



Provider Engagement Tool Kit

2018

MolinaHealthcare.com



Your Extended Family.

Provider Engagement Tool Kit

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Dear Provider:

Molina Healthcare's mission is to provide quality healthcare services to financially vulnerable families and individuals. This mission becomes even more important in light of the changing healthcare environment.

Molina Healthcare and its team of provider services representatives and quality specialists would like to partner with your office in our Provider Engagement Program. The program will provide valuable tools and resources to assist you in assuring Molina Healthcare members are receiving all the necessary services as described by the National Committee for Quality Assurance (NCQA) and Centers for Medicare and Medicaid Services (CMS).

This program includes help to:

- Maximize your pay for performance bonus
- Identify with you measures for improvement
- Notify members of needed services via telephone calls or mailings
- Develop processes to avoid missed opportunities

Thank you for your willingness to partner with Molina Healthcare. We look forward to working with you.

If you have any questions about the program, please contact your Molina Healthcare Provider Service Representative or Provider Engagement Specialist.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Taft Parsons III, MD".

Taft Parsons III, MD
Chief Medical Officer
VP- Medical Affairs

HEDIS (Healthcare Effectiveness Data and Information Set) consists of a set of performance measures utilized by health plans that compares how well a plan performs in these areas:

- Quality of Care
- Access of Care
- Member satisfaction with the health plan and doctors

WHY HEDIS IS IMPORTANT

HEDIS ensures health plans are offering quality preventive care and service to members. It also allows for a true comparison of the performance of health plans by consumers and employers.

VALUE OF HEDIS TO YOU, OUR PROVIDERS

HEDIS can help you save time while also potentially reducing health care costs. By proactively managing patients' care, you are able to effectively monitor their health, prevent further complications and identify issues that may arise with their care. HEDIS can also help you identify noncompliant members to ensure they receive preventive screenings. Lastly, as HEDIS measures are completed, physicians are eligible for performance bonuses.

VALUE OF HEDIS TO YOUR PATIENTS, OUR MEMBERS

HEDIS ensures that members will receive optimal preventive and quality care. It gives members the ability to review and compare plans' scores, helping them to make informed health care choices.

WHAT YOU CAN DO

- Encourage your patients to schedule preventive exams
- Remind your patients to follow up with ordered tests
- Complete outreach calls to noncompliant members or refer to Molina's Community Connector Program
- Molina offers a Provider Engagement Program that provides you with a Quality Specialist to work specifically with your office to improve HEDIS performance.
 - Please contact the Molina Provider Networking Department if you would like to request a Quality Specialist at: (855) 322-4077 or MHMProviderServicesMailbox@MolinaHealthCare.Com

Molina Healthcare-Available For You!

Department Contact Numbers

Line of Business (Department)	<u>Medicaid</u> <i>Healthy MI Plan, Children's Healthcare and Special Services, Aged, Blind and Disabled, Aid to Families with Dependent Children</i>	<u>Medicare</u> <i>MI Health Link</i>	<u>Duals</u> <i>Dual Eligible Special Needs Plan</i>	<u>Marketplace</u>
Transportation	Name: Logisticare Phone: (866) 569-1902 www.logisticare.com	Name: Logisticare Phone: (866) 569-1902 www.logisticare.com	Name: Logisticare Phone: (866) 569-1902 www.logisticare.com	N/A
Dental	Benefits/Eligibility Phone: (855) 609-5158	Name: Avesis Dental Phone: (800) 327-4462 www.avesis.com	Name: Molina Dental Phone: (855) 609-5158	Benefits/Eligibility Phone: (888) 560-4087
Vision	Name: Vision Service Plan Phone: (844) 853-6294 Fax: (916) 463-3924 www.vsp.com	Name: March Vision Phone: (844) 586-2724 Fax: (877) 627-2488 Lab Results: (855) 640-6737 www.marchvisioncare.com	Name: Vision Service Plan Phone: (844) 853-6294 Fax: (916) 463-3924 www.vsp.com	Name: Vision Service Plan Phone: (844) 853-6294 Fax: (916) 463-3924 www.vsp.com
Behavioral Health	Authorizations Phone: (888) 898-7969 Fax: (800) 594-7404	Authorizations Phone: (888) 898-7969 Fax: (800) 594-7404	Authorizations Phone: (888) 898-7969 Fax: (888) 295-7665	Authorizations Phone: (888) 898-7969 Fax: (800) 594-7404
Inpatient Prior Auth	Phone: (888) 898-7969 Fax: (800) 594-7404	Phone: (888) 898-7969 Fax: (888) 295-7665	Phone: (855) 322-4077 Fax: (800) 594-7404	Phone: (888) 898-7969 Fax: (800) 594-7404
Outpatient Prior Auth	Phone: (888) 898-7969 Fax: (800) 594-7404	Phone: (855) 322-4077 Fax: (844) 251-1450	Phone: (855) 322-4077 Fax: (800) 594-7404	Phone: (888) 898-7969 Fax: (800) 594-7404
Radiology/Advanced Imaging	Authorizations Phone: (855) 714-2415 Fax: (877) 731-7218	Authorizations Phone: (855) 714-2415 Fax: (877) 813-1206	Authorizations Phone: (855) 714-2415 Fax: (877) 813-1206	Authorizations Phone: (855) 714-2415 Fax: (877) 731-7218
Pharmacy	Name: CVS Caremark Phone: (888) 898-7969 Fax: (888) 373-3059 www.caremark.com	Name: CVS Caremark Phone: (888) 898-7969 Fax: (888) 373-3059 www.caremark.com	Name: CVS Caremark Phone: (888) 898-7969 Fax: (888) 373-3059 www.caremark.com	Name: CVS Caremark Phone: (855) 322-4077 Fax: (888) 373-3059 www.caremark.com
Transplant	Authorizations Phone: (855) 714-2415 Fax: (877) 813-1206	Authorizations Phone: (855) 714-2415 Fax: (877) 813-1206	Authorizations Phone: (855) 714-2415 Fax: (877) 813-1206	Authorizations Phone: (855) 714-2415 Fax: (877) 731-7218
Neonatal Intensive Care Units (NICU)	Authorizations Phone: (855) 714-2415 Fax: (877) 731-7220	Authorizations Phone: (855) 714-2415 Fax: (877) 731-7220	Authorizations Phone: (855) 714-2415 Fax: (877) 731-7220	Authorizations Phone: (855) 714-2415 Fax: (877) 731-7220
Call Center/Claims	Phone: (855) 322-4077 Fax: (248) 925-1765	Phone: (855) 322-4077 Fax: (248) 925-1765	Phone: (855) 322-4077 Fax: (248) 925-1765	Phone: (855) 322-4077 Fax: (248) 925-1765
PIRR/Appeals and Disputes	Phone: (855) 322-4077 Fax: (248) 925-1768	Phone: (855) 322-4077 Fax: (248) 925-1768	Phone: (855) 322-4077 Fax: (248) 925-1768	Phone: (855) 322-4077 Fax: (248) 925-1768
Medical PA Requests	Phone: (855) 322-4077 Fax: (800) 594-7404	Phone: (855) 322-4077 Fax: (800) 594-7404	Phone: (855) 322-4077 Fax: (800) 594-7404	Phone: (855) 322-4077 Fax: (800) 594-7404



Molina Healthcare-Available For You!

Department Contact Numbers

Provider Services (248) 729-0905 and **Provider Contracting** (248) 729-0900

The Provider Manual, Prior Authorization (PA) Guide, PA Matrix, and Physician Office Lab Testing (POLT) Grid are available online for all lines of business:

Medicaid: <http://www.molinahealthcare.com/providers/mi/medicaid/pages/home.aspx>

Medicare: <http://www.molinahealthcare.com/providers/common/medicare/Pages/medicare.aspx>

Duals: <http://www.molinahealthcare.com/providers/mi/duals/Pages/home.aspx>

Marketplace: <http://www.molinahealthcare.com/providers/mi/marketplace/pages/home.aspx>

Molina Member Sample ID Cards are located in the Provider Manual.

Thank you for serving Molina Members!

In order to be considered an EPSDT visit, documentation in the medical record must include:

1. A health and development history (physical and mental)
2. Physical exam
3. Health education/anticipatory guidance (see examples on next page)

Recommended Ages for Checkups:

As a newborn	Make Every Office Visit Count
3-5 days	Avoid missed opportunities by taking advantage of every Molina member office visit to provide a well-child visit, immunizations, lead testing and BMI calculations. - A sports physical becomes a well-child visit by adding anticipatory guidance (e.g. safety, nutrition, health, and social/behavior) to the sports physical's medical history and physical exam. - A sick visit and well child visit can be performed on the same day when you add a modifier 25 to the sick visit and bill for the appropriate well visit. Molina will reimburse for both services plus you will receive an incentive bonus payment! - Molina will reimburse you for 1 well child visit per calendar year for children 3 years of age and older. You do not need to wait 12 months between the visits. Remember infants between the ages of 0 and 15 months need <u>at least</u> 6 well-child visits.
By 1 Month	
2-3 Months	
4-5 Months	
6-7 Months	
9-10 Months**	
12-13 Months	
14-15 Months	
18 Months**	
24 Months	
30 Months**	
Yearly visits Beginning at age 3	

**Standardized screening tools, such as Ages and Stages Questionnaire (ASQ), must be performed at the 9, 18, and 30 months visits. Bill for the screening in addition to the EPSDT visit by using procedure code 96110.

