

Distribution: All Provider 03-13

Issued: December 15, 2003

Subject: Beneficiary Monitoring Program (BMP)
Updated Directory Appendix

Effective: January 15, 2004

Programs Affected: Medicaid

The attached Section 7 of the Medicaid Provider Manual Chapter II (Eligibility) updates and clarifies the policy related to the Beneficiary Monitoring Program. The policy describes the criteria used to identify beneficiaries potentially misusing or overusing Medicaid services. It also describes the utilization control mechanisms that may be used.

Also attached is an updated Directory Appendix that provides website and contact information referred to in the provider manual.

Manual Maintenance

Replace the current Chapter II, Section 7 (dated 01-01-03, AP 03-01) and replace with the attached.

Replace the current Directory Appendix (dated 10-01-03, AP 03-08) with the attached.

This bulletin may be discarded when manual maintenance is complete.

Questions

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

Approved



Paul Reinhart, Director
Medical Services Administration



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GENERAL INFORMATION

State and federal regulations require the Michigan Department of Community Health (MDCH) to conduct surveillance and utilization review of Medicaid benefits to ensure the appropriate amount, scope, and duration of medically necessary services are being provided to Medicaid beneficiaries.

The objectives of the Beneficiary Monitoring Program (BMP) are to reduce overuse and misuse of Medicaid services (including prescription medications), improve the quality of health care for Medicaid beneficiaries, and reduce costs to the Medicaid program. To accomplish these objectives, the MDCH:

- Identifies fee-for-service (FFS) beneficiaries who appear to be misusing and/or overusing Medicaid services.
- Evaluates the Medicaid services to determine whether the services are appropriate to a FFS beneficiary's medical condition(s).
- Places those FFS beneficiaries who are misusing and/or abusing Medicaid pharmaceuticals in certain drug categories in a lock-in, as a control mechanism, to limit abuse and/or misuse of prescription drugs.
- Places those FFS beneficiaries who are misusing and/or abusing Medicaid services, other than pharmaceuticals, with a primary care provider as a control mechanism.
- Monitors FFS beneficiaries in the control mechanism to determine whether control is effective and, if not effective, makes appropriate changes.

If it is determined that a Medicaid FFS beneficiary is overusing and/or abusing Medicaid services, the beneficiary may be subject to a utilization control (lock-in) mechanism. There are two types of utilization control mechanisms: Pharmaceutical Lock-In and Restricted Primary Provider Control.

The Pharmaceutical Lock-in is used for beneficiaries who are abusing and/or misusing drugs listed in the Drug Categories subsection of this Section. The Restricted Primary Provider Control Lock-in is used for beneficiaries who are misusing and/or abusing Medicaid services other than pharmaceuticals.

IDENTIFICATION OF BMP ENROLLMENT ON EVS

A beneficiary who is subject to the BMP Pharmaceutical Control mechanism is identified by:

- Level of Care (LOC) code 13 with the message "Pharmaceutical Lock-In".

A beneficiary who is subject to the BMP Restricted Primary Provider Control mechanism is identified by:

- Level of Care (LOC) code 14 with the message "Restricted Provider Control" .

BMP ENROLLMENT CRITERIA

The following criteria is used to determine whether a beneficiary may be placed in the Pharmaceutical Lock-In or Restricted Primary Provider Control mechanisms. The dosage level and frequency of prescriptions, as well as the diagnoses and number of different prescribers, are reviewed when evaluating each individual case.



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DISENROLLMENT FROM A MEDICAID HEALTH PLAN (MHP)

The Medicaid beneficiary has been disenrolled by MDCH from a Medicaid Health Plan (MHP) for one of the following:

- Noncompliance with physician/drug treatment plan.
- Noncompliance with MHP rules/regulations for pharmacy lock-in.
- Suspected/alleged fraud for altered/forged prescriptions.
- Suspected/alleged fraud for stolen prescription pads.

CONVICTED OF FRAUD

The beneficiary has been convicted of fraud for one of the following:

- Selling of products/pharmaceuticals obtained through Medicaid.
- Altering/forging prescriptions used to obtain medical products or pharmaceuticals.
- Stealing prescription pads.
- Impersonating a provider to obtain prescriptions.

INAPPROPRIATE USE OF EMERGENCY ROOM SERVICES

- More than three (3) emergency room visits in one quarter.
- Repeated emergency room visits with no follow-up with a primary care physician.
- More than one outpatient hospital emergency room facility used in a quarter.

INAPPROPRIATE USE OF PHYSICIAN SERVICES

- Utilized more than three (3) different physicians in one quarter.
- Utilized more than two (2) different physicians to obtain duplicate services for the same health condition or prescriptions for the identified Drug Categories below.
- Utilized multiple physicians for vague diagnosis, e.g., myalgia, myositis, sinusitis, lumbago, migraine, to obtain drugs from the Drug Categories listed below.

