



PROVIDER NEWSFLASH

Molina Healthcare of Michigan

8/16/2010



Effective September 1, 2010 Molina Healthcare will allow Providers to submit their demographic changes either via e-mail, regular mail or by fax.

Molina Healthcare asks that you allow up to 60 days to process your request(s). If you have knowledge of changes in advance, specifically a TAX ID change, we ask that you submit those changes as soon as they are available so your information can be updated accurately and to **avoid any delay in claims reimbursement**.

We are excited about this change and the efficiency that it will provide to the processing of your change requests.

The form will be available at www.molinahealthcare.com in the Provider section under forms or you can contact your Territory Manager.

The requested changes are to be submitted, legibly, on the enclosed Provider Change Form, along with the supporting documentation to the following:

Mail: *Systems Configuration Dept*
 Molina Healthcare of Michigan
 100 West Big Beaver Rd; Ste 600
 Troy, MI 48084

Fax: *(248)925-1757*

Email: MHMProviderChangeForm@molinahealthcare.com

For questions, please contact the Provider Call Center at (888) 898-7969, Option 1.