



Health Plan Management Services administers the following health plans:

Barry-Eaton Health Plan (BEHP)

Berrien Health Plan (BHP)

Branch Hillsdale St Joseph Health Plan (BHSJHP)

Coalition Health Access Program (CHAP-ABW)

Calhoun Health Plan (CHP)

Ingham Health Plan (IHP)

Ionia Health Plan (IOHP)

Jackson Health Plan (JHP)

Kalamazoo County Health Plan (KCHP)

Lenawee Health Plan (LEHP)

Livingston Health Plan (LHP)

Mid-Michigan Health Plan (MMHP),

Monroe County Health Plan (MCHP)

Washtenaw Health Plan (WHP)



Electronic Claim Changes

Effective 1/1/2011, the County Health Plans (CHPs) will have a new electronic claim payer ID number and clearinghouse. All EDI claims should be submitted through the Emdeon clearinghouse using **payer ID 63719**. Claims submitted using the old ID after 1/1/2011 will not be processed.

Emdeon submitted claims will now pass through an editing program allowing providers to receive some claim rejections from the CHP at the time of submission. These edits will include "Member Not Identified", "Duplicate Claim Sent within 45 Days of the Previous Claim", and "Claim Information is Missing or Incorrect".

Online Claim Viewing

Effective 1/1/2011, the CHPs will be utilizing a new Third Party Administrator for medical claims. As a result, claims will now be processed and viewed through a new software program. All providers wishing to view claims online submitted after 1/1/2011, will need to register with the new vendor. **Previous logins and passwords will not be valid.** Providers must register online at www.communityhealthplans.org. Click on "Provider Tools", then "Claim Services". On the left side of the screen, click on "Online Claim Status." You will find a link to the login application, instructions, and claim portal.



Explanation of Payments (EOPs)

Provider Explanation of Payments (EOP) will have a new look in January!

Watch for new explanation and rejection codes as well. As always, a full description of the code will be listed at the end of your EOP. Visit www.communityhealthplans.org for a complete listing of the most common codes used by the CHPs.



Health Plan Management Services web site offers many online forms including:

Benefit Determination (Authorization) Form

Claim Adjustment and Appeals Form

Claim Inquiry Status Form

W-9 Form

MDCH Sterilization Consent

MDCH Hysterectomy Form

MDCH Induced Abortion Consent

Provider Registration Form

Member Information Change Form

County Health Plan
PO Box 30125
Lansing, MI 48909

Phone:
866-291-8691

Claims Services Fax:
517-394-4590

Claims Services Email:
claimsservices@ingham.org

Authorizations

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Online authorizations coming soon! Primary Care and Specialty Providers will be able to submit all requests online and get immediate approval on many medical services. More information to come!



As a reminder, the CHP requires all services with the exception of office visits, labs, and x-rays be prior approved. This allows the CHP to notify a provider when a service is not a covered benefit. Some services such as bariatric surgeries, skin and vein procedures, nasal surgeries, and reconstructive procedures **require medical review** in order for the service to be covered.

Health Plan Coverage Changes

Copay Changes: Ingham Health Plan (IHP), Plan B, will be changing their specialty care copays from \$10.00 to **\$5.00** per visit effective for services rendered after **1/1/2011**. Members will **not** be receiving new cards at this time.

Substance Abuse Related Services: IHP, Plan A and B, will no longer pay for any service billed with a substance abuse diagnosis (Dx 303.00-305.99, V58.83) and drug testing procedure code (CPT 80100-80103 or G0430-G0431). Services rendered in the emergency room will remain covered for Plan A members. Contracted Primary Care Providers may still order drug testing labs for members with narcotic contracts. For more information related to this exception, please contact Customer Service at 866-291-8691.

Plan A members may receive substance abuse services through their local Substance Abuse Coordinating Agency using their mi-health card. Plan B members can also receive substance abuse related care through local programs. Call the Substance Abuse Care Coordination Center at 1-888-230-7629 or contact Customer Service for program information.

Supplies: Some **Plan B programs** will begin to cover limited durable medical supplies such as wound care products and casting supplies. If your Plan B patient requires supplies, please contact Customer Service to check coverage as they may be covered under the plan effective 1/1/2011. As always, these supplies will remain covered for all Plan A members.

Diabetic Education: Many Plan B programs will cover diabetic education administered through their local hospital or other Community Public Health Certified Diabetic Education program as of 1/1/2011. Contact Customer Service to see if your local CHP covers this service. Diabetic education is already a covered service for Plan A members.





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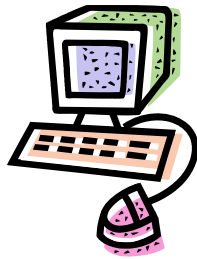
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CMS Electronic Health Record Incentive Program

The American Recovery and Reinvestment Act of 2009 (ARRA) signed into law on February 17, 2009, included the Health Information Technology for Economic and Clinical Health Act (HITECH Act), which established programs to provide incentive payments for the "meaningful use" of certified Electronic Medical Records (EMR). M-CEITA is available to assist Michigan Providers in navigating this new program. For programs who do not own an EHR, help is available to select, implement and meaningfully use certified technologies. For providers who already own an EHR, M-CEITA can help optimize use of the EHR in line with meaningful use definitions.



Medicare Incentives: Providers, dentists, podiatrists, optometrists, and chiropractors can receive up to \$44,000.

Medicaid Incentives: Physicians, dentists, NP's, CNMWS, and PA's who are practicing predominantly at FOHCs/RHCs directed by PAs, can receive up to \$63,750 over a six year period.

How to Find out More: www.mceita.org

CLAIM DEPARTMENT TIPS AND REMINDERS

Member ID Numbers: All paper and electronic claims must be billed with the member's County Health Plan (CHP) identification number. This is **not** the patient's Medicaid or Social Security number. **The CHP ID starts with the letters HPMS and is by followed six random digits.** This can only be obtained by accessing the members CHP card, the CHP eligibility web site, or by calling Customer Service at 866-291-8691. None of the State of Michigan eligibility systems display this number.

Claim Corrections: Claims requiring reconsideration due to changes in diagnosis, procedure codes, units, modifiers, or charge amounts **can not be mailed or submitted electronically.** They will reject as a duplicate claim. Forms must be printed hard copy and faxed to the Claims Services Department at 517-394-4590. The claim or fax cover sheet needs to indicate the correction.