INAPPROPRIATE USE OF PHARMACY SERVICES

- Utilized more than three (3) different pharmacies in one quarter.
- Aberrant utilization patterns for drug categories, noted below, over a one-year period.
- Obtained more than eleven (11) prescriptions for drugs, identified below, in one quarter (including emergency prescriptions).

DRUG CATEGORIES

MDCH considers the following categories of drugs to be subject to abuse. Beneficiaries obtaining these products, and meeting the criteria above, may be subject to enrollment in the BMP.

- Narcotic Analgesics
- Barbiturates
- Sedative-Hypnotic, Non-Barbiturates
- Central Nervous System Stimulants/Anti-Narcoleptics
- Anti-Anxieties
- Amphetamines
- Skeletal Muscle Relaxants



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PHARMACEUTICAL LOCK-IN CONTROL MECHANISM

Michigan's Pharmacy Benefits Manager maintains a real-time screen of all point of sale (POS) prescription drug claims for MDCH. Requests for prescriptions (including **emergency prescriptions** for the drug categories listed above) will be evaluated against other prescriptions filled for the beneficiary and paid by Medicaid in the last 34 days.

Beneficiaries will not be allowed to fill or refill prescribed medications in the drug categories mentioned above until 95% of the medication quantity limits would have been consumed in compliance with the prescribed dose, amount, frequency and time intervals established by the MDCH.

No overrides will be allowed for beneficiaries enrolled in the BMP except when authorized by the Office of Medical Affairs (OMA).

RESTRICTED PRIMARY PROVIDER CONTROL MECHANISM

Beneficiaries will be enrolled in the Restricted Primary Provider Control if they are identified as abusing and/or misusing Medicaid services other than pharmaceuticals.

It is the responsibility of the restricted beneficiary's primary care provider to supervise the case management and coordination of all prescribed drugs, specialty care and ancillary services.

Reimbursement for any ambulatory service will not be made **unless** the services rendered were provided, referred, prescribed, or ordered by the primary provider.

The MSA-1302, Primary Provider Referral Notification/Request, must be completed by the primary care provider to authorize care by other physicians (MD, DO, DPM), medical clinics, and outpatient hospitals. (See form for distribution instructions.)

- The MSA-1302 does **not** authorize prescriptions ordered or written by the referred provider.
- The MSA-1302 does authorize the referred provider to render the service. The MSA-1302 is valid for a 60-day period from the date of the first appointment with the referred provider.

A telephone referral is adequate authorization to render the service. However, the primary provider must immediately forward one copy of the MSA-1302 to the referred provider and one copy to the Beneficiary Monitoring Program.

Any authorization by the primary care provider of the restricted beneficiary does NOT replace any prior authorization required by MDCH (e.g., vision services, cosmetic surgery).

A monthly case management fee will be paid to the Restricted Primary Provider for each beneficiary assigned.



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The following services are **exempt** from the primary care physician beneficiary utilization control mechanism.

- Emergency services
- Dental services
- Services rendered by a long-term care provider, or
- Services rendered in an inpatient hospital

REFERRAL SERVICES

When a provider receives a referral from a beneficiary's primary care physician and wishes to order any services that will be performed by another provider (e.g. laboratory tests, prescription drugs, physical therapy, outpatient services), the order for such services must be authorized or prescribed by the primary provider. Only those services billed using the primary provider as the referring/prescribing physician will be reimbursed by Medicaid.

The referred provider must:

- Receive his copy of the MSA-1302 **before** billing Medicaid for the service, and
- Retain the form in the beneficiary's file as authorization for the service, and
- Use the provider ID Number identified on the MSA-1302 for billing.

MONITORING AND REVIEW

Beneficiaries are placed into the program for a minimum of twenty-four (24) months. The utilization of medical services or drugs is routinely monitored and the effectiveness of the current control mechanism evaluated. When the beneficiary's utilization has been reduced to an appropriate level, or there is a change in medical status, MDCH may determine that the BMP is no longer required.

APPEALS

Beneficiaries may appeal MDCH's action to place them in pharmaceutical lock-in and/or primary care provider utilization control.



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MSA-1302 (front)

**BENEFICIARY MONITORING
PRIMARY PROVIDER REFERRAL NOTIFICATION / REQUEST**

Michigan Department of Community Health
Medical Services Administration

- **Read ALL instructions on the reverse side**
- **See PA 431 and Non-discrimination information on the reverse side**

The beneficiary named below requires medical services in addition to those that I provide. I am referring this beneficiary to you as discussed with you and the beneficiary.