Additional Well Child Services Include:

Weight Assessment and Nutrition Counseling

Children 3-17 years should have the following performed and documented in the medical file once per year:

1. BMI - Must include height, weight and BMI percentile or BMI percentile plotted on age-growth chart

**For patients 16-17 years on date of service, documentation of a BMI value expressed as kg/m² is acceptable.*

2. Counseling for Nutrition & Physical Activity

-Must include a note indicating date and what was discussed

What to Update in MCIR

*Immunizations within 72 hours of administration

*Lead test results

*BMI

*EPSDT visits

Reporting EPSDT (Well Child) Visits

Age	CPT Codes for Established Patients	CPT Codes for New Patients
Under 1 year	99391	99381, 99432
1 - 4 years	99392	99382
5 - 11 years	99393	99383
12 - 17 years	99394	99384
18 and above	99395	99385

*ICD-9-CM Diagnosis Codes: V20.2, V70.0, V73.3, V70.5, V70.6, V70.8, V70.9

ICD-10-CM Diagnosis Codes: Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0-Z02.62, Z02.5-Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9

*ICD-9 codes are included for historical purposes only and can no longer be used for billing.

Please contact the Molina Claims Department at 1-888-898-7969 with any questions or concerns regarding submission of encounter data.

Anticipatory Guidance/Health Education

Name _____ DOB _____ Date of Service _____

Age: 3 Years

Safety

- ☐ Seatbelt/Booster seats
- ☐ Matches/Poisons/Guns
- ☐ Smoking exposure
- ☐ Fires/Burns
- ☐ Playground/Stranger
- ☐ Water safety

Nutrition

- ☐ Variety/Low fat/Limit sweets
- ☐ Family meals

Health

- ☐ See Dentist/Brush teeth
- ☐ Poison Control

Social/Behavior

- ☐ Socialization
- ☐ Sibling relationships
- ☐ Exploration/Physical activity
- ☐ Praise/Talking/Interactive reading
- ☐ Limit TV
- ☐ Community programs/Preschool
- ☐ Toilet training

Age: 5 Years

Safety

- ☐ Pedestrian/Playground/Stranger
- ☐ Seatbelts/Booster seats
- ☐ Matches/Poisons/Guns
- ☐ Fire/Burns
- ☐ Bike Helmet

Nutrition

- ☐ Healthy meals & snacks
- ☐ Family meals

Health

- ☐ Tooth care/Brush teeth
- ☐ Dental exam/sealants
- ☐ Adequate sleep/Physical activity
- ☐ Curiosity about sex

Social/Behavior

- ☐ Family Rules/Respect/Right from wrong
- ☐ Praise/Encourage
- ☐ Handle anger/Conflict resolution
- ☐ Prepare child for school
- ☐ Tour school/Meet teacher
- ☐ Affection

Age: 10- 14 Years

Safety

- ☐ Seatbelts/Bike helmet/Sunscreen/Sports
- ☐ Weapons
- ☐ Drugs/Alcohol/Tobacco

Nutrition

- ☐ Variety/Limit sweets
- ☐ Adequate calcium
- ☐ Adequate Iron in females
- ☐ Weight management
- ☐ Weight training/Changes

Health

- ☐ Adequate sleep/Exercise/Physical activity
- ☐ Stress/Nervousness/Sadness
- ☐ How to say no/Abstinence
- ☐ Drugs/alcohol
- ☐ Sexual feelings normal
- ☐ Body changes
- ☐ See Dentist

Social/Behavior

- ☐ Family time
- ☐ Peer pressure/Refusal
- ☐ School activities
- ☐ Religious/Cultural/Volunteer activities
- ☐ School issues

Age 4 Years

Safety

- ☐ Seatbelts/Booster seats
- ☐ Matches/Poisons/Guns
- ☐ Smoking exposure/Alarms
- ☐ Bike Helmet
- ☐ Safety/Water/Playground/Stranger

Nutrition

- ☐ Variety/Low fat/Limit sweets
- ☐ Family meals

Health

- ☐ See Dentist/Brush teeth
- ☐ Poison Control
- ☐ Sexuality
- ☐ Sucking habits

Social/Behavior

- ☐ Rules for behavior
- ☐ Listen/Respect/Interest in activities
- ☐ Household duties/Responsibilities
- ☐ Praise/Talking/Interactive reading
- ☐ Limits/Time out
- ☐ Community programs/Preschool
- ☐ After school child care

Age: 6 -10 Years

Safety

- ☐ Seatbelts/Bike helmet/Water/Neighborhood/Sports
- ☐ Matches/Poisons/Guns
- ☐ Drugs/Alcohol/Tobacco

Nutrition

- ☐ Food choices (Fruits, Veg, Grains)
- ☐ Adequate calcium

Health

- ☐ Adequate sleep/Exercise/Physical activity
- ☐ Personal space
- ☐ Puberty/Sexual development
- ☐ Personal hygiene
- ☐ Dental emergency care

Social/Behavior

- ☐ Limit TV
- ☐ Self discipline
- ☐ Chores
- ☐ Reading/Hobbies/Talents
- ☐ Community/School programs
- ☐ Positive interaction with adults
- ☐ Know child's friends/families
- ☐ Reasonable expectations
- ☐ Time out restrictions/Rewards
- ☐ School issues

Age: 14 – 20 Years

Safety

- ☐ Seatbelts/Speed limits
- ☐ Alcohol/Drugs/Weapons
- ☐ Self protection
- ☐ Tanning/Sun screen
- ☐ Job safety
- ☐ Athletic conditioning/Fluids

Nutrition

- ☐ Food choices
- ☐ Three meals a day/Nutritious snacks
- ☐ Weight management/Dieting

Health

- ☐ Birth control/Safe sex
- ☐ How to say no/Abstinence
- ☐ STD/HIV/AIDS
- ☐ Alcohol/Drugs/Tobacco
- ☐ Stress/Nervousness/Sadness
- ☐ Suicide/Depression
- ☐ Sexual feelings normal
- ☐ See Dentist
- ☐ Self-exam (breast, testicular)

Social/Behavior

- ☐ Trust feelings/Listen to friends/Adults
- ☐ Handle anger/Conflict resolution
- ☐ Frustrations/Dropping out
- ☐ Future plans/College/Career
- ☐ Respect others, parents' limits/Consequences
- ☐ New skills/Talents
- ☐ Health care consumer

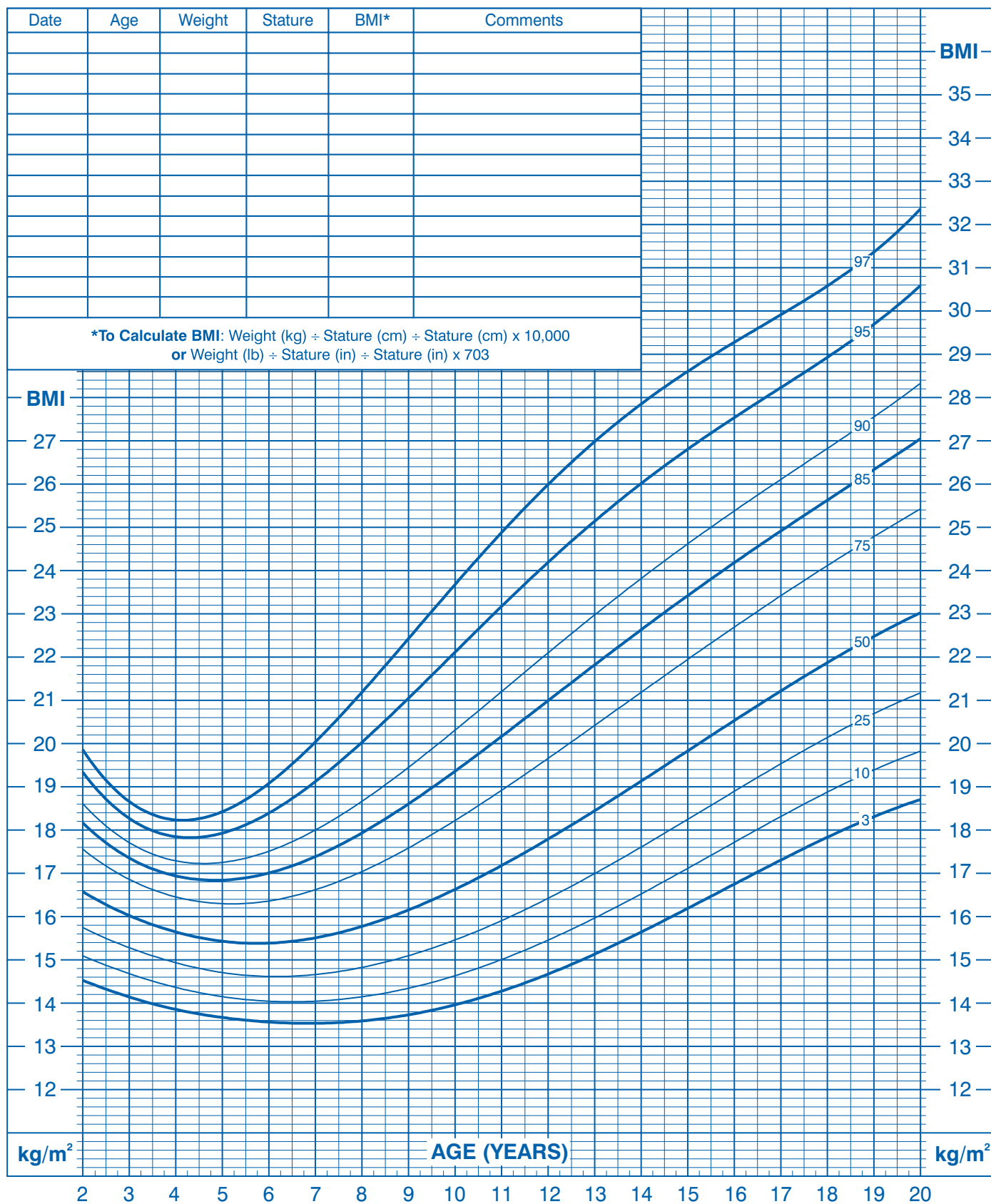
Physician Signature _____ Date _____

2 to 20 years: Boys

Body mass index-for-age percentiles

NAME _____

RECORD # _____



Published May 30, 2000 (modified 10/16/00).

SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).
<http://www.cdc.gov/growthcharts>



SAFER • HEALTHIER • PEOPLE™

Body mass index-for-age percentiles

NAME _____

RECORD # _____

[illegible]

Published May 30, 2000 (modified 10/16/00).

SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000). <http://www.cdc.gov/growthcharts>



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Procedure for Ordering Lead Testing Kits (Finger Stick Kits)

To receive test kits:

- Provider Site will obtain a Clinic Code by Michigan Department of Health and Human Services (MDHHS).
- Contact MDHHS at (517) 335-9040
 - Provide:
 - Site Name
 - Address
 - Phone Number
 - Contact Person
 - A choice to have lead test results:
 - Mailed or
 - Faxed back to the provider's office

Link to PDF Lead Testing Kit order form:

- http://www.michigan.gov/documents/dch-0568_7396_7.pdf

Comments or questions regarding test results or testing methods contact the Trace Metals Unit:

- Keri Fischer, Acting Trace Metals Unit Manager
Phone: 517-335-8357
FisherK@michigan.gov
or
- Tom Mailand, Laboratory Scientist
Phone: 517-335-9639
MailandT@michigan.gov

Comments or questions regarding submitted specimens, ETOR, or to request reprints of results contact the DASH Unit:

- Matthew Bashore, Data and Specimen Handling Unit (DASH) Supervisor
Phone: 517-335-8059
BashoreM@michigan.gov

MY ASTHMA ACTION PLAN



MY NAME: _____

MY PROVIDER'S NAME: _____

PHONE: _____

MY PHARMACY: _____

PHONE: _____

WHAT ARE COMMON ASTHMA TRIGGERS?

- Exercise
- Illness or colds
- Dust
- Pollen
- Emotions
- Mold or mildew
- Pet dander
- Certain foods
- Tobacco or wood smoke
- Strong odors

WHAT IS A CONTROLLER MEDICINE?

Controller medicines help prevent asthma symptoms. Use them each day as prescribed by your provider. Talk to your provider about how long your medicine will last. Refill your medicine 5 to 7 days before it is gone.

WHAT IS RESCUE OR QUICK RELIEF MEDICINE?

Rescue or quick relief medicines act quickly to open the airways and make it easier to breathe. Use these medicines to treat an asthma attack. They relieve symptoms like shortness of breath, coughing, chest tightness or wheezing. This medicine will not help to control your asthma.

WHAT ARE MY ASTHMA TRIGGERS?

MY ASTHMA ACTION PLAN



I FEEL WELL

- Breathing is good
- No cough, wheeze or shortness of breath
- Can work and play

My Peak Flow Number

_____ to _____

My Best Peak Flow is:

I take these long-term controller medicines each day:

Medicine	How Much:	Take When:	Last Filled On:	Need a Refill On:
_____	_____	_____	___/___/___	___/___/___
_____	_____	_____	___/___/___	___/___/___
_____	_____	_____	___/___/___	___/___/___
_____	_____	_____	___/___/___	___/___/___

Before exercise, I take:

Medicine	How Much:	Take When:	Last Filled On:	Need a Refill On:
_____	_____	_____	___/___/___	___/___/___



I DO NOT FEEL WELL

- Cough, wheeze, shortness of breath or chest tightness
- Hard to breathe
- Wake up at night

My Peak Flow Number

_____ to _____

In addition to my long-term controller medicine each day, I take these relief medicines when my asthma gets worse:

Medicine	How Much:	Take When:	Last Filled On:	Need a Refill On:
_____	_____	_____	___/___/___	___/___/___
_____	_____	_____	___/___/___	___/___/___
_____	_____	_____	___/___/___	___/___/___
_____	_____	_____	___/___/___	___/___/___

Call your provider if you have these symptoms often, or if your relief medicine does not work.



I FEEL AWFUL

- Medicine not helping
- Breathing hard, fast
- Can't talk or walk well
- Very short breaths

My Peak Flow Number

_____ to _____

Medical Alert – Get Help Now!

In addition to my long-term and relief medicines, I take these medicines until I can talk to my provider:

Medicine	How Much:	Take When:	Last Filled On:	Need a Refill On:
_____	_____	_____	___/___/___	___/___/___
_____	_____	_____	___/___/___	___/___/___
_____	_____	_____	___/___/___	___/___/___
_____	_____	_____	___/___/___	___/___/___

Call 911 if your asthma attack is severe and does not improve.

Immunization Quality Improvement: Increasing HPV Vaccination



Evidence-based & Proven strategies!

- ♦ 2-dose HPV for adolescents not yet 15 years old.
- ♦ Proactive approaches that have helped other practices
- ♦ Information and resources on HPV vaccine safety and efficacy

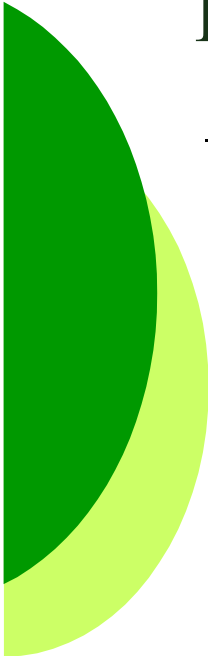
This HPV-Focused QI activity can assist practices to meet the adolescent immunization HEDIS indicator.

Complete the on-line form to schedule this QI-activity for your practice:

<https://www.surveymonkey.com/r/QIHPV>

This QI activity is free for any Michigan practice (with patients 9 – 26 years old)

Stephanie Sanchez, MDHHS Division of Immunization
AFIX Quality Improvement Coordinator
Email: Sanchezs@michigan.gov or
Phone: 517 284 4890



Immunization Quality Improvement: Increasing HPV Vaccination

Michigan's Immunization Division continues to offer this QI activity to any Michigan provider office (with patients aged 9-26 years). The 1-hour meeting can assist the staff with existing efforts (or create new ones!) to increase HPV vaccination of adolescent patients. Physician offices that participate in the QI activity will have a one-hour meeting (in-person is preferred, but can be live web conference) for the staff at the practice. A physician or other licensed provider must be present. The physician's office is encouraged to designate a staff person as the "HPV champion". The HPV Champion will participate with MDHHS staff in 2-3 follow-up phone calls and will be involved with developing and implementing an Immunization Quality Improvement plan for the physician's office.

The HPV-Focused Immunization Quality Improvement activity includes:

- A 1-hr meeting in person or a live web conference that is focused on evidence based quality improvement strategies to increase timely HPV vaccination
- Proactive approaches to the HPV vaccine will be reviewed, MCIR reports specific for the practice will contain current listings of patients not complete for HPV vaccine series.
- Free assistance and training on identifying current patients used in coverage levels for your practice and what to do with people that are no longer a patient at the practice.
- Free resources and materials will be made available for staff, parents and adolescents.
- Commitment of MDHHS Immunization Quality Improvement staff to be available to the practice for continued support—we are dedicated to help the practice become more effective with timely HPV vaccine administration.
- Efficient and effective strategies, this QI activity is not intended to create change and increase staff time with HPV vaccine. A goal is to assist with possible current efforts, saving staff time and lead to increased HPV coverage levels.

The HPV-Focused Quality Improvement activity contains several resources, education and assistance is free for any Michigan practice with patients 9-26 years old.

The QI strategies are catered toward the specific needs of the staff and office.

Results may increase the patient flow and improve HEDIS adolescent immunization measures. This activity is supported and endorsed by the CDC Immunization Division.

Complete the [online enrollment form](https://www.surveymonkey.com/r/QIHPV) and the MDHHS Immunization QI staff will schedule the meeting with the practice.

<https://www.surveymonkey.com/r/QIHPV>

DOCUMENTATION

Prenatal visit within 13 weeks of pregnancy or within 42 days of enrollment

Proper documentation consists of: A visit to an OB/GYN, practitioner, midwife, family practitioner or primary care practitioner with one of the following: basic physical obstetrical exam that includes auscultation of fetal heart tone or pelvic exam or measurement of fundus height or screening test in the form of an obstetrical panel or echography of a pregnant uterus. Primary care providers must include principle diagnosis of pregnancy with and LMP or EDD.

CODING

Prenatal Care Visits	CPT: 99201-99205, 99211-99215, 99241-99245, 99500 CPT II: 0500F, 0501F, 0502F HCPCS: H1000-H1004, T1015, G0463 UB Rev: 0514
Obstetric Panel	CPT: 80055, 80081
Prenatal Ultrasound	CPT: 76801, 76805, 76811, 76813, 76815-76821, 76825-76828 *ICD-9 Procedure: 88.78 ICD-10 PCS: BY49ZZZ, BY4BZZZ, BY4CZZZ, BY4DZZZ, BY4FZZZ, BY4GZZZ
ABO and Rh	CPT (ABO): 86900 CPT (Rh): 86901
TORCH	CPT (Toxoplasma): 86777, 86778 CPT (Rubella): 86762 CPT (Cytomegalovirus): 86644 CPT (Herpes Simplex): 86694, 86695, 86696
Pregnancy Diagnosis (for PCP, use these codes and one of the codes above)	*ICD-9 Diagnosis: 640.x3, 641.x3, 642.x3, 643.x3, 644.x3, 645.x3, 646.x3, 647.x3, 648.x3, 649.x3, 651.x3, 652.x3, 653.x3, 654.x3, 655.x3, 656.x3, 657.x3, 658.x3, 659.x3, 678.x3, 679.x3, V22-V23, V28 ICD-10: O09.211-213, O09.219, O09.291-293, O09.299, O09.30-33, O09.40-43, O09.511-513, O09.519, O09.521-523, O09.611-613, O09.619, O09.621-623, O09.629, O09.70-73, O09.811-813, O09.819, O09.821-823, O09.829, O09.891-893, O09.899-93 *ICD-9 codes are included for historical purposes only and can no longer be used for billing.

