

MDHHS Virtual Presentation

- Welcome to MDHHS Virtual Presentation
- The presentation will begin shortly
- You may download documents, including this presentation along with the Adobe user guide, from the File Pod located in the upper right hand corner of the webpage
- Within the Web Link Pod you will find the Provider Relations Training Evaluation
- A Q&A will be held at the end of the presentation for questions.

Please note: Audio is via your computer speakers. Please download the Adobe Providers Guide found within the File Pod.



Michigan Department of Health & Human Services

RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

Professional Updates

August 11, 2016

“Working to protect, preserve and promote the health and safety of the people of Michigan by listening, communicating and educating our providers, in order to effectively resolve issues and enable providers to find solutions within our industry. We are committed to establishing customer trust and value by providing a quality experience the first time, every time.”

-Provider Relations

Agenda

- Updates
 - New MSA Policy Bulletins 2016
 - Medicaid Code and Rate Reference Tool
- Reminders
 - Check Beneficiary Eligibility
 - Verifying (Third Party Liability) TPL Information
 - Referring/Ordering Provider Denial
 - CHAMPS Provider Verification Tool
 - Billing Provider Denial
 - Consent/Acknowledgement Forms
- Medicaid Provider Trainings Page
 - Upcoming Trainings

Updates

- New MSA Policy Bulletins 2016
- Medicaid Code and Rate Reference Tool

New MSA Medicaid Policy Bulletins 2016

- Be sure to look at the full list of new Medicaid Policy Bulletins for 2016 by going to: www.michigan.gov/medicaidproviders
 - Scroll down to click on Policy and Forms, then under Michigan Medicaid Approved Policy Bulletins, select the year of choice
 - To have notifications, including Medicaid Policy Bulletins, sent directly to your email, join the [MDHHS Medicaid List-Serv](#)
- **MSA 16-08** Ending of the Plan First! Family Planning Waiver
- **MSA 16-09** Update of Maternal Infant Health Program Staff Qualifications
- **MSA 16-11** Flint Water Group Medical Assistance
- **MSA 16-14** Enrollment of Marriage and Family Therapists as Medicaid Providers
- **MSA 16-15** New Form for Prior Authorization of Practitioner Services

Medicaid Code and Rate Reference Tool

Code Management Toolkit

Welcome LOGOUT

Home ICRL

Search Codes
Type the codes to search and view their rates and properties.

HCPCS/CPT Codes ICD9/ICD10 Codes Reports

Provider Type: SUPPLIERS Date: 08/02/2016

Specialty: Medical Supply Company Code Lookup: B9002

Sub Specialty: -- Sub Specialty -- Search

Code List

Code	Type	Description
B9002	HCPCS/CPT Codes	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM

Page 1 of 0 View 1 - 1 of 1

- The end of June 2016 a new “Y” indicator was added to the Medicaid Code and Rate Reference Tool to show if there is a Prior Authorization exemption for a procedure code.
 - Example: HCPCS/CPT Code B9002

Medicaid Code and Rate Reference Tool

The screenshot displays the 'Code Management Toolkit' interface. At the top, there is a navigation bar with 'Home' and 'ICRL' tabs, and a user profile section with 'Welcome' and 'LOGOUT' buttons. Below the navigation bar, there is a breadcrumb trail 'Home > ICRL'. A 'MDHHS Disclaimer' is present, stating that the information is for reference only and does not guarantee coverage. The main section is titled 'Code Details' and shows the following information:

- Code : B9002
- Category : HCPCS/CPT Codes
- Gender : Both
- Long Description : ENTERAL NUTRITION INFUSION PUMP - WITH ALARM
- Date Searched : 08/02/2016
- Date Printed : 08/02/2016 08:54:41

Below the code details, there are two panels: 'Indicators' and 'Age Ranges'. The 'Indicators' panel contains a table with the following data:

Claim Type	Indicator Name	Indicator Value	Age Range	Exempt
	Prior Authorization	Y-Yes	All Ages	
	Medicaid Covered	Y-Yes		
	Prior Authorization	Y-Yes	All Ages	Y
	Supplies/DME-per diem	Y-Included In Per-Diem		

The 'Age Ranges' panel is currently empty.