SECTION 1 – Beneficiary Information:

Beneficiary Name (Last, First, Middle)			Medical Assistance ID Number
Street Address			Home Telephone Number
City	State	ZIP Code	Work or Other Telephone Number

SECTION 2 – Primary Care Provider Information:

Name of Provider			Primary Care Provider ID Number
Business Address			Telephone Number
City	State	ZIP Code	

SECTION 3 – Referred Provider and Appointment Information:

Name of Provider		Date of First Appointment	Time of First Appointment : <input type="checkbox"/> AM <input type="checkbox"/> PM
Business Address / Location of Appointment		Telephone Number	
City	State	ZIP Code	Referred Provider Medical Provider ID Number

SECTION 4 – Reason for Referral and Authorization:

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
Primary Care Provider Authorizing Signature	Date of Authorization

MSA-1302 (Rev. 9-00) (W) Previous Editions are Obsolete

Copy Distribution:

WHITE - Mail to MSA, Beneficiary Monitoring Program
YELLOW - Primary Provider File Copy
PINK - Referred Medical Provider File Copy



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MSA-1302 (back)

**Instructions for form MSA-1302
Beneficiary Monitoring Primary Provider Referral Notification / Request**

REFERRING PROVIDER INSTRUCTIONS:

- This form should be used **ONLY** for those beneficiaries that are restricted to a primary provider in the Beneficiary Monitoring Unit.
- Please type or clearly print all applicable information.
- **COPY DISTRIBUTION:**
 - WHITE - Mail to MSA, Beneficiary Monitoring Unit
 - YELLOW - Primary Provider File Copy
 - PINK - Referred Medical Provider File Copy
- The primary provider must mail the original copy of this form to:

**BENEFICIARY MONITORING UNIT
MEDICAL SERVICES ADMINISTRATION
PO BOX 30479
LANSING MI 48909-7979**

BENEFICIARY INSTRUCTIONS:

- You are being referred to another medical provider.
- The name and address of that provider is shown in Section 3 on the front side of this form.
- Your appointment **DATE** and **TIME** are also shown in Section 3.
- You must keep this appointment or call this provider to make another appointment.

AUTHORITY: Title XIX of the Social Security Act

COMPLETION: Is Voluntary, but is required if Medical Assistance program payment is desired.

The Department of Community Health is an equal opportunity employer services and programs provider.



DIRECTORY APPENDIX

This directory provides contact information referenced in the various chapters of the Medicaid Provider Manual, and is divided into the following topic areas:

Provider Assistance
 Beneficiary Assistance
 Eligibility Verification
 Prior Authorization
 Billing Resources
 Claim Submission/Payment
 Policy/Forms/Publications

Appeals
 Health Plan Information
 Provider Resources
 Hospice Resources
 MH/SA Resources
 Nursing Facility Resources
 Pharmacy Resources

Vision Services Resources
 Reporting Fraud, Abuse, or
 Misuse of Services
 Other Health Care
 Resources/Programs
 Miscellaneous Contact
 Information

CONTACT/TOPIC	PHONE # FAX #	MAILING/EMAIL/WEB ADDRESS	INFORMATION AVAILABLE/PURPOSE
PROVIDER ASSISTANCE			
Provider Inquiry M-F 8 am to 5 pm EST	800-292-2550	MDCH/Provider Inquiry PO Box 30731 Lansing, MI 48909-8231 providersupport@michigan.gov	Provider resource for policy clarification, billing assistance
Provider Enrollment	517-335-5492 Fax 517-241-8233	MDCH/Medicaid Payments Division Provider Enrollment Unit PO Box 30238 Lansing, MI 48909	Provider enrollment forms and information, update provider information, billing agent authorizations
Children's Special Health Care Services (CSHCS)	517-241-7186 Fax 517-241-8970	CSHCS Program PO Box 30479 Lansing, MI 48909-7979	General information regarding CSHCS program
CSHCS Customer Support	517-335-8983 (Requests for hospice, respite, PDN) Fax 517-334-9491 (submission of medical reports, updates from local health departments, and all other information)	CSHCS Customer Support PO Box 30734 Lansing, MI 48909 cshcs-css@michigan.gov	Information about medical eligibility determinations, application process, coverage, requests for retroactive coverage, hospice, respite, private duty nursing (PDN) requests, or submission of client information updates.
BENEFICIARY ASSISTANCE			
Beneficiary Helpline M-W 8 am to 7 pm Th-F 8 am to 6 pm	800-642-3195	MDCH Enrollment Services Section PO Box 30479 Lansing, MI 48909-7979	Beneficiary resource for all programs administered by the MDCH, billing problems, mihealth card replacements, etc.



