

**Bulletin Number:** MSA 08-56

**Distribution:** All Providers

**Issued:** December 1, 2008

**Subject:** Medicaid Provider Manual Compact Disc (CD) Mailings

**Effective:** January 1, 2009

**Programs Affected:** Medicaid, Children's Special Health Care Services, Adult Benefits Waiver, Maternity Outpatient Medical Services (MOMS), Plan First!

The Michigan Department of Community Health (MDCH) annually mails a compact disc (CD) version of the Michigan Medicaid Provider Manual to all enrolled Medicaid providers. The Medicaid Provider Manual contains policies related to Medicaid, Children's Special Health Care Services, Adult Benefits Waiver, MOMS, Plan First!, and other health care insurance programs administered by MDCH.

Since the Medicaid Provider Manual is available online and is updated on a quarterly basis by incorporating new policy bulletins and technical changes, MDCH is discontinuing the annual mailing of the Medicaid Provider Manual CD to all Medicaid providers. The Medicaid Provider Manual can be accessed on the MDCH website at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Policy and Forms >> Medicaid Provider Manual.

If you are an enrolled Medicaid provider without Internet access and would like to receive the January 2009 CD version of the Medicaid Provider Manual, you will need to submit a request to MDCH. The request must include the Medicaid provider's name and address, National Provider Identifier (NPI), telephone number, and a contact person's name. You may submit the request by mail, fax, or e-mail to one of the following:

MDCH/Medicaid Program Policy Division  
PO Box 30479  
Lansing, MI 48909  
or  
Fax: 517-335-5136  
or  
E-mail: [MSA-Forms@Michigan.gov](mailto:MSA-Forms@Michigan.gov)

Upon receipt of this request, MDCH will mail you one free copy of the January 2009 CD version of the Medicaid Provider Manual. Providers using the CD will need to retain all bulletins received throughout the year to use in addition to the CD.

In the future, if you are interested in obtaining an updated CD version of the Medicaid Provider Manual, you will need to submit an annual request to the mail address, fax number, or e-mail address identified above. Upon receipt, MDCH will mail a CD to you.

## Manual Maintenance

Retain this bulletin until the information has been incorporated into the Michigan Medicaid Provider Manual.

## Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

## Approved

A handwritten signature in black ink that reads "Paul Reinhart". The signature is written in a cursive style with a large initial "P" and "R".

Paul Reinhart, Director  
Medical Services Administration