DOCUMENTATION

Postpartum visits should be scheduled between 21-56 days after delivery (includes women with C-section)

Proper documentation consists of: Pelvic exam, or breast and abdomen check, evaluation of weight and blood pressure, or notation of "Postpartum care" or "PP care" or "PP check," or "6 week check"

CODING

CPT: 57170, 58300, 59430, 99501
CPT II: 0503F **HCPCS:** G0101
***ICD-9-CM Diagnosis:** V24.1, V24.2, V25.11, V25.12, V25.13, V72.31, V76.2
***ICD-9-CM Procedure:** 89.26
ICD-10-CM Diagnosis: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2
***ICD-9 codes are included for historical purposes only and can no longer be used for billing.**

INCENTIVES (For Medicaid Members Only.)

Program	Age / Gender	Eligible Population	Gift	What does the member have to do to receive the gift?	Who sends the gift and when?
Prenatal	Women	Pregnant Members	\$25 Gift Card	Existing members who have a prenatal visit within their 1 st trimester OR new members within the first 42 days of enrollment.	\$25 Gift Card will be mailed from Merrill after verification of visit and Molina receives Gift Card from. *see next page for form
Postpartum Visit	Women	Women who have recently delivered a baby.	\$25 Gift Card	The member has to have her postpartum visit within 21-56 days after delivery.	Gift cards are mailed from Merrill after claim verification of the visit is received.

TRANSPORTATION (For Medicaid Members Only.)

For transportation to medical appointments call Molina Healthcare at (888) 898-7969. It is important to call 3 days in advance of your appointment to schedule the transportation.



880 W. Long Lake Rd, Suite 600
Troy, MI 48098

Receive a \$25 Wal-Mart Gift Card For attending your 1st Prenatal visit as a Molina Healthcare Member

You may be eligible to receive a Gift Card from Molina Healthcare for attending your 1st prenatal visit as a MOLINA member with your OB doctor:

MAKE YOUR APPOINTMENT after your effective date with Molina and due date.

- Take this letter to your 1st prenatal appointment as a MOLINA MEMBER.
- Have your OB doctor or staff:
 - Fill out the office part of this letter
 - **STAMP it with the OFFICE STAMP**
 - Fax it to Molina Healthcare Attn: Morgan at 248-925-1732

OFFICE (to be filled out by office staff member)

Date of 1st visit as a Molina Member ____/____/____ Baby Due Date ____/____/____

OB Provider Signature: _____ OB/Clinic Stamp: _____

OB Name (print): _____

Address: _____ Phone: _____

City: _____ Zip: _____

Call the Molina at 1-888-562-5442 ext. 151006 for more information!!!

For a free ride to medical appointments call Molina Healthcare at 1-888-898-7969 during regular business hours, 8am – 5pm, Monday – Friday. It is important to call 3 days in advance of your appointment to schedule the ride.

****** MAIL GIFT CARD TO ******

Member's Name: _____ Molina ID # _____

Address: _____ City: _____

Zip: _____ Phone: _____



Just the Fax

A fax bulletin from Molina Healthcare of Michigan (MMI) March 30, 2018

New Health Risk Assessment (HRA) **Health Risk Assessment Provider Incentive!!**

The NEW HRA is a health survey for Healthy Michigan members to evaluate their health risks and quality of life. It is designed to identify healthy behavior goals and is intended to be completed during a member's annual well care visit.

Non-frail Healthy Michigan Members that did not have a completed HRA annually based on their enrollment date are at risk for being dis-enrolled from the Healthy Michigan Plan into the Healthy Michigan Plan (HMP) Marketplace.

How can you help?

Encourage your members to receive their annual well care visits and complete the HRA. Molina does not utilize a CPT code on a claim to track HRAs. Lab results are valid up to one year of the current visit date.

****NEW SUBMISSION PROCESS****



Complete Section 4 of the HRA and sign



Fax or mail completed HRAs to:
Maximus or Molina Healthcare of MI



The Health Risk Assessment form can also be submitted and viewed in the **CHAMPS** system via the Health Risk Assessment Questionnaire web page

FAX completed HRAs to:

Maximus at (517) 763-0200

OR

Molina Healthcare of MI at
(855) 671-1283

For members who reside in the counties of Genesee, Bay, Saginaw, Tuscola, Lapeer or Shiawassee, submit completed HRA's to our secure fax at (810) 232-0457.

MAIL completed HRAs to:

Molina Healthcare of Michigan
Attn: Healthcare Services
880 W Long Lake Rd, Suite 600, Troy, MI 48098

INCENTIVE

BONUS

\$25 ANNUALLY

Additional \$25 if completed
within 150 days of enrollment

Please contact your Provider Service Representative or the Provider Services Department with additional questions.

Phone: (248) 729-0905; Email: MHMPProviderServicesMailbox@MolinaHealthcare.com

Molina Healthcare Marketplace

Frequently Asked Questions (FAQ)

Q. What is Marketplace?

A. The Health Insurance Marketplace is the federally facilitated insurance marketplace “Exchange” where individuals and small businesses are able to shop for and compare health coverage. Any individual or family may buy coverage in the Marketplace. Federal tax credits/Advance Premium Tax Credit (APTC/subsidies) are available to help with the cost of coverage for plans sold on the Marketplace/Exchange.

Q. What is the Molina Marketplace product?

A. Molina’s Marketplace plan is designed to provide coverage and continuity of care as a member’s governmental coverage changes and for those who may not qualify for government programs.

Q. How are Molina Marketplace plans different from other Molina products?

A. The Marketplace plans have various levels of benefits, **member out of pocket costs (i.e. copays, coinsurance and deductibles)** and restricted provider networks (Kent, Macomb, Oakland, Washtenaw and Wayne Counties).

Q. When is enrollment for Marketplace members?

A. Open enrollment for 2017 coverage is November 1, 2016 through January 31, 2017. After the open enrollment period ends, members can only enroll under special circumstances (qualifying events) like marriage or birth.

Q. How can I identify a Molina Marketplace member?

A. By any of the following methods:

- Member Roster: <https://provider.molinahealthcare.com/provider/login>
- Contacting the Provider Contact Center (888)-560-4087
- By the member ID card



Molina Marketplace			
ID #: 0000000000			
Member: JOHN Q PUBLIC		Plan: Molina Silver 100 Plan	
DOB: 00/00/0000			
Subscriber Name: JOHN Q PUBLIC			
Subscriber ID: 0000000000			
Provider: SAMPLE PCP NAME			
Provider Phone: (555) 555-5555			
Provider Group: SAMPLE MEDICAL GROUP			
Medical Cost Share		Prescription Drugs	
Primary Care: Not Applicable		Generic Drugs: \$2	
Specialist Visits: \$10		Preferred Brand Drugs: \$15	
Urgent Care: \$15		Non-Preferred Brand Drugs: 10%	
ER Visit: \$100		Specialty Drugs: 10%	
Molina Healthcare of Michigan, Inc. Rx Birt: 000000 Rx PCN: ADV Rx Group: RX0000			

This card is for identification purposes only and does not prove eligibility for service.

Member: Emergencies (24 hrs): when a medical emergency might lead to disability or death, call 911 immediately or get to the nearest emergency room. No prior authorization is required for emergency care.

Miembro: Emergencias (24 horas al día): si una emergencia médica puede resultar en muerte o discapacidad, llame al 911 inmediatamente o acuda a la sala de emergencias más cercana. No necesita autorización previa para los servicios de emergencia.

Remit claims to: Molina Healthcare, P.O. Box 22668, Long Beach, CA 90801

Customer Support Number: (888) 560-4087

24 Hour Nurse Advice Line: (888) 275-8750

Línea de Consejos de Enfermeras 24 horas al día (español): (866) 648-3537

CVS Caremark Pharmacy Help Desk: (800) 364-6331

Provider: Notify the health plan within 24 hours of any inpatient admission at the hospital admission notification phone number.

Prior Authorization/Notification of Hospital Admission and Covered Services: (855) 322-4077

MolinaMarketplace.com

Molina Healthcare Marketplace

Frequently Asked Questions (FAQ)

Q. Do Molina Marketplace members have to be assigned a PCP?

A. Yes, members must select a PCP within 30 days of joining Molina otherwise Molina will select a PCP for them. Members can change their PCP at any time.

Q. Where do I find providers that participate with Molina Marketplace?

A. By contacting the Provider Contact Center at (888)-560-4087 or the online Provider Directory <https://providersearch.molinahealthcare.com/Provider/ProviderSearch>

Q. How do I know if I participate in Molina Marketplace plans?

A. Providers that are contracted with Molina Marketplace participates in **all** Molina Marketplace plans. You may also contact the Provider Contact Center at (888)-560-4087 or the online Provider Directory <https://providersearch.molinahealthcare.com/Provider/ProviderSearch>

Q. How can I request to be contracted with the Molina Marketplace plans?

A. You may submit your request via email to:
MHMProviderContractingMailbox@molinahealthcare.com

Q. What is the Molina Marketplace Prior Authorization process?

A. Please refer to our Marketplace Prior Authorization/Pre Service Review Guide on the Molina website at: <http://www.molinahealthcare.com/providers/mi/marketplace/forms/Pages/fuf.aspx>.

Q. Where do I submit and view Molina Marketplace claims to Molina?

A. Claims submission and claims viewing information can be found online at:
<http://www.molinahealthcare.com/providers/mi/marketplace/manual/Pages/provd.aspx>.

Q. Where can I find information about appeals for Molina Marketplace?

A. Please access the Provider Manual at:
<https://www.molinahealthcare.com/providers/mi/marketplace/manual/pages/provd.px>

Q. What if my patient is inpatient at the time of Molina Marketplace enrollment?

A. Regardless of what program or health plan the member is enrolled in at discharge, the program or plan the member is enrolled with on the date of admission shall be responsible for payment of all covered inpatient facility and professional services provided from the date of admission until the date the member is no longer confined to an acute care hospital.

Molina Healthcare Marketplace

Frequently Asked Questions (FAQ)

Q. How is newborn enrollment handled for Molina Marketplace?

A. When a Molina Marketplace Subscriber or their spouse gives birth, the newborn is automatically covered under the Subscriber's policy with Molina Healthcare for the first 31 days of life.