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CONTACT/TOPIC	PHONE # FAX #	MAILING/EMAIL/WEB ADDRESS	INFORMATION AVAILABLE/PURPOSE
MIEnrolls (Michigan Enrolls) M-W 8 am to 7 pm Th-F 8 am to 6 pm	888-367-6557 TTY: 888-263-5897	Michigan Enrolls PO Box 30412 Lansing, MI 48909	Health plan enrollment, provider participation information, and health plan change.
MIChild/Healthy Kids	888-988-6300 or 888-858-5929	FIA Office Services Division Grand Tower, Ste 203 PO Box 30037 Lansing, MI 48909 On-line application https://eform.state.mi.us/michild/intro1.htm	Applications and eligibility information
CSHCS Parent Participation Program Family Phone Line M-F 8 am to 5 pm	800-359-3722 fax 313-456-4379	CSHCS Parent Participation Program Cadillac Place, Suite 3-350 3056 W. Grand Blvd. Detroit, MI 48202	For parent use only. Information regarding CSHCS, statewide Family Support Network, other resource information, transferring calls to CSHCS staff and providers.
Healthy Kids Dental	800-482-8915	Delta Dental Customer Services	Information related to Healthy Kids Dental enrollees and services
ELIGIBILITY VERIFICATION			
Eligibility Verification System (EVS) – Automated Voice Response System (AVRS)	888-696-3510	For more information on the EVS and/or to obtain an AVRS user manual: www.michigan.gov/mdch click on Providers, Information for Medicaid Providers, The MI EVS	Toll-free number for MI Medicaid providers to call and verify eligibility for Medicaid, CSHCS, MOMS, and ABW I within 12 months of the date of query. There is no cost to use the AVRS.
MediFAX Electronic Data Interchange (EDI) – EVS products Eligibility Verification	800-819-5003	MediFAX EDI E-Mail: marketing@medifax.com www.medifax.com (Information and EDI user manual)	MediFAX offers EDI products for providers to purchase for verifying Medicaid, CSHCS, MOMS, and ABW I eligibility. These products are easy to use, have quick response time, batch processing, date of service span, and the ability to print the eligibility response. There is a charge to the provider for these EDI products.
Newborn ID numbers	Fax 517-373-1437	MDCH Enrollment Services Section PO Box 30479 Lansing, MI 48909-7979 msaess@michigan.gov	Fax or email requests to obtain newborn ID numbers for billing Medicaid only when an EVS query does not locate the newborn. Eligibility information must be obtained on the EVS using the ID number provider by MDCH. When submitting a request, include newborn's name, gender, date of birth, mother's name, and mother's Medicaid ID number.
MOMS Eligibility	Fax 517-241-8556	Customer Services Division Attn: MOMS Program	ONLY if MOMS ID number is not available through EVS or mihealth card. Request must be on provider letterhead and include provider's phone number and contact person.



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CONTACT/TOPIC	PHONE # FAX #	MAILING/EMAIL/WEB ADDRESS	INFORMATION AVAILABLE/PURPOSE
Eligibility Verification (out-of-state providers)	517-335-5477		For out-of-state providers to verify eligibility for Medicaid, CSHCS, MOMS, and ABW I within the last 12 months
MediFAX EDI Customer Support	800-333-0263	customer.service@medifax.com	Providers can contact Customer Support if they are experiencing technical problems with the AVRS and/or a MediFAX EDI product.
PRIOR AUTHORIZATION (Authorization of Services)			
Prior Authorization Division (FFS Medicaid & CSHCS)	800-622-0276 fax 517-335-0075	MDCH Prior Authorization Division PO Box 30170 Lansing, MI 48909	Prior authorization for all services except dental, hospital, and pharmacy
Prior Authorization (CHP, MHP or SHP)	See Health Plan list on MDCH website	Obtain specific health plan contact information at: www.michigan.gov/mdch click on Health Care Coverage, Medicaid, Michigan Medicaid Health Plans	For beneficiaries enrolled in a health plan, providers are to contact the plan for authorization of services
Prior Authorization - Dental	800-622-0276 or 517-335-5090 fax 517-335-0075	MDCH Dental Prior Authorization PO Box 30154 Lansing, MI 48909	Prior authorization of dental services for Medicaid and CSHCS
Prior Authorization (PACER) – Med/Surg Inpatient Admissions (Admission & Certification Review Contractor)	800-727-7223	Michigan Peer Review Organization 22670 Haggerty Rd., Ste. 100 Farmington Hills, MI 48335-2611	Prior authorization for Medicaid, CSHCS, and ABW I admissions
Prior Authorization – Psychiatric Inpatient Admissions	Refer to local Community Mental Health Services Program		
Prior Authorization – Ventilator Dependent Care Units	517-241-4293 fax 517-241-8995	LTC Services PO Box 30479 Lansing, MI 48909-7979	Authorization for Medicaid reimbursement in contracted ventilator dependent care units
Prior Authorization – NF MOUs	517-241-4293 fax 517-241-8995	LTC Services PO Box 30479 Lansing, MI 48909-7979	Authorization for increased NF per diem for complex care
Prior Authorization – Pharmacy 24/7/365	877-624-5204 fax 877-888-6370	First Health Services Corp. 4300 Cox Rd. Glen Allen, VA 23060	PBM Technical Call Center for Pharmacies
Pharmacy Clinical Call Center 8 am – 5 pm EST, M - F	877-864-9014 fax 888-603-7696	First Health Services Corp. 4300 Cox Rd. Glen Allen, VA 23060	PMB Clinical Call Center for Prescribers
BILLING RESOURCES			
Automated Billing Unit		MDCH/Medicaid EDI Coordinator PO Box 30043 Lansing, MI 48909-7543 AutomatedBilling@michigan.gov	Information regarding becoming an electronic biller and submitting electronic claims to the MDCH



