition, Interpreta provides NCQA HEDIS® measures in prospective mode for populations at the individual member level for Medicaid, Commercial, Marketplace, and Medicare Part D STAR Measures. The Interpreta portal provides the capability for health care providers to leverage data in real time to meet clinical, business, and regulatory needs.

Interpreta is available through the Availity Portal: <http://www.availity.com/>. You may register as a new user. Some users may have an existing account through another health plan. If you have any questions call the Provider Relations team at 1-844-239-7387.

Provider resource corner

Contact Michigan Complete Health at the number below for all matters dealing with credentialing and recredentialing, claims, billing, medical management, quality, compliance or any general questions.

- Phone: **1-844-239-7387**
- Prior authorization fax: **1-833-783-3178**
- Email: **contracting@michigancompletehealth.com**
- Website: **mmp.michigancompletehealth.com**
- Secure provider portal login: **provider.michigancompletehealth.com/sso/login**

• Claims disputes can be mailed or faxed to:
Michigan Complete Health
Attn: Claims
P.O. Box 3060
Farmington, MO 63640
Fax: 1-844-276-9874

Please note our phone menu options have changed.

Reminder balance billing is prohibited

Members of Michigan Complete Health **cannot** be balance billed by any provider for any reason for covered services. Existing Medicare limitations on beneficiary liability set out in Social Security Act s.1879 apply to members enrolled in Michigan Complete Health. **Balance billing is prohibited** under the terms of your provider agreement with Michigan Complete Health.

Please don't hesitate to reach out to the Provider Relations team with any questions.

Fraud and abuse

Michigan Complete Health is dedicated to conducting business in an ethical and legal manner. As a key partner, it is critical that you understand that we are committed to preventing, detecting and responding to fraud, wrongdoing, or any type of misconduct. If you ever have any concerns or are ever asked by anyone, including a Michigan Complete Health employee, to engage in any behavior that you believe is wrong, unethical or illegal, please immediately contact us at any of the numbers below.

Our Pledge

Our Ethics and Compliance Department will promptly investigate allegations of wrongful, illegal or unethical business practices by any Michigan Complete Health employee or any provider and when necessary, report allegations of the Anti-Kickback Statute, Stark Law violations and the False Claims Act to government regulators.

Centene's Ethics and Compliance Helpline:

1-800-345-1642

Fraud, Waste and Abuse

Helpline: 1-866-685-8664

Available 24 hours a day, seven days a week. Callers are not required to give their names and all calls will be investigated

and remain confidential.

Michigan Complete Health Compliance Officer

248-729-8929

Office of Health Inspector General

PO Box 30479

Lansing, MI 48909

855-MI-FRAUD (643-7283)

www.michigan.gov/fraud

Provider **TRIVIA** contest

Take Our Quiz! Win a \$25 Gift Card!

TOPIC: Winter/Spring Provider Report. Answer **TRUE** or **FALSE** to each question.

QUESTION 1: Michigan Complete Health has a website tool to check for pre-authorization.

TRUE FALSE

QUESTION 2: Interpreta can be used to access daily gaps in care for members.

TRUE FALSE

QUESTION 3: Balance billing is prohibited under the terms of your provider agreement with Michigan Complete Health.

TRUE FALSE

Provider Name _____ Staff Name _____

Address _____ Phone # _____

Print/copy and fax this completed page by Friday, March 6, 2020 to 844-276-9874 or email to contracting@michigancompletehealth.com. One submission per office and one winner per quarter. The winning office will be notified and the gift card delivered by a Provider Relations Team.