

Instructions

MIHP Referral Follow-Up Form

MIHP 900 (11-01-15)

These instructions are intended to clarify data fields that users have asked about in the past and to provide definitions for other fields to ensure that all users are interpreting them in the same way. If you have any questions about these instructions or think further instructions are needed, please contact Deb Marciniak at marciniakd1@michigan.gov or 517 324-8314.

- **Beneficiary**: Insert beneficiary's first and last name.
- **Medicaid Number**: Insert beneficiary's Medicaid ID number. If beneficiary doesn't have a Medicaid number, leave this field blank. Once you receive the Medicaid number, go back and insert it.
- **Referral Made (column)**: This is a prepopulated list of services to which you may refer a beneficiary during the course of care. Fill in the blank rows with other services, as you make referrals to services that are not already listed.
- **Checkmark (column)**: When you make a referral, check the box next to the appropriate service.
- **Date of referral**: Insert the date that you checked the box.
- **Date of follow-up**: Insert the first date that staff followed up on the referral with the beneficiary. This must be within three visits from the date the referral was made. Also, document the "outcome of the previous referral" on pg. 2 of the *Professional Visit Progress Note*.