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CONTACT/TOPIC	PHONE # FAX #	MAILING/EMAIL/WEB ADDRESS	INFORMATION AVAILABLE/PURPOSE
CDT 4 Coding Manual (American Dental Assoc.)	800-947-4746		Procedure codes required for dental claims.
Centers for Medicare & Medicaid Services (CMS)		www.cms.gov	Download HCPCS codes
CPT Coding Manual HCPCS Coding Manual ICD-9-CM Coding Manual	800-621-8335 (AMA Press) 800-999-4600 (Medicode)		Procedure and diagnosis coding required for professional and institutional claims.
Electronic Billing Resources		www.michigan.gov/mdch click on Providers, HIPAA	835 & 837 Companion Guides Testing Instructions MDCH Electronic Submission Manual
MDCH Procedure Code Databases/Fee Screens	517-241-7903 fax 517-335-5136	www.michigan.gov/mdch click on Providers, Information for Medicaid Providers, Medicaid Fee Screens	MDCH-covered procedure codes, parameters, and fee screens for each provider type available on-line.
MDCH Referring Provider List		www.michigan.gov/mdch click on Providers, Information for Medicaid Providers, Referring Provider List	List of ID numbers for use in identifying referring/prescribing providers. It does not contain billing ID numbers.
MDCH Sanctioned Provider List		www.michigan.gov/mdch click on Provider, Information for Medicaid Providers, Sanctioned Provider List	List of providers that are excluded from participation in the Michigan Medicaid Program
National Uniform Billing Manual		American Hospital Association National Uniform Billing Committee 29 th floor, One North Franklin Chicago, IL 60606 www.nubc.org	To obtain a National UB-92 manual
Other Insurance Carrier List		www.michigan.gov/mdch click on Providers, Information for Medicaid Providers, Third Party Liability	List of insurance carriers
State Uniform (UB-92) Billing Manual	517-323-3443	Michigan Health & Hospital Association Attn: UB-92 Manual Subscription 6215 W. St. Joseph Hwy Lansing, MI 48917	To obtain a State UB-92 manual
Statistical Analysis DME Regional Carrier (SADMERC)		www.palmettogba.com	Enteral Product Classification List
Washington Publishing Co.		PMB 161 5284 Randolph Rd Rockville, MD 20852-2116 www.wpc-edi.com	Information regarding HIPAA compliant claim formats and code sets
CLAIM SUBMISSION/PAYMENT			
Miscellaneous Transactions Unit (MTU)	517-335-5477	MDCH/Miscellaneous Transactions Unit PO Box 30239 Lansing, MI 48909	Out-of-state and non-enrolled provider claims
Claim Attachment Submission (Hospitals only)		MDCH/Medicaid Payments Division PO Box 30732 Lansing, MI 48909-8232	Hospitals may send attachments for claims submitted electronically.
Electronic Funds Transfer		www.cpexpress.state.mi.us	Initiate receipt of electronic Medicaid payments