**In order for the newborn to continue with Molina Healthcare coverage past this time, the infant must be enrolled through the Marketplace Exchange with Molina Healthcare on or before 60 days from the date of birth.*

Q. What types of Molina Marketplace benefit plans are available?

A. The 2017 Molina Marketplace benefit plans are as follows:

- Bronze Level
- Silver Level: 100, 150, 200, 250
- Gold Level:

For an overview of the Molina Healthcare of Michigan Marketplace plans visit the following link: <http://www.molinahealthcare.com/members/mi/enUS/PDF/Marketplace/brochure-2017.pdf>.

Q. What is the “Grace period” for Molina Marketplace members that receive APTC/subsidy?

A. Molina Marketplace members that receive subsidy are given a three month grace period to pay his/her premiums. The grace period rules are as follows:

- Members will have to pay at least one month of premium for the benefit year
- During the first month of the grace period, Molina will pay the appropriate claims for covered services. However, during the second and third month of the grace period, Molina will not pay claims for services received, and will pend them. Members are responsible for any services received during the second and third months of the grace period if they do not pay the balance of his/her premium.

Q. What is the “Grace period” for Marketplace members who DO NOT receive subsidy?

A. Molina Marketplace members who DO NOT receive a subsidy are given a 30-day grace period.

Q. How do I sign up for EFT (Electronic Funds Transfer)?

A. Please visit the Molina website at:

<http://www.molinahealthcare.com/providers/common/marketplace/ediera/era/Pages/enrolleraeft.aspx>

Q. How do I contact my Provider Service Representative?

A. Please contact Provider Services at (855) 322-4077.

Molina Community Connector



Community Connectors Interventions Reference Guide

COMMUNITY KNOWLEDGE

- Assist in accessing community resources
- Information on utilities assistance agencies
- Housing resources for homeless
- Caregiver assistance resources
- Food bank locations
- Food stamps, Social Security agencies
- Facilitate health and social services applications
- Access Meals on Wheels for homebound
- Support Groups information
- Financial resources and Medicaid eligibility

HEALTH COACHING

- Provide Molina benefits education
- Help schedule appointments with providers
- Arrange transportation for healthcare visits
- Follow-up on missed appointments
- Conduct ongoing telephonic and/or face-to-face outreach visits
- Encourage completion of preventive screenings
- Encourage immunizations for children
- Employ behavior change strategies
- Support for members with special needs

CAPACITY BUILDING

- Promote positive health behaviors
- Teach member how to navigate health care system
- Instruct how to access transportation resources
- Assist in building a support system through family, church, friends, community
- Help member with learning basic skills: grocery shopping, paying bills
- Act as member advocate
- Support self-care management of chronic conditions

HEALTH OUTREACH

- Locate member
- Review claims/care management databases
- Travel to last known address
- Contact providers, caregivers
- Travel to community resources locations
- Assess member needs through home visits
- Complete appropriate assessments
- Help get prescriptions filled
- Connect member to a Primary Care Physician
- Help eliminate barriers to following Care Plan
- Provide alternatives to Emergency Room visits
- Conduct safety check in home setting
- Help identify if a support system in home setting exists
- Identify barriers to accessing care

SYSTEM NAVIGATION

- Document contact and interventions in CCA
- Communicate findings to Case Manager or other Molina staff as appropriate
- Review Molina databases - addresses, claims
- Participate in projects and meetings as assigned
- Perform follow-up tasks as indicated
- Attend Interdisciplinary Care Team meetings

FAX

To: Molina Healthcare HCS Department **From:**

Fax: 1-800-594-7404 **Phone:**

Phone: 1-888-898-7969 (ext: 150832 or ext:150838)

Re: Community Connector Referral **Date:**

☐ Urgent ☐ For Review Please Reply ☐ Telephonically OR ☐ Written Report

▪ Comments:

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Community Connector Referral Form

MOLINA HEALTHCARE COMMUNITY CONNECTORS:

Molina Healthcare Community Connectors are available to provide in-home visitation and assist members to navigate the care system and obtain necessary services that will adequately meet their medical needs. All Molina Healthcare members *are* eligible for the Community Connector program. Members who should be referred to a Community Connector are those actively in treatment but are failing to meet care plan milestones. If you would like to refer a Molina Healthcare member for this program, please complete this form and fax it to: **Molina Healthcare of Michigan Utilization Management Department at 1-800-594-7404.**

COMMUNITY CONNECTOR REFERRAL FORM:

Date: _____

Referral Requestor: _____ **Requestor Contact#:** _____

Member Name: _____ **Member ID#:** _____

Member Phone# : _____ **Member Primary Language:** _____

Legal Guardian: (Name/#): _____ **PCP (Name/#):** _____

Diagnosis: _____ **Recent Hospitalization Date/s:** _____

Referral Reason: _____

Medications: _____

Current Home Health Care Services (Circle): **RN Visits** **PT/OT/ST** **IV Fluids/Meds**

Home Health Care Services Needed? Yes/No If Yes, list: _____

Current DME Use: _____ **DME Required? Yes/No If Yes, list:** _____

List any Behavioral Care Needs: _____

List Current Living Situation: _____

Caregiver Available to Assist: Yes/No? If Yes, Name/#: _____

Comments: _____

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Request to Change Primary Care Provider

☐ **Medicaid** (Healthy MI and CSHS) ☐ **Molina Dual Options** (MI Health Link) ☐ **Marketplace** ☐ **Medicare** (D-SNP)

Member's Name: _____ Member's Molina ID #: _____
Please print FIRST and LAST name Date of Birth: _____

Additional Family Molina Members

Member's Name: _____ Member's Molina ID #: _____
Please print FIRST and LAST name

Member's Name: _____ Member's Molina ID #: _____
Please print FIRST and LAST name

Member's Address: _____
(Please print)
City: _____ State: _____ ZIP: _____

Member's Phone: (____) _____ Cell or Alt. #: (____) _____

My Molina ID card currently has my Primary Care Provider listed as: _____
Please print provider's name

I would like to change my Primary Care Provider to: _____
Please print NEW provider's name

NEW Provider's Address: _____
(Please print)
City: _____ State: _____ ZIP: _____

NEW Provider's Phone: (____) _____

Signature of Member or Delegated Guardian

Relationship

Print FIRST and Last Name

Date

Fax completed form to: (810) 275-9264
Provider Services

please call toll-free at (855) 322-4077

Mail to: Molina Healthcare of Michigan, Inc.
1321 S. Linden Road
Flint, MI 48532



Claim Dispute/Appeal Request Form- Michigan

This is not a status form, please contact Molina at 855-322-4077 or use WebPortal to status your claims(s)

NOTE: FAILURE TO COMPLETE THIS FORM WILL RESULT IN A DELAY OF PROCESSING YOUR REQUEST

Please allow 45 business days to process this adjustment request

☐ Medicaid Line of Business (includes CSHCS) ☐ Medicare Line of Business ☐ Marketplace

Please return this complete form and any supporting documentation by fax to: (248) 925-1768

Section 1: General Information

Today's Date		No. of Claims		Claim Number	
Member Name				Member Id#	
Provider Name				Date of Service	
Provider ID (TIN)		Provider Fax #		Provider Phone #	
				Contact Person	

Section 2: Type of Claim Adjustment

Based upon the following reasons, we are requesting reconsideration of this claim.

Provider: Please check applicable reason(s) and attach all supporting documentation.

Appeals

☐ **CCI Edits (documentation required)**

Attn: CCI Edits Appeal

Fax to: 248-925-1768

☐ **Timely Filing:**

Use to appeal claims denied past one year filing limit.

Must be submitted within 90 days of denial date

Attach claim & supporting documentation showing claim was filed in a timely manner.

Newborn timely filing denials will not be reviewed if proper documentation was not included with original claim submission.

Attn: Timely Filing Appeal

Fax to: 248-925-1768

☐ COB-Related Adjustment **Fax to 248-925-1768**

Alternate Insurance Information to **add or term** from a member file **Fax to 877-860-7751**. Please include

Primary Insurance Carrier Information EOB

Refunds or Return Checks

☐ Mail to:
Molina Healthcare of Michigan Inc.
25874 Network Place
Chicago, IL 60673-1258

Coding Changes - Corrected Claim

☐ **Faxed copies are not accepted.** MAIL TO:

Medicaid: PO Box 22668 Long Beach, CA 90801

Medicare: PO Box 22811 Long Beach, CA 90801

Or submit corrected claim electronically

Molina's payor Id is #38334

Authorization

☐ Authorization now on file – Please contact the call center 855-322-4077 to have the claim(s) processed.

For an authorization, change information on an existing authorization or to appeal a denied authorization, do not use this form. Authorization form & instructions are available on Molina Healthcare website or WebPortal.

MEDICAID Fax 800-594-7404

MEDICARE Fax 888-295-7665

Payment Amount

- ☐ Overpayment – Explain use COMMENTS below
☐ Underpayment – Explain use COMMENTS below.
☐ Paid Wrong Provider, processed under incorrect tax identification number

OTHER

☐ None of these categories apply – Please contact the call center 855-322-4077 to have the claim(s) reviewed

Comments: _____



Claim Dispute/Appeal Request Form- Michigan

Claims Dispute/Appeal Request Form Instructions

This is not a status form, please contact Molina at 855-322-4077 or use WebPortal to status your claims(s)

NOTE: FAILURE TO COMPLETE THIS FORM WILL RESULT IN A DELAY OF PROCESSING YOUR REQUEST

Please indicate the Line of Business

SECTION 1: General Information

1. If preferred, save the form to your own computer
2. Complete each box in Section 1
3. Use one form per claim number
4. Please do not alter this form, as it will not be accepted

SECTION 2: Type of Claim Adjustment

PLEASE CHECK THE MOST APPROPRIATE BOX

1. Appeals:

- CCI Edits and Timely Filing appeals must be submitted with supporting documentation.

2. COB:

- Requires a copy of primary payer EOP (Explanation of Payment).
- Requires effective date and/or term date, contract/policy number, and name of primary carrier:
Or, send electronically with completed fields according to the EDI file layout.

