

September 30, 2014

<Provider Name>
<Provider Address1>
<Provider Address2>
<Provider City> <state> <zipcode5-zip4>

Dear Provider:

RE: Fee-for-Service Healthy Michigan Plan Beneficiaries with Retroactive Health Plan Enrollment Dates
AFFECTED NPI(s): «NPI»

The purpose of this letter is to notify providers that, due to an unanticipated systems issue, some Fee-for-Service Healthy Michigan Plan beneficiaries were incorrectly enrolled retroactively (instead of prospectively) into Healthy Michigan Plan health plans for the months of April, May and June 2014. Affected beneficiaries will remain in their Healthy Michigan Plan health plan for these retroactive months and a take-back will be performed to recover any Fee-for-Service claims paid by the Michigan Department of Community Health (MDCH) or the MDCH Pharmacy Benefits Manager, Magellan Medicaid Administration, Inc.

Providers must verify eligibility for the months of April, May and June 2014 to determine which Healthy Michigan Plan health plan these beneficiaries were enrolled in and then submit the claim to that health plan within 60 days from the MDCH take-back Remittance Advice date. The health plan must process these claims for all in-network and out-of-network providers without prior authorization, even if prior authorization is normally required for the service. Providers who receive claim denials should follow-up with the beneficiary's Healthy Michigan Plan health plan.

Thank you for your commitment to providing quality care to Michigan's citizens. Any questions regarding this letter can be directed to Provider Support at 1-800-292-2550 or ProviderSupport@michigan.gov.

Sincerely,


Stephen Fitton, Director
Medical Services Administration