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CONTACT/TOPIC	PHONE # FAX #	MAILING/EMAIL/WEB ADDRESS	INFORMATION AVAILABLE/PURPOSE
Friend of the Court	517-373-5975 Fax 517-373-8740	Friend of the Court Bureau State Court Administrative Office Michigan Hall of Justice PO Box 30048 Lansing, MI 48909 focb@courts.michigan.gov	Qualifying medical support orders
MDCH Cashier's Unit		MDCH/Cashier's Unit PO Box 30437 Lansing, MI 48909	Refund payments to MDCH, purchase Medicaid manual subscription
Medicare Buy-In Unit	517-335-5488 Fax 517-335-0478	MDCH/Buy-In Unit Lewis Cass Bldg 320 S Walnut Lansing, MI 48913	
OCR Coordinator	517-335-9342 Fax 517-335-8881	MDCH Attn: OCR Coordinator 3423 N Martin Luther King Jr Blvd Lansing, MI 48909 OCRCoordinator@michigan.gov	Information related to paper claim readability
Paper Claim Submission Address		MDCH PO Box 30043 Lansing, MI 48909	HCFA 1500, UB-92, and ADA 2000 claims are to be mailed to the address indicated. No other paper claim formats are accepted.
Sterilization & Hysterectomy Form Submission	Fax 517-241-7856		Fax completed form to MDCH. Form may be downloaded from the MDCH website at: www.michigan.gov/mdch Click on Providers, Information for Medicaid Providers, Medicaid Provider Forms and Other Resources
Third Party Liability Section	800-292-2550 (option #4) fax 517-335-8868	MDCH/TPL 3423 N. Martin Luther King Jr. Blvd., Ste. 317 Lansing, MI 48909 TPL@michigan.gov	Coordination of benefits issues
POLICY/FORMS/PUBLICATIONS			
Draft Medicaid Policy	517-241-7903	msadraftpolicy@michigan.gov	Proposed policies are distributed for a 30-day public comment period. Copies of proposed policies may be requested via e-mail or obtained from the MDCH website at www.michigan.gov/mdch Click on Providers, Information for Medicaid Providers, Medicaid Policy
Medicaid Forms Distribution	517-373-6401 Fax 517-241-1164	MDCH/Forms Distribution Lewis Cass Bldg. 320 S. Walnut Lansing, MI 48913	Many required forms are available in the Forms Appendix of this manual and on-line at: www.michigan.gov/mdch Click on Providers, Information for Medicaid Providers, Medicaid Provider Forms and Other Resources
Medicaid Policy Manuals, Bulletins and Numbered Letters	517-241-7903 fax 517-335-5136	www.michigan.gov/mdch click on Providers, Information for Medicaid Providers, Medicaid Policy	Copies of proposed policies and final policy bulletins available on-line. Policy manuals can be ordered



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Medicaid Publications		MDCH/Health Promotions & Publications 3423 N. Martin Luther King Jr. Blvd. Lansing, MI 48909	Medicaid brochures and other publications
APPEALS			
Appeals (Beneficiary)	877-833-0870 or 517-335-8911 Fax 517-335-9180	MDCH Administrative Tribunal & Appeals Division PO Box 30195 Lansing, MI 48909	Beneficiaries may request a hearing on benefit denial or placement in the Beneficiary Monitoring Program.
Appeals (Provider)	517-335-8911	MDCH Administrative Tribunal & Appeals Division PO Box 30195 Lansing, MI 48909	Ambulatory, hospital, and nursing facility appeals
State Hospital Appeals Panel Coordinator		State Hospital Appeals Panel Coordinator MDCH Administrative Tribunal & Appeals Division PO Box 30195 Lansing, Michigan 48909	Hospitals wishing to waive right to appeal through the administrative rules, R400.3406 through R400.3424, may elect to request a hearing before the State Hospital Appeal Panel
HEALTH PLAN INFORMATION			
CSHCS Contract Managers	517-241-7186	www.michigan.gov/mdch	Information regarding CSHCS Special Health Plans
Medicaid HP & County HP Contract Managers	517-335-5500	www.michigan.gov/mdch	Information regarding Medicaid Health Plans and County (ABW I) Health Plans
Pre-paid Inpatient Health Plan Contract Managers	517-241-5066	www.michigan.gov/mdch	Information regarding Mental Health and Substance Abuse Pre-paid Inpatient Health Plans
Delta Dental Customer & Claims Services Department	800-482-8915		Information related to Healthy Kids Dental enrollees, services, and claims
PROVIDER RESOURCES			
MDCH Blood Lead Laboratory		MDCH Blood Lead Laboratory PO Box 30035 Lansing, MI 48909	Submit samples for blood lead testing
MDCH Childhood Lead Poisoning Prevention Project		PO Box 30195 Lansing, MI 48909	Education and outreach related to blood lead poisoning
MDCH Communicable Disease Epidemiology Division	517-335-8165 Fax 517-335-8263		
MDCH Division of Family and Community Health	Fax 517-335-8294	MDCH Division of Family & Community Health PO Box 30195 Lansing, MI 48909	Certification/accreditation for MSS/ISS program providers.