- Within the Medicaid Code and Rate Reference Tool there will be a box labeled “Indicators”.
- If the HCPCS/CPT code requires a Prior Authorization you will always see the “Prior Authorization Indicator” with a indicator value of Y.
- If the code has a modifier that bypasses the PA requirement a second “Prior Authorization Indicator” will be listed with Y in the exempt column.

Medicaid Code and Rate Reference Tool

Code Management Toolkit Welcome LOGOUT

Home **ICRL**

MDHHS Disclaimer : The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms webpage. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in the favor of the Provider Manual language.

Code Details

Code : B9002 **Date Searched** : 08/02/2016
Category : HCPCS/CPT Codes **Date Printed** : 08/02/2016 08:54:41
Gender : Both
Long Description : ENTERAL NUTRITION INFUSION PUMP - WITH ALARM

Indicators 

Claim Type	Indicator Name	Indicator Value	Age Range	Exempt
	Prior Authorization	Y-Yes	All Ages	
	Medicaid Covered	Y-Yes		
	Prior Authorization	Y-Yes	All Ages	Y
	Supplies/DME-per diem	Y-Included In Per-Diem		

Age Ranges 

- For further details on Prior Authorization exemptions click on the magnifying glass.

Medicaid Code and Rate Reference Tool

Code Management Toolkit

Welcome LOGOUT

Home ICRL

MDHHS Disclaimer : The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms webpage. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in the favor of the Provider Manual language.

Code Details

Code : B9002 Date Searched : 08/02/2016
Category : HCPCS/CPT Codes Date Printed : 08/02/2016 08:54:41
Gender : Both

Indicators

Claim Type	Spl/Sub Spl	Modifier	Indicator Name	Indicator Value	Age Range	Exempt
			Prior Authorization	Y-Yes	All Ages	
			Medicaid Covered	Y-Yes		
		RR-Rental (DME)	Prior Authorization	Y-Yes	All Ages	Y
			Supplies/DME-per diem	Y-Included In Per-Diem		

Prior Authorization Y-Yes All Ages Y

Supplies/DME-per diem Y-Included In Per-Diem

CodeRates SpecialtyRates

Claim Type	Modifier	Age Range	Place of Service	Rate Type	Rate
0-All				Rate	659.10
0-All	RR			Rate	65.90

Provider Type/Specialty/Subspecialty

Provider Type	Specialty	Subspecialty
SUPPLIERS	Medical Supply Company	No Subspecialty
SUPPLIERS	Medical Supply Company	With Licensed Pharmacy

- In this example, B9002, an RR modifier is required in order to be exempt from the Prior Authorization.

Reminders

- Check Beneficiary Eligibility
- Verifying Third Party Liability (TPL) Information
- Referring/Ordering Provider Denials
 - Provider Verification Tool
- Billing Provider Denial
- Consent/Acknowledgement Forms

Check Beneficiary Eligibility

- Per the [Medicaid Provider Manual](#), Chapter Beneficiary Eligibility, coverage determination is the responsibility in most cases by the local county office of Michigan Department of Health and Human Services(MDHHS). In most cases the beneficiary receives a plastic **mihealth** card.
- Because of the nature of Medicaid eligibility, coverages/benefit plan assignments may change from month to month and it is necessary for providers to always verify coverage prior to rendering any services.

Check Beneficiary Eligibility

CHAMPS < My Inbox ▾ Provider ▾ Claims ▾ **Member ▾** PA ▾

Provider Portal

NPI: _____ Name: _____

Latest updates

System Notification
Attention All Providers: Due to system maintenance activities, the CHAMPS system will be down between 6:00 AM Saturday, January 10th through 9:00 PM Sunday, January 11th, 2015 with the exception of Health Care Eligibility Benefit Inquiry and Response (Core 270/271) Real-time transactions which will be down between 6:00am and 10:00am on Saturday January 10th. This outage will affect the CHAMPS system access for all functionality.