3. Payment Amount

- Requires supporting documentation of the calculation/formula used to determine amount of under/overpayment.
- Indicate if a request for a reversal is to be completed for overpayments.
- Requires a copy of the claim and supporting documentation for all duplicate claims.
- Requires a copy of authorization for all authorization related issues.

Please use additional paper attachments if necessary to document comments.

Fax form and documentation attention: **Claims Department** at (248) 925-1768

What's Inside the Web Portal?

The Web Portal is a secure site that offers Molina Healthcare providers convenient access, 24 hours a day, seven (7) days a week, to the following functions:

- Member Eligibility and Benefit Information: Users can verify member eligibility as well as view benefits, covered services, and members' health records.
- Member Roster: Users can view a list of assigned membership for PCP(s) within the user's provider panel.
- Service Requests/Authorizations: Users can create, submit, and review Prior Authorization requests.
- HEDIS® Profile: Users can view their HEDIS® scores and search for members with needed services.
- Claims: Users can submit, correct, and void claims. Users can also check claim status, and view claims reports for all submitted claims.

You can register for and access the Web Portal by going to:

<https://Provider.MolinaHealthcare.com>

How to Register

1. Go to **<https://Provider.MolinaHealthcare.com>**.
2. Click on the "New Provider Registration" link under the Provider Web Portal Login box.
3. Under Admin User Responsibility, select "To continue with registration, click here" and you will be taken to the registration page.

Registration is easy as 1, 2, 3!

1. Select your Line of Business (If choosing "Other Line of Business", also select your state).

Users who are rendering services for Medicare D-SNP as well as other Lines of Business, such as Marketplace and Medicaid products, can register for one Line of Business and then add the additional lines using the Manage Provider Tool within the Account Tools menu.

2. Select your Provider Type.

What Provider Type Should I Select?

Facility/Group can be used by any provider type, including solo practitioners. This registration type allows users to submit claims and service request/authorizations. To register as a Facility/Group you must have both the Molina Healthcare Provider ID and the associated TIN. This is the preferred primary method of registration.

Individual Physician is recommended for use when a provider does not need to submit new or corrected claims. Providers who participate with multiple provider groups and want to see information pertaining to each group should register with the Individual Physician type. If the provider is registered only as a Facility/Group, they will be limited to information for that registered group only.

Note: Users can register with both the Facility/Group and the Individual Physician Provider Types and link the accounts. When using the Portal, they simply select the appropriate account for the transactions needed.

3. Tax ID Number & Molina Provider ID

If you do not know your provider ID, please contact the Provider Services Department (contact information listed on page 6 in this toolkit).

Completing this step will take you to the Authentication Details screen of the registration process. You must enter your Name, Email Address, Username, Password, Security Questions and Answers and you must accept the Terms of Agreement.

Role of the Administrator

If you are the first user to register with this Provider ID, you become the primary administrator of the account. You can navigate to the Account Tools page and click on 'Manage Users' to view other users or administrators. As the administrator of an account, you are entitled to designate or promote a user to administrator, manage users by granting different levels of access, and add other user accounts onto your account. You are also able to invite others to join your provider's account.

Requesting Access

Other users may request access to an existing account by going to the Provider Web Portal, clicking on the "Request Access for New User" link under the Login section, and providing the following information:

- NPI or Provider Name
- Requester's First & Last Name
- Position Title
- Email Address
- Phone Number (and extension if available)
- Reason for Requesting Access.

A request will be sent to the administrator of the account you specified and they will have to take action within 3 days or the request will expire.

For Technical Questions, call Web Portal Help Desk at (866) 449-6848

Molina Medicaid Redetermination

Frequently Asked Questions (FAQ)

Q. What is the Redetermination process and how do I educate my patients'?

A. The Redetermination process is used for annual reviews to renew your patients' Medicaid benefits. The Michigan Department of Health and Human Services (MDHHS) must periodically re-determine an individual's eligibility for active programs. The redetermination process includes a thorough review of all eligibility factors.

Q. Where do my Medicaid patients submit their Redetermination paperwork?

A. Once your patients complete their paperwork they must return it to their assigned MDHHS caseworker. Your patients' Redetermination paperwork should be taken to their local MDHHS office or returned by mail to their local MDHHS office by the date listed on their Redetermination paperwork. Your patients can visit: www.michigan.gov/mdhhs to find their local MDHHS office phone number. Your patient must have their ID number or case number before they call.

Q. Can my Medicaid patients submit their Redetermination paperwork online?

A. Yes. Please have your Medicaid patients visit www.mibridges.michigan.gov/access/ to renew their benefits online.

Q. What if my Medicaid patients want to submit their paperwork online, but do not have internet access?

A. Have your patients contact their local library or their local MDHHS office regarding internet access.

Q. Who do my Medicaid patients contact to get their Redetermination paperwork if it hasn't been received?

A. Please have your patients visit www.mibridges.michigan.gov/access/ to renew their benefits online.

Q. What if my Medicaid patients need assistance completing their Redetermination paperwork?

A. If your patients need assistance with their paperwork please have them call their local MDHHS office or have your patients visit <http://www.michigan.gov/mdhhs>. Your patient must have their ID number or case number before they call. Molina Healthcare of Michigan Members can contact Member Services from 8:00 AM – 5:00 PM at 1-888-898-7969 for questions regarding their redetermination paperwork.

Q. What information will my Medicaid patients need to fill out their Redetermination paperwork?

A. Your patients will need the following information, in order to fill out their paperwork, in addition to submitting copies of these documents “as they apply to their situation” as proofs to their local MDHHS caseworker:

- Identification
- Social Security numbers for everyone in the household who is applying

- Income (current or date it stopped)
- Application or receipt of unemployment compensation benefits (UCB)
- Assets (e.g., bank account statements, 401k and other investment account balances, investment accounts, trust funds etc.)
- Shelter expenses (e.g., rent receipt, mortgage payment, property tax bill, home owner insurance, heat, electric, phone, water etc.)
- Child support paid
- Day care expenses
- Medical or health insurance card
- Medical bills, unpaid
- Shut-off notices for shelter, heat or utilities
- Alien/Immigration status
- Marriage Certificate
- Divorce Decree
- Paternity Acknowledgement
- Pregnancy, expected date of delivery and number of children expected

Q. How often do my Medicaid patients need to fill out their Redetermination form?

A. Your patients will need to fill out their paperwork annually. If your patients have a life change, they are required to contact their local MDHHS caseworker to inform them of the change. Life changes include:

- Name change
- Address change
- Income change (rate of pay, employer, hours worked per week if more than a 5 hour difference, if anyone stops getting Social Security, pension changes, child support changes, or any unearned income change more than \$50 since the last reported change.
- Job starts, changes and stops
- Changes in the number of people living in your home (including having a new baby)
- Shelter expenses (e.g., rent receipt, mortgage payment, property tax bill, home owner insurance, heat, electric, phone, water etc.)
- Work Related Activities (Report if anyone in your household participated in approved employment-related activities such as Work Participation program, High School completion, GED or College.)
- Child Care or Disabled Adult Care (report any need for, or change in, child care or disabled adult.)
- Assets (You should report such changes as buying, selling, giving away, transferring, or receiving any assets. Type of assets includes but is not limited to: bank accounts, land, cars and other vehicles, boats, life insurance, investments, lawsuit settlements and any other property.)
- Health insurance changes
- Medical expenses

Q. Where can I find my patients eligibility?

A. You can your find your patient's information at Molina Healthcare's Provider Portal. Please visit:

<https://provider.molinahealthcare.com/Provider/Home>

Below is a screen shot of the Molina Provider Portal highlighting your patients Medicaid Certification date.

Member Eligibility Details

Quick View	Member Information	Quick Links
✓ Member is currently enrolled ! Missed Services ✓ No enrollment restrictions ! Medicaid Cert Due : 07/31/2014	Member ID: [REDACTED] Enrollment Plan: Michigan Medicaid Benefit Enrollment Status: ACTIVE Enrollment Effective Date: 03/01/2016 Enrollment Termination Date:	Print Submit Claim Claim Status Submit Service Request/Authorization Service Request / Authorization Inquiry

Member Details	Alerts
Member Information • Enrollment Information • Primary Care Provider Information • IPA/Group Information • History	

Enrollment Plan: Michigan Medicaid Benefit Enrollment Status: ACTIVE Enrollment Effective Date: 03/01/2016 Enrollment Termination Date: Rate Code: ABAD-E-03 Health Plan ID: [REDACTED] Subscriber ID: [REDACTED] Medicaid Cert Due : 07/31/2014	As of search date Today Member has no current restrictions Member has no other Insurance View Member Benefit Handbook View Benefit Co-Pay Summary Amount
--	---

Please see the MDHHS message below to post in your office as a reminder for your patients to fill out their Redetermination (Renewal) paperwork.

Medicaid Renewal

Medicaid members: It may be time to renew your Medicaid benefits.

You must report your household income to your local Michigan Department of Health and Human Services (MDHHS) **every 12 months** to see if you are still eligible for Medicaid benefits.

If you have already verified your income to MDHHS in the past 12 months, you do not need to renew your Medicaid for another 12 months.

Call your local MDHHS office to learn more.



Submitting Electronic Data Interchange (EDI) Claims

Benefits of EDI:

- Electronic Claims Submission ensure **HIPAA compliance**
- Electronic Claims Submission helps to **reduce operational costs** associated with paper claims (printing, postage, etc.)
- Electronic Claims Submission **increases accuracy** of data and **efficient** information delivery
- Electronic Claims Submission **reduces claims delays** since errors can be corrected and resubmitted electronically!
- Electronic Claims Submission **eliminates mailing time** and claims reach Molina **faster!**

EDI Claims Submission

The easiest way to submit EDI claims to Molina Healthcare is through a Clearinghouse. You may submit the EDI through your own Clearinghouse or use Molina's contracted Clearinghouse. If you do not have a Clearinghouse, Molina offers additional electronic claims submissions options. Log onto Molina's Provider Services Web Portal <https://provider.molinahealthcare.com> for additional information about the claims submission options, available to you.