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MDCH Lead Hazard Remediation Program	517-335-9390	PO Box 30195 Lansing, MI 48909	Obtain Protocol for Environmental Investigations for Children with Elevated Blood Lead Levels, a list of certified risk assessors, applications for training and certification, and education materials
MDCH Contract Management Section	517-241-3299	320 S. Walnut St. Lansing, MI 48909	LHD reimbursement for administrative activities
MDS		www.cms.hhs.gov/medicaid/mds20/	Mandated assessment for NF residents
OASIS		www.cms.hhs.gov/OASIS	Mandated assessment for Home Health services
Center for Information Management	734-930-0855		Assistance in transmitting OASIS data to the state repository
Office of Medical Affairs	517-335-5181	MDCH/Office of Medical Affairs PO Box 30479 Lansing MI 48909	
Reimbursement & Audit	517-335-5330	MDCH/Hospital & Health Plan Reimbursement Division PO Box 30479 Lansing, MI 48909-7979	Information on hospital and health plan rates and audits
State Survey Agency	517-241-2626 fax 517-241-2635	Health Facility Licensing & Certification Division, Bureau of Health Systems PO Box 30664 Lansing, MI 48909 Delivery: G. Mennen Williams Bldg. 5th floor 525 W. Ottawa Lansing, MI 48933	Hospital, nursing facility, and Rural Health Clinic licensing, survey, and certification
HOSPICE RESOURCES			
MDCH Enrollment Services Section (hospice)	Fax 517-373-1437		Submission of Hospice Membership Notice form (DCH-1074)
MDCH Hospice Enrollment Coordinator	517-335-5567		Contact only if hospice services began prior to a health plan enrollment.
Bureau of Health Systems, Special Services Unit	517-241-3830	Bureau of Health Systems PO Box 30664 Lansing, MI 48909 Delivery: G. Mennen Williams Bldg. 5th floor 525 W. Ottawa Lansing, MI 48933	State survey agency for hospice and home health
MENTAL HEALTH/SUBSTANCE ABUSE RESOURCES			
PIHP Provider Registry	517-373-2568	MDCH/Division of Quality Management Mental Health & Substance Abuse Administration 320 S. Walnut Street Lansing, MI 48913	Information regarding how to register a new service provider, delete a service provider or change information about the service provider.



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CONTACT/TOPIC	PHONE # FAX #	MAILING/EMAIL/WEB ADDRESS	INFORMATION AVAILABLE/PURPOSE
PIHP Special Program Approval	517-373-2568	MDCH/Division of Quality Management Mental Health & Substance Abuse Administration 320 S. Walnut Street Lansing, MI 48913	Information regarding how to obtain approval of new special programs: ACT, PSR, crisis residential, day program site, and intensive crisis stabilization.
NURSING FACILITY RESOURCES			
Certificate of Need Commission	517-241-3344 fax 517-241-2962	MDCH/CON Health Facilities Evaluation Section 320 S. Walnut, 3 rd floor Lansing, MI 48913 www.michigan.gov/mdch click on Providers, Certificate of Need	
Nursing Facility Best Practices		www.michigan.gov/cis click on Family & Health Services, Health Care Facilities, Nursing Homes, Hospital LTC Units, Best Practice Information	Information on best practices of nursing facilities, hospital LTC units, end of life care/plan management
LTC Ombudsman	800-292-7852		Advocacy for nursing facility residents
MDCH, LTC Services	517-241-4293	LTC Services PO Box 30479 Lansing, MI 48909-7979	Using patient-pay amount for noncovered services, complex care MOUs, vent unit placements, Medicaid NF bed certification
Nurse Aide Customer Service	800-752-4724	www.michigan.gov/cis click on Family & Health Services, License for Health Care Professionals, Nurse Aide	Questions regarding nurse aide training and testing
Nurse Aide Registry	800-748-0252	www.michigan.gov/cis click on Family & Health Services, License for Health Care Professionals, Nurse Aide	List of certified nurse aides
Nursing Facility Forms & Instructions		www.michigan.gov/mdch click on Providers, Information for Medicaid Providers, Long Term Care Provider Forms	Medicaid State Plan, cost reporting forms, NF provider list, nurse aide testing reimbursement
Nursing Facility Rate Setting	517-335-5356 fax 517-335-5443	MDCH/LTC Reimbursement & Rate Setting PO Box 30479 Lansing, MI 48909-7979 Delivery: Capitol Commons Ctr, 5th flr 400 S. Pine Lansing, MI 48933	Nursing facility rate setting and cost reporting
Payee Registration Helpline	888-734-9749 or 517-373-4111	www.cpexpress.state.mi.us	Enroll with Contracts & Payment Express for payment issued outside claims processing
RAI Coordinator	989-732-8062 fax 989-732-8958	RAI Coordinator Bureau of Health Systems Division of Nursing Home Monitoring 400 Main St, Suite 108 Gaylord, MI 49735	Assistance with nursing facility MDS