My Reminders

Filter By [] [] [Go] [Save Filters] [My Filters ▾]

Alert Type	Alert Message	Alert Date	Due Date	Read
▲ ▾	▲ ▾	▲ ▾	▲ ▾	▲ ▾
No Records Found !				

Calendar

11:48 AM 12 January 2015 Monday

2015 January						
Mo	Tu	We	Th	Fr	Sa	Su
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	
←		Today			→	

- Click the Member tab

Check Beneficiary Eligibility

The screenshot displays the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo and several menu items: My Inbox, Provider, Claims, Member, and PA. A dropdown menu is open under the 'Member' tab, showing three options: 'ELIGIBILITY INQUIRY', 'Eligibility Inquiry', and 'NFLOC DETERMINATION'. A red arrow points to the 'Eligibility Inquiry' option. Below the navigation bar, there is a 'Provider Portal' breadcrumb and a search bar. A 'Latest updates' section contains a system notification about system maintenance. To the right, there is a 'Calendar' widget showing the date 12 January 2015 (Monday) and a calendar grid for January 2015. At the bottom, there is a 'My Reminders' section with a filter by field and a table showing no records found.

System Notification
Attention All Providers: Due to system maintenance activities, the CHAMPS system will be down between 6:00 AM Saturday, January 10th through 9:00 PM Sunday, January 11th, 2015 with the exception of Health Care Eligibility Benefit Inquiry and Response (Core 270/271) Real-time transactions which will be down between 6:00am and 10:00am on Saturday January 10th. This outage will affect the CHAMPS system access for all functionality.

Calendar
3:07 PM 12 January 2015 Monday
2015 January

Mo	Tu	We	Th	Fr	Sa	Su	
	5	6	7	1	2	3	4
12	13	14	15	16	17	18	11
19	20	21	22	23	24	25	
26	27	28	29	30	31		
←		Today				→	

My Reminders
Filter By [] [] [] [Go] [Save Filters] [My Filters]

Alert Type	Alert Message	Alert Date	Due Date	Read
No Records Found !				

- Select the Eligibility Inquiry option

Check Beneficiary Eligibility

CHAMPS My Inbox Provider Claims **Member** PA

Provider Portal > Member Eligibility Inquiry

Close Submit

TO SUBMIT AN ELIGIBILITY INQUIRY ON A SPECIFIC MEMBER, COMPLETE ONE OF THE FOLLOWING CRITERIA SETS AND CLICK 'SUBMIT'.

- MEMBER ID/CLIENT IDENTIFICATION NUMBER(CIN)/CARD NUMBER/PENDING ELIGIBILITY RID OR
- LAST NAME, FIRST NAME AND DATE OF BIRTH OR
- LAST NAME, FIRST NAME AND SSN OR
- SSN AND DATE OF BIRTH
- ADDITIONAL SEARCH OPTIONS (Use if needed with one of the Search Options above to obtain a unique member match) :
 - GENDER
 - ZIP CODE
 - CASE NUMBER

MEMBER ELIGIBILITY INQUIRY

SEARCH MA PENDING ELIGIBILITY:

SEARCH BY SERVICE TYPE(S):

SERVICING PROVIDER NPI/PROVIDER ID:

FILTER BY:

LAST NAME:

DATE OF BIRTH:

Gender:

MICHILD Case Number:

INQUIRY START DATE:

SSN:

FIRST NAME:

Zip Code:

MA Case Number:

INQUIRY END DATE:

- Select the Filter By criteria from the drop-down selection
- Inquiry start date and end date default to the system date/current date. If you want another date click on the calendar option to change.
- Click Submit

Check Beneficiary Eligibility

Member ID: [REDACTED] Name: [REDACTED]

Fee for Service Dental Coverage (Note: Refer to Medicaid Provider Manual/MDCH website for details on covered services including PA, copay and other requirements. Some services may not be covered if age 21 and older.)

