

MHP Credentialing Pilot Workgroup Update #1 (September 2022)

As many of you are aware, the Michigan Department of Health and Human Services (MDHHS) made a change to the contract language with the Medicaid Health Plans (MHPs) that allows providers to request a retroactive effective date for network participation (exact language below). In order to have clear instruction on the process changes by the MHPs, Michigan Primary Care Association (MPCA) and the Michigan Association of Health Plans (MAHP) developed the Michigan MHP Credentialing Reference Guide (hereafter Reference Guide) and started working with a group of health centers to pilot the changes. The Credentialing Pilot Workgroup has been meeting biweekly since the end of July to share feedback on guides, challenges with MHPs, suggestions for improvement, and updates to issues that have arisen. As part of our communication, MPCA will be sharing updates from the Credentialing Pilot Workgroup (hereafter Workgroup) every eight weeks since inception (July), starting with this September update.

MPCA would like to take the opportunity to start with a thank you to the health centers participating in the workgroup. We know these changes aren't always the smoothest transition, and we are thankful to those health centers who are allowing us to follow their steps, learn from the challenges, and report back to all of you. MPCA extends our appreciation for the opportunity to learn and assist in the credentialing process. Thank you!

Early in our time together the workgroup shared a few opportunities for improvement around both the Michigan MHP Credentialing Reference Guide as well as a few other tools that would be helpful. The biggest opportunity came from the Reference Guide missing information on the subcontractors. It was shared with MPCA that the process for credentialing with subcontractors (dental, vision, and behavioral health) vary from the original MHP credentialing application. We have been working with MAHP to help us identify and connect with MHP subcontractors to start working through a similar Reference Guide for dental, vision, and behavioral health subcontractors. The workgroup also identified two other guides that would be helpful to staff doing credentialing. The first is an MHP Application Guide, aimed at detailing credentialing applications that are used for more than one line of business. The second is an MHP Update Guide, aimed at confirming and offering additional information on steps staff should take to make sure all credentialing updates and process changes are communicated with the appropriate staff/team. Both guides are expected to include information for both MHPs and MHP subcontractors. While we are excited about these additional tools, we expect development to take some time as multiple MHPs and teams are involved. We will be sure to share updates on these guides in future communication.

While the Reference Guide had a lot of wonderful information, we knew that the processes shared may not be quite so simple. As we have tested out the guidance shared, the biggest challenge we have identified is the clearly communicated changes and expectations to the MHP staff health centers connect with. Armed with contract language and a request for leadership involvement, we have been able to overcome those obstacles and successful in requests for retroactive enrollment. As we move forward and engage more MHPs in requests, we expect to encounter similar communication breaks. Below we have detailed individual MHP challenges, successes, and updates. We have also shared a short 'For Your Knowledge' section that details information for health centers that might be helpful. Lastly, please be aware that the Reference Guide has recently been updated (details on how to locate found under 'For Your Knowledge').

As a reminder, the workgroup has transitioned to monthly meeting through the end of January. We will continue to confirm processes, seek clarification, and advocate as we move forward. Our next MHP Credentialing Pilot Workgroup Update can be expected at the end of November (likely after the Thanksgiving holiday). Lastly, please don't hesitate to reach out to Kelsea Frazier (kfrazier@mpca.net), Rachel Ruddock (r Ruddock@mpca.net) or Honor Childress (hchildress@mpca.net) with any questions or concerns. Thank you for your time and continued appreciation to the workgroup for their assistance.

Current Health Plan Statuses

Aetna Better Health

Aetna Better Health (hereafter Aetna) originally denied a request for retroactive enrollment date to the date the application was submitted. After discussion with Aetna, they confirmed claims submitted during the credentialing period should be processed and reimbursed (as long as the provider is contracted). Aetna also shared that health center can request retroactive coverage, but it must be done at the time the application was submitted. The workgroup suggested seeking clarification on how and where that should be done, and we are still waiting for a response. MPCA and the workgroup will continue to evaluate the response from Aetna and confirm claims are processed without issue. We will share additional information in a future update.

McLaren Health Plan

McLaren Health Plan (hereafter McLaren) originally denied a request to retroactive the enrollment date to the date the application was submitted. MPCA in collaboration with workgroup members were able to get this resolved with McLaren. They have advised that health centers will need to allow McLaren time to complete the credentialing process and load the provider into their system before they can adjust the enrollment date. Health centers can check credentialing process and provider loading with their provider representative (please reach out to Kelsea if you have questions about your provider representative).

Meridian Health Plan

Meridian Health Plan (hereafter Meridian) had a change to their credentialing process very soon after our original update session in June. The Reference Guide was updated to reflect these changes in late July. MPCA has had feedback that the new process is easy to use, and it appears to be quicker than the previously established process. We have seen provider credentialing process through their new system in as little as 20 days. At this point, we don't have consistent 20-day processing, but we are considering this a step towards Meridian's 30-day goal. The workgroup has yet to report issues with retroactive coverage, but we are monitoring closely and will share more information in future updates.

Priority Health Choice

Priority Health Choice (hereafter Priority Health) originally denied a request to retroactive the enrollment date to the date of the application. After some communication on language change and a request to have leadership involved, Priority Health did make the effective date retroactive. This request and communication occurred via the Priority Health portal. We are still working to confirm claims were processed correctly and that future requests will be processed without additional details and requests.

United Healthcare Community Plan

United Healthcare Community Plan (UHCCP) also originally denied the request for a retroactive enrollment date. MPCA and our health center partners shared details on contract language and asked to have leadership involved. Once that request had been submitted, UHCCP was able to confirm they were aware of the contract language change and that they were working on a process to follow through with retroactive enrollment requests. We have not had any response to questions regarding the process, but we will continue to reach out until clarification has been provided. MPCA will share updates in future communications.

For Your Knowledge

- Contract language changes were made between the Medicaid Health Plan and MDHHS not the contract the health center has with the Medicaid Health Plan
- Contract language is as follows ‘Allow Provider to request retroactive effective date for network participation back to date of receipt of complete credentialing application’
- MPCA is working to collect clarification from MDHHS
 - Date of Contract Language Change and Applicability to CHAMPS Enrollment
 - Application of Language to both Providers and Location
- Details on how to locate Michigan MHP Credentialing Reference Guide
 - MPCA website (mpca.net) > Operations, Training, and Programs > Billing and Finance> Health Center Revenue Cycle Resources (about halfway down in purple) > Medicaid > 2. Credentialing