FAQ'S

Can I submit COB claims electronically?

Yes, Molina and our connected Clearinghouses fully support electronic COB.

Do I need to submit a certain volume of claims to send EDI?

No, any number of claims via EDI saves both time and money.

Which Clearinghouses are currently available to submit EDI claims to Molina?

Molina Healthcare uses Change Healthcare as our channel partner for EDI claims. You may use the Clearinghouse of your choice. Change Healthcare partners with hundreds of other Clearinghouses.

What claims transactions are currently accepted for EDI transmission?

837P (Professional claims), 837I (Institutional claims).

Will you continue to accept paper claims?

While Molina requires all Providers to utilize EDI claims submission options, there are certain circumstances where exceptions may be made. For more information contact your Provider Services Representative.

What if I still have questions?

More information is available at www.molinahealthcare.com under the EDI tab. You may also call or email us using the contact information below.

Submitting Electronic Claims

1-866-409-2935

EDI.Claims@MolinaHealthcare.com

Molina Healthcare of Michigan Payer ID: 38334

Provider Online Directory Verification Process

Dear Valued Provider,

The accuracy of the demographic data we have on file for you is critical to both of our businesses. It connects you with members searching for care, supports claims accuracy and timely reimbursement and helps meet Centers for Medicare & Medicaid Services (CMS) requirements (MDHSS).

CMS, as outlined in the Medicare Managed Care Manual - Chapter 4 – Benefits and Beneficiary Protections, Section 110.2.2 – Provider Directory Updates, requires Medicare Advantage Organizations to contact their network of contracted providers on a quarterly basis to update the information in provider directories. Therefore, Molina Healthcare of Michigan has implemented a quarterly data attestation requirement.

Please review the information that we currently have related to your contracted location in our Provider Online Directory. You can access our Provider Online Directory at <https://providersearch.molinahealthcare.com/Provider/ProviderSearch?RedirectFrom=MolinaS taticWeb&memstate=mi&State=mi&Coverage=NA>

Please complete and submit the Provider Change Form should you find any inaccuracy related to:

- Office Practice Name
- Provider(s) Name(s)
- Office Address
- Office Phone Number
- Office Hours
- Accepting Status of New Patients

If you have questions please contact Molina Provider Services at 248-729-0905. For prompt service for other needs, please call Molina Customer Contact Center at 855-322-4077.

Thank you again for being a Molina Healthcare Provider!



PROVIDER CHANGE FORM

Today's Date: ____/____/____

Please mail, fax or email this change form and supporting documentation to:
Provider Contracting, Molina Healthcare of Michigan, 880 West Long Lake Rd., Suite 600, Troy, MI 48098; Fax (248) 925-1757
MHMPProviderChangeForm@molinahealthcare.com

For Questions, please call the Provider Call Center at (855) 322-4077

CURRENT PRACTICE INFORMATION

ALL FIELDS IN THIS SECTION ARE REQUIRED

Type of Provider: Ancillary ☐ Specialist ☐ Primary Care Provider ☐ Hospital ☐ Urgent Care ☐
Type 1 (Individual) NPI: _____ Type 2 (Group) NPI: _____
Provider Name: _____ Group Name: _____
Tax ID: _____ Phone # (_____) _____
Contact Person: _____ Requested Effective date of change: _____
Authorizing Signature printed: _____
(Physician/Office Manager signature required)

PROVIDER CHANGE INFORMATION

PROVIDE COMPLETE INFORMATION - Your request will be processed for all participating lines of business. Changes will be effective within 60 days. If any of these changes result in a change on your W-9, you must submit a copy of your W-9 form with this change form. Please check the changes you are requesting.

PLEASE PRINT OR TYPE

☐ Adding a Practice Address ☐ Deleting a Practice Address ☐ Billing Address Change* ☐ Telephone/Fax Change ☐ Office Hours Change
☐ Include in Provider Directory ☐ Exclude from Provider Directory ☐ Correct a Practice Address

Street: _____ City: _____ State: _____ Zip: _____
Phone: (_____) _____ Fax: (_____) _____ Office Hours: _____

☐ Tax ID Change *

New Tax ID: _____

☐ Termination from Molina Healthcare Inc.

Explanation/reason for termination: _____
If a PCP, who will be assuming your patient panel (Last Name, First Name) : _____

☐ Add Hospital Affiliation ☐ Delete Hospital Affiliation

Hospital Name: _____

☐ Panel Update

☐ Close panel to all new members, but keep existing panel ☐ Open panel to all members
☐ Close panel to all members (new and existing) and reassign them to the following physician: _____
(Last Name, First Name)

☐ Add a ☐ Primary/ ☐ Secondary (indicate one) specialty ☐ Remove a ☐ Primary / ☐ Secondary (indicate one) specialty

Specialty Name: _____ Taxonomy Code: _____

☐ Name Change Only *

Current Name: _____ New Name: _____

☐ Change of Ownership *

_____ Effective date of ownership: ____/____/____

Legal Business Name of New Owner and Federal Tax ID

☐ Add a Covering Provider ☐ Remove a Covering Provider

Provider Name _____ End date of Coverage (if applicable) ____/____/____

Comments: _____

*Indicates that a W-9 form is required with submission

Effective 8/2014



Provider Change Form Requirements and Guidelines

REQUIREMENTS

In order to process your change and to identify the requestor, the following fields are required to be complete:

1. Type 1 (Individual) NPI
2. Type 2 (Group) NPI
3. Provider Name
4. Group Name
5. Tax Identification Number (TIN)
6. Contact Person
7. Contact Person's phone number
8. Requested effective date of change
9. Authorizing signature and printed name

Note: The Provider Change Form will be returned to you for completion, if submitted without these required elements.

The following types of changes require submission of the W-9 form (Tax form which certifies an individual's tax identification number – TIN).

1. Billing address change
2. Tax ID change
3. Group name change
4. Change of ownership

GUIDELINES

1. Requests will be applied to all participating lines of business.
2. Allow up to 30 days to complete the processing of your request.
3. Requests for a "Change of Ownership" require a new contract; the Molina contracting department will contact you.
4. Requests to "Change a physician name", require that you submit a copy of a marriage license, divorce decree, etc... as supporting documentation.
5. Requests to change a "Tax ID" require that you submit your request as soon as the new tax identification number is available, to ensure timely and accurate processing of your claims.

Note: A delay in notification may interrupt claims reimbursement.

NOTIFICATION

Mail: Molina Healthcare of Michigan
Attn: Provider Network Administration
880 West Long Lake Rd., Suite 600
Troy, MI 48098

E-Mail: MHMProviderChangeForm@molinahealthcare.com
Fax: (248) 925-1727

If you have any questions, please contact Molina Healthcare's Provider Contact Center at 855-322-4077

Making Lab Testing Easy

Molina Healthcare, JVHL, and Quest Diagnostics are committed to making lab testing easy for you and your patients with an extensive test directory, convenient locations and helpful digital tools.

Partnership that provides results

Molina Healthcare values our members' and providers' lab needs. Through our partnership with Quest Diagnostics and JVHL, we are certain that we will all achieve our goals, thereby providing quality healthcare to people receiving government assistance.

Patient Access

Molina Healthcare members have access to more than 2,200 Quest Diagnostics and JVHL Patient Service Centers available statewide.

Supporting Quality Initiatives

Molina's partnership with Quest and JVHL has helped to decrease the number of charts your office must furnish to support quality measurement, while also improving the quality of care provided to our mutual members.

As you may know, the quality of care delivered to the member is, in part, measured through nationally standardized metrics using HEDIS criteria. Several of these involve laboratory results; having these results in our data warehouse can avoid the need to ask your office for chart documentation around these measures. Laboratory results can also identify members whose health is deteriorating, triggering Molina's disease management programs and case management teams to reach out to the member before their condition deteriorates further.

Please help our members and improve your office's efficiency by supporting this important relationship.

If you have any questions, please contact our Provider Services Department at (855) 322-4077.

Physician Office Laboratory Tests

Molina Healthcare of Michigan has updated its list of payable laboratory tests that may be performed in a physician's office. **Effective March 1, 2018, Molina will allow the tests listed below to be performed in the physician's office, for all lines of business.**

All other medically necessary laboratory testing must be directed to Quest Diagnostics or Joint Venture Hospital Labs (JVHL) by the ordering physician.

CPT	Service Code Description
36415	Routine Venipuncture
36430	Blood Transfusion Service
36468	Injection(s) Of Sclerosing Solutions, Spider Veins
36591	Collect Blood From Completely Implantable Venous Device
36592	Collect Blood Using Est. Central/Peripheral Cath, Venous, NOS
36593	Dec clotting By Thrombolytic Agent of Implanted Vascular Device or Cath
37195	Thrombolytic Therapy Stroke
80047	Basic Metabolic Panel (Calcium, Ionized)
80048	Basic Metabolic Panel (Calcium , Total)
80053	Comprehensive Metabolic Panel
80178	Assay Of Lithium
81000	Urinalysis, Nonauto W/Scope
81001	Urinalysis Auto W/Scope
81002	Urinalysis Nonauto W/O Scope
81003	Urinalysis Auto W/O Scope
81005	Urinalysis, Qualitative Or Semiquantitative, Except Immunoassays
81025	Urine Pregnancy Test
82010	Acetone Assay
82040	Assay Of Serum Albumin