INQUIRY DATE RANGE: 01/12/2015 - 01/12/2015

GENDER: [REDACTED]
DATE OF BIRTH: [REDACTED]
CASE NUMBER: [REDACTED]
CASE PHONE: EXT: [REDACTED]
CASE EMAIL: [REDACTED]
COUNTY OF RESIDENCE: 63-OAKLAND
MAGI CATEGORY: [REDACTED]
WORKER LOAD NUMBER: [REDACTED]

COMMERCIAL / OTHER: Y
CSHCS RESTRICTIONS: N
MHP PCP: N
BMP PROVIDER RESTRICTION: N
PE INDICATOR: N
COST SHARE MET: Y
CAP AMOUNT REMAINING(\$): 0.00
CITIZENSHIP: U.S. Citizen
MA PROGRAM CODE: N

[Print Member Summary](#)
[Non Covered Service Types](#)

BENEFIT PLANS

Benefit Plan Id	Benefit Plan Type	CHAMPS Provider Id	Service Type Details	Created Date	Transaction Date	Start Date	End Date
PIHP	MANAGED CARE	1705289	Click To View Service Types	07/15/2014	07/15/2014	01/12/2015	01/12/2015
MA	FEE FOR SERVICE		Click To View Service Types	07/15/2014	07/15/2014	01/12/2015	01/12/2015
NEMT	MANAGED CARE	2304993	Click To View Service Types	07/15/2014	07/15/2014	01/12/2015	01/12/2015

View Page: 1 | Page Count | SaveToXLS | Viewing Page: 1 | First | Prev | Next | Last

- Click the hyperlink, Click to View Service Types, this will show available benefits within the benefit plan

Check Beneficiary Eligibility

Member ID: Name:

Member Benefit Plan Service Types

None

Benefit Plan Id	Service Type Code	Service Type Description	Co-Payment	Co-Insurance	Deductible	Start Date	End Date
MA	1	Medical Care	0			01/12/2015	01/12/2015
MA	2	Surgical	0			01/12/2015	01/12/2015
MA	4	Diagnostic X-Ray	0			01/12/2015	01/12/2015
MA	5	Diagnostic Lab	0			01/12/2015	01/12/2015
MA	6	Radiation Therapy	0			01/12/2015	01/12/2015
MA	7	Anesthesia	0			01/12/2015	01/12/2015
MA	8	Surgical Assistance	0			01/12/2015	01/12/2015
MA	12	Durable Medical Equipment Purchased	0			01/12/2015	01/12/2015
MA	13	Ambulatory Service Center Facility	0			01/12/2015	01/12/2015
MA	18	Durable Medical Equipment Rental	0			01/12/2015	01/12/2015

View Page: Viewing Page: 1

- The available benefits will display

Verifying TPL Information

CHAMPS

My Inbox Provider Claims Member PA

Note Pad External Links My Favorites Print Help

Provider Portal Member Eligibility Inquiry Member Benefit Level

Member ID: Name:

Close

Fee for Service Dental Coverage (Note: Refer to Medicaid Provider Manual/MDCH website for details on covered services including PA, copay and other requirements. Some services may not be covered if age 21 and older.)

INQUIRY DATE RANGE: 01/12/2015 - 01/12/2015

GENDER: DATE OF BIRTH: CASE NUMBER: CASE PHONE: EXT: CASE EMAIL: COUNTY OF RESIDENCE: 63-OAKLAND MAGI CATEGORY: WORKER LOAD NUMBER:

COMMERCIAL / OTHER: Y
CSHCS RESTRICTIONS: N
MHP PCP: N
BMP PROVIDER RESTRICTION: N
PE INDICATOR: N
COST SHARE MET: Y
CAP AMOUNT REMAINING(\$): 0.00
DHS COUNTY: CITIZENSHIP: U.S. Citizen
MA PROGRAM CODE: N

[Print Member Summary](#)
[Non Covered Service Types](#)

BENEFIT PLANS

Benefit Plan Id	Benefit Plan Type	CHAMPS Provider Id	Service Type Details	Created Date	Transaction Date	Start Date	End Date
PIHP	MANAGED CARE	1705289	Click To View Service Types	07/15/2014	07/15/2014	01/12/2015	01/12/2015
MA	FEE FOR SERVICE		Click To View Service Types	07/15/2014	07/15/2014	01/12/2015	01/12/2015
NEMT	MANAGED CARE	2304993	Click To View Service Types	07/15/2014	07/15/2014	01/12/2015	01/12/2015

