



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES

LANSING

RICK SNYDER
GOVERNOR

NICK LYON
DIRECTOR

August 27, 2015

NAME
TITLE
ADDRESS
CITY STATE ZIP

Dear Medicaid Provider,

The purpose of this letter is to clarify the use of a form entitled "Michigan HealthCare Referral Form." This form was created and copyrighted in 1999 by the Michigan Association of Health Plans in a collaborative effort between managed care companies and area hospital systems throughout Michigan. This effort was aimed at reducing costs and streamlining referrals to specialists. The form is no longer supported by the Michigan Association of Health Plans (MAHP) and is not available on the MAHP Web Site.

In recent months, this form, which is intended for use between the health plans and the hospital systems and their providers, has been submitted to the Michigan Medicaid program for requesting prior authorization (PA) of services and equipment. This form is not recognized or used by the Medicaid Program for its PA process. (Please refer to a copy of the form included in this letter for your reference).

When seeking PA for Fee-for-Service clients, please utilize the appropriate form identified in the following link to the Medicaid Provider Forms and Other Resources:
<http://www.michigan.gov/mdch> >> Providers >> Policy/Forms.

Feel free to contact the provider hotline at 1-800-292-2550, if you have any questions. If you have questions specific to Medicaid PA, you may call our Prior Authorization phone number at 1-800-622-0276.

Thank you for your continued participation in the Michigan Medicaid program and your commitment to providing quality care to Michigan's most vulnerable citizens.

Sincerely,

A handwritten signature in black ink that reads "Kathy Stiffler".

Kathy Stiffler, Acting Director
Medical Services Administration

enclosure