CPT	Service Code Description
82043	Microalbumin Quantitative
82044	Microalbumin Semiquantitative
82120	Amines Vaginal Fluid Qualitative
82150	Assay Of Amylase
82270	Occult Blood Feces, Qualitative
82271	Occult Blood Other Sources
82272	Occult Blood Feces 1-3 Tests By Peroxidase Activity, Qualitative
82274	Assay Test For Blood Fecal, Qualitative, simultaneous determinations
82310	Assay Of Calcium
82374	Assay Blood Carbon Dioxide
82435	Assay Of Blood Chloride
82465	Assay Blood/Serum Cholesterol
82565	Assay Of Creatinine
82570	Assay Of Urine Creatinine
82575	Clearance
82679	Assay Of Estrone
82947	Assay Glucose Blood Quantitative
82950	Glucose Test
82952	Glucose Tolerance Test – Added Samples
82962	Glucose Blood Test
82977	Assay Of Gamma Glutamyl Transferase
82985	Assay Of Glycated Protein
83001	Assay Of Gonadotropin (Follicle Stimulating Hormone)
83036	Glycosylated Hemoglobin Test (HbA1C)
83037	Glycosylated Hemoglobin Home Device
83605	Assay Of Lactic Acid

CPT	Service Code Description
83655	Assay Of Lead
83718	Assay Of Lipoprotein
83721	Assay Of Blood Lipoprotein
83735	Magnesium
83861	Microfluidic Analysis Tears
83880	Assay Of Natriuretic Peptide
83986	Assay Ph Body Fluid Not Otherwise Specified
84132	Assay Of Serum Potassium
84155	Assay Of Protein Serum
84295	Assay Of Serum Sodium
84436	Thyroxine, total
84437	Thyroxine, Requiring Elution
84439	Thyroxine, free
84443	Assay Thyroid Stimulating Hormone
84450	Transferase (Ast) (Sgot)
84478	Assay Of Triglycerides
84520	Assay Of Urea Nitrogen
84703	Chorionic Gonadotropin Assay (HCG) Qualitative
85007	Blood Smear, Microscopic Exam W/Manual Differential WBC Count
85008	Blood Smear, Microscopic Exam W/O Manual Differential WBC Count
85013	Spun Microhematocrit
85014	Hematocrit
85018	Hemoglobin
85025	Complete Blood Count W/Auto Differential WBC
85027	Complete Blood Count (Automated)
85032	Manual Cell Count

CPT	Service Code Description
85049	Platelet Count (Automated)
85060	Peripheral Blood Smear, interpretation by physician with written report
85576	Blood Platelet Aggregation, Each Agent
85610	Prothrombin Time
85651	Red Blood Cell Sedimentation Rate Non-automated
86140	C-Reactive Protein
86141	High Sensitivity (hsCRP)
86294	Immunoassay Tumor Qualitative
86308	Heterophile Mono Antibody Screen
86318	Immunoassay Infectious Agent
86580	Tb Intradermal Test
86701	Hiv-1antibody
87077	Culture Aerobic Identify
87210	Smear Wet Mount Saline/Ink
87400	Influenza, A or B, each
87449	Antigen Detection, Not Otherwise Specified
87804	Influenza Assay W/Optic
87807	RSV Assay W/Optic
87808	Trichomonas Assay W/Optic
87809	Adenovirus Assay W/Optic
87880	Strep A Assay W/Optic
88155	Cytopathology, Slides, Cervical or Vaginal; Definitive Hormonal Evaluation (Note: add on
88165	Cytopathology, Slides, Cervical Or Vaginal, With Manual Screening And Rescreening Under
88166	Cytopathology, Slides, Cervical Or Vaginal, With Manual Screening And Computer-Assisted
88167	Cytopathology, Slides, Cervical Or Vaginal, With Manual Screening and Computer-Assisted
88174	Cytopathology, Cervical Or Vaginal (Any Reporting System)Collected In Preservative Fluid,

CPT	Service Code Description
88175	Cytopathology, Cervical Or Vaginal (Any Reporting System) With Screening by Automated
88305	Surgical pathology, gross and microscopic examination
88312	Group 1 Special Stains
88313	Group 2 Special Stains
88331	Pathology Consultation During Surgery, Single Block
88332	Pathology Consultation During Surgery, Additional Blocks
88342	Immunohistochemistry or Immunocytochemistry, Per Specimen, Int Single Antibody Stain
G0328	Fecal Blood Screen Immunoassay

Provider Dental Reference Information

Visits with Primary Care Physicians provide an opportunity to discuss specific dietary habits that could be putting the patient at greater risk for dental disease. Since patients will typically see a physician multiple times before they visit the dentist, it is important to discuss oral health and water fluoridation to protect your patient's teeth from dental disease.

When talking with our members about oral health and fluoridation, the following are various dental programs available for Molina Medicaid and Fee For Service Medicaid members.

Program/Plan	Description	Age	Dental Resource								
Medicaid Healthy Kids PCP Fluoride Treatments	This program allows Molina PCP's to provide fluoride treatments to Molina Medicaid members and submit claims to Molina. Molina PCP's must submit their claims directly to Molina using the following procedure codes: <table><tr><th>Code</th><th>Code Description</th></tr><tr><td>D0190</td><td>Screening of a Patient</td></tr><tr><td>D1206</td><td>Topical Fluoride Varnish</td></tr><tr><td>99188</td><td>App Topical Fluoride Varnish</td></tr></table>	Code	Code Description	D0190	Screening of a Patient	D1206	Topical Fluoride Varnish	99188	App Topical Fluoride Varnish	0-3 Years	www.healthykidsdental.org or call (800) 482-8915 http://miteeth.org/MiDR.html
Code	Code Description										
D0190	Screening of a Patient										
D1206	Topical Fluoride Varnish										
99188	App Topical Fluoride Varnish										
Medicaid Healthy Kids	Children under the age of 21, who have Medicaid and are not in the Healthy Michigan program	0-21 Years	www.healthykidsdental.org or call (800) 482-8915 http://miteeth.org/MiDR.html								
Medicaid Healthy Michigan Plan (HMP)	Healthy Michigan is a program that offers low cost comprehensive coverage for any covered benefit to those that qualify	19-64 Years	http://www.molinahealthcare.com/providers/mi/medicaid/manual/Pages/provmanual.aspx								
MI Health Link/Dual Options Plus	MI Health Link is a program jointly run by Michigan and the federal government to provide better healthcare for people who have both Medicare and Michigan Medicaid	21 years & older	http://www.molinahealthcare.com/members/mi/en-US/PDF/Duals/member-handbook-2018.pdf								
Fee for Service Medicaid	There are many community dental programs that provide help to seniors, people with disabilities, the poor, patients on Medicaid, persons with no dental insurance, and persons in need of dental care they cannot otherwise afford	Varies	http://www.smilemichigan.com/Find-A-Dentist/CommunityDentalProgram http://www.fcomi.org/ https://findahealthcenter.hrsa.gov/programs								

CHAMPS Provider Enrollment

Effective January 1, 2018, any individual or entity that renders, orders, refers, or prescribes services to individuals who receive medical assistance under Michigan Medicaid including those enrolled in a managed care organization, are required to be screened and enrolled in the Michigan Medicaid Program. Managed Care Organization (MCO) providers furnishing services to Medicaid beneficiaries must enroll in CHAMPS.

Medicaid rules prohibit payment to providers not appropriately screened and enrolled in CHAMPS. MDHHS will prohibit MCOs from making payments to all rendering, referring, ordering, attending, and billing providers not enrolled in CHAMPS. MDHHS will also prohibit payment for prescription drug claims written by a prescriber who is not enrolled in CHAMPS. Enrollment in CHAMPS neither requires nor mandates those providers who are part of a managed care network to participate with Fee-for-Service Medicaid. Enrollment in CHAMPS is solely used for the purpose of screening providers to ensure the person/entity is not excluded from participation with Medicaid and/or Medicare.

All providers are required to have active CHAMPS enrollment status on the date of service in order for a claim to be considered for reimbursement. In the event that the provider does not have active CHAMPS enrollment on the date of service, the provider may request retroactive provider enrollment from MDHHS. Any claims that are denied due to the provider not having active CHAMPS enrollment on the date of service, will require resubmission once the provider's CHAMPS enrollment status has been updated by MDHHS.

Frequently Asked Questions

Why is the state requiring providers to enroll in CHAMPS?

Federal Medicaid rules prohibit payment to providers not appropriately screened and enrolled in the states Medicaid system. All providers who participate in Medicaid (and any program through which Medicaid funding is received) must comply with federal screening and enrollment requirements.

What happens if I do nothing?

MDHHS will prohibit Managed Care Entities from making payments to all typical billing, rendering, referring, ordering and attending providers not enrolled in CHAMPS. Providers who do not enroll may no longer be eligible to receive reimbursement using Medicaid funding. In addition, MDHHS will prohibit payment for prescription drug claims written by a prescriber who is not enrolled in CHAMPS.

Does this mean I have to accept Fee-for-Service (FFS) Medicaid patients?

No. This does not change the types of Medicaid programs you accept. When you enroll or update information in CHAMPS, there is a question that asks if you are taking Medicaid patients. You can answer "No" to this question and it will not affect your enrollment in any way.

Is there a fee to enroll?

No. There are no fees to enroll as a Medicaid provider in CHAMPS.

Can I enroll via paper?

Paper enrollment is not available. You must enroll online at <http://milogintp.michigan.gov>. If you are unable to enroll online, please contact the MDHHS Provider Support at 1-800-292-2550.

How do I know my enrollment is complete?

You will receive a welcome letter from MDHHS. You may also log into CHAMPS, click the "My In box" tab, click "Provider Verification" and enter your NPI number to see if it is enrolled. You can also track the status of your application by logging into CHAMPS and selecting "Track Application" or you can call the MDHHS Provider Support Helpline at 1-800-292-2550.

MDHHS Provider Support Help Line

For assistance with completing the CHAMPS Provider Support process, please contact the MDHHS Provider Support unit for assistance.

- Atypical Providers 800-979-4662 AtypicalProviders@michigan.gov
- All Providers 800-292-2550 ProviderEnrollment@michigan.gov
- Provider General Information: www.michigan.gov/medicaidproviders
- Provider Enrollment General Information: www.michigan.gov/medicaidproviders
- CHAMPS Provider Enrollment: <https://milogintp.michigan.gov>
- Medicaid Provider Manual - Policy, Letters & Forms: www.michigan.gov/medicaidproviders