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

- If a beneficiary has a primary payer on file for the date of service being checked, the Commercial/Other will be Y
- Click the Commercial/Other Hyperlink to view the primary payer on file

Verifying TPL Information

The screenshot displays the CHAMPS Member Eligibility Inquiry interface. The top navigation bar includes the CHAMPS logo and menu items: My Inbox, Provider, Claims, Member, and PA. A secondary navigation bar contains utility links: Note Pad, External Links, My Favorites, Print, and Help. The breadcrumb trail indicates the path: Provider Portal > Member Eligibility Inquiry > Member Benefit Level > TPL.

The main content area is divided into sections:

- Member ID:** A search bar with a "Name:" field and a "Close" button.
- SEARCH BY:** A search bar labeled "MEMBER ID:" with a "no access" button.
- MEMBER:** A section with fields for "MEMBER ID:", "NAME:", and "DOB:".
- INSURANCE DETAILS:** This section is highlighted with a red circle. It contains a filter menu (All, Active, Go), "Save Filters" and "My Filters" buttons, and a table of insurance information.

PAYER NAME	PAYER ID	COVERAGE TYPE	GROUP NUMBER	POLICY NUMBER	POLICY HOLDER ID	DATE LAST UPDATED	BEGIN DATE	END DATE
BCN	28214005	X2				11/14/2014	06/01/2014	12/31/2999

At the bottom of the table, there are controls for "View Page: 1", "Page Count", "SaveToXLS", and "Viewing Page: 1". Navigation buttons for "First", "Prev", "Next", and "Last" are also present.

- The primary payer information will display, including the coverage type, group number, policy number, date updated and begin and end dates

Referring/Ordering Provider Denials

- Denials: Referring/Ordering not active on date of adjudication.
 - CARC 16 - Claim/service lacks information or has submission/billing error(s) which is needed for adjudication
 - RARC N286 - Missing/incomplete/invalid referring provider primary identifier
- MSA Policy Bulletin [12-55](#) and MSA [13-17](#) for policy notification of referring/ordering editing.
- The Provider verification tool is used to verify if a provider's NPI is enrolled with Michigan Medicaid. An active enrolled NPI is required for payment of a claim(s).
- Reference the [Medicaid Provider Manual](#), Chapter Billing & Reimbursement for Professional, Section 1 – General Information for further clarification.

Provider Verification Tool

CHAMPS < My Inbox ▾ Provider ▾ Claims ▾ Member ▾ PA ▾

Provider Portal

NPI: _____ Name: _____

Latest updates

System Notification
Attention All Providers: Due to system maintenance activities, the CHAMPS system will be down between 6:00 AM Saturday, January 10th through 9:00 PM Sunday, January 11th, 2015 with the exception of Health Care Eligibility Benefit Inquiry and Response (Core 270/271) Real-time transactions which will be down between 6:00am and 10:00am on Saturday January 10th. This outage will affect the CHAMPS system access for all functionality.

My Reminders

Filter By [] [] [Go] [Save Filters] [My Filters ▾]

Alert Type	Alert Message	Alert Date	Due Date	Read
No Records Found !				

Calendar

11:48 AM 12 January 2015 Monday

2015 January

Mo	Tu	We	Th	Fr	Sa	Su
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

← Today →

- Click the My Inbox tab

Provider Verification Tool

The screenshot shows the CHAMPS Provider Portal interface. At the top, there are navigation tabs: My Inbox, Provider, Claims, Member, and PA. Below these are utility links: Note Pad, External Links, My Favorites, Print, and Help. The main content area is divided into several sections:

- MY INBOX**: My Inbox (starred)
- CHANGE PROFILE**: Change Profile (starred)
- ARCHIVED DOCUMENTS**: Archived Documents (starred)
- HIPAA**: Upload File (starred), Retrieve Acknowledgement/Response (starred)
- PROVIDER VERIFICATION**: Provider Verification (starred, highlighted with a red arrow)

Other visible elements include a System Notification about a Saturday system outage, a Calendar for January 2015, and a table with columns for Due Date and Read. A red arrow points to the 'Provider Verification' option in the navigation menu.

- Select the Provider Verification option

Provider Verification Tool

The screenshot shows the CHAMPS web application interface. At the top left is the CHAMPS logo. A navigation bar contains links for 'My Inbox', 'Provider', 'Claims', 'Member', and 'PA'. A secondary navigation bar includes 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The breadcrumb trail reads 'Provider Portal > Provider Verification'. A 'Close' button is located in the top left of the main content area. The main content area has a header 'Provider Verification' with a grid icon and an upward arrow. Below this is a form with the label 'NPI:' followed by an empty text input field. To the right of the input field is a button with a checked checkbox and the text 'Verify'. A red arrow points to the 'Verify' button.

- Enter the NPI and click Verify to verify if a provider is enrolled with Michigan Medicaid

Provider Verification Tool

CHAMPS < My Inbox ▾ Provider ▾ Claims ▾ Member ▾ PA ▾

Profile ▾ Note Pad External Links ▾ My Favorites ▾ Print Help

Provider Portal > Provider Verification

Close

Provider Verification Details

NPI: [redacted] Provider Name: [redacted]

Business Status: Active Primary Specialty: Family Medicine

Specialty: [redacted]

- The screen will display the provider information, take note of the business status
- A result of 'no information found' will be displayed if the provider is not enrolled with Michigan Medicaid

Billing Provider Denial

- Denial: Billing provider not associated with submitter
 - CARC 96 - Non-covered charge(s)
 - RARC N55 - Procedures for billing with group/referring/performing providers were not followed
- If providers are using a billing agent to submit claims on their behalf the provider will need to make sure their billing NPI(s) is associated to the submitter ID per the Medicaid Provider Manual, Chapter Billing & Reimbursement for Professionals, Section 2.1.A. Authorized Billing Agents.
- For further instructions on associating to a billing agent please click on the link below and follow the listed steps:
http://www.michigan.gov/documents/mdhhs/Associate_new_billing_agent_and_835_auth_530787_7.pdf

Consent/Acknowledgement Forms

- [MSA 1959 and MSA 2218](#)
- Per the Medicaid Provider Manual,
 - Chapter Practitioner, Section 2: By federal statute, all services, including anesthesia services related to hysterectomies or sterilization procedures, must be supported by an informed consent that meets Medicaid's consent requirements before the service can be covered. It is the responsibility of the operating surgeon to obtain this consent.
 - Chapter Hospital, Section 3: Physicians are responsible for obtaining the signed Consent for Sterilization (MSA-1959/HHS-687) 30 days prior to surgery.
 - Chapter Hospital, Family Planning, Section 4: Consent forms (Consent for Sterilization [MSA-1959/HHS-687] and Acknowledgement of Receipt of Hysterectomy Information [MSA-2218]) must be submitted through the Document Management Portal.

Medicaid Provider Trainings Page

- Upcoming Trainings

Upcoming Trainings

- August 23, 2016 Document Management Portal (DMP) Virtual Training (10:00-11:00am)
- August 25, 2016 How to Adjust/Void Professional Claim Virtual Training (10:00-11:00am)
- September 20, 2016 Practitioner 101 Virtual Training (10:00-11:00am)
- To see more trainings please visit the [Medicaid Provider Trainings](#) site.
- Recordings of past presented trainings are also available and updated frequently on the Medicaid Provider Training site.
- If you have suggestions for trainings please email: ProviderOutreach@Michigan.gov

Provider Resources

- **MDHHS website:** www.michigan.gov/medicaidproviders
- **We continue to update our Provider Resources, just click on the links below:**
 - [Listserv Instructions](#)
 - [Medicaid Alerts and Biller “B” Aware](#)
 - [Quick Reference Guides](#)
 - [Update Other Insurance NOW!](#)
 - [Medicaid Provider Training Sessions](#)
- **Provider Support:**
 - ProviderSupport@michigan.gov or 1-800-292-2550

Thank you for participating in the Michigan Medicaid Program