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State Survey Agency	517-241-2626 fax 517-241-2635	Health Facility Licensing & Certification Division, Bureau of Health Systems PO Box 30664 Lansing, MI 48909 Delivery: G. Mennen Williams Bldg. 5th floor 525 W. Ottawa Lansing, MI 48933	Nursing facility licensing, survey, and certification
MDCH OBRA Office	517-373-8091	MDCH/OBRA Office 5 th Floor, Lewis Cass Building 320 S. Walnut Lansing, MI 48933	PASARR information, follow-up on submitted DCH-3878 (Level II evaluation)
PHARMACY RESOURCES			
MDCH Pharmacy Benefit Manager (PMB) 24/7/365	877-624-5204	First Health Services Corporation 4300 Cox Road Glen Allen, Virginia 23060 www.michigan.fhsc.com	General information See Prior Authorization Section of this Directory for additional PBM contact information.
MDCH PMB 8:15 am – 4:45 pm EST M - F	804-965-7729	First Health Services Corporation 4300 Cox Road Glen Allen, Virginia 23060 www.michigan.fhsc.com	Pharmacy enrollment
MAC Pricing Information 9 am - 5 pm EST, M – F	866-856-7206 Fax 877-323-7026	M.A.C.-Managers Program 3900 W. 12 Mile Rd., # 225 Berkley, MI 48072-1118 mi@mac-manager.com	Maximum allowable cost (MAC) pricing information.
Notification of New Outpatient Drug Form		www.michigan.fhsc.com or MDCH Pharmacy Program Bureau of Medicaid Operations & Quality Assurance PO Box 30479 Lansing, MI 48909-7979	Form available for downloading.
List of Rebate-Participating Labelers		http://cms.hhs.gov/medicaid/drugs/drug7.asp	
Pharmacy Audit	804-644-8707	Heritage Information Systems, Inc. 410 W. Franklin St. Richmond, Virginia 23220	
Drug Rebate Specialist		MDCH Pharmacy Program Bureau of Medicaid Operations & Quality Assurance PO Box 30479 Lansing, MI 48909-7979	PHS and DSH hospitals to have claims excluded from the drug rebates.
VISION SERVICES RESOURCES			
Vision Contract Manager		Vision Contract Manager MDCH/Prior Authorization Division PO Box 30479 Lansing MI 48909	Submit copy of DCH-0893



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Vision Contractor (Classic Optical Laboratories)	888-522-2020 fax 330-759-8300	Classic Optical 3710 Belmont Ave. PO Box 1341 Youngstown, OH 44501-1341	Contractor for provision of eyewear frames and lens
REPORTING FRAUD, ABUSE, OR MISUSE OF SERVICES			
Beneficiary Monitoring Program	517-335-5239 fax 517-241-9087	MDCH Program Investigation Section PO Box 30479 Lansing, MI 48909-7979	Report beneficiary fraudulent, overuse, or misuse of Medicaid services
MDCH Program Investigation Section	866-428-0005 517-335-5239	MDCH/Program Investigation Section PO Box 30479 Lansing, MI 48909-7979 www.michigan.gov/mdch (click on Inside Community Health, Fraud & Abuse)	Report suspected Medicaid provider fraud and/or abuse
Health Care Fraud Unit	800-242-2873 fax 517-241-6515	Health Care Fraud Division Department of the Attorney General Medicaid Fraud Control Unit PO Box 30218 Lansing, MI 48909 HCF@AG.michigan.gov	Report Medicaid provider fraud
Health Facility Complaint Line	800-882-6006		Complaints on quality of care by nursing facilities, hospitals, home health agencies
MDCH OBRA Office	517-373-8091	MDCH/OBRA Office 5 th Floor Lewis Cass Building 320 S. Walnut Lansing, MI 48933	Complaints/concerns about local CMHSP services to nursing facility residents
Bureau of Health Services, Allegations Section	517-373-9196		Complaints about licensed healthcare professionals (e.g. physicians, nurses, therapists, NF administrators)
Michigan Department of Civil Rights	800-482-3604		Report violations of handicapper rights.
Michigan Disability Rights Coalition	800-760-4600		
Office of the Inspector General	313-226-4258	Office of the Inspector General Room 512 – Federal Courthouse Detroit, MI 48226	Report violations of federal law
Welfare Fraud Hotline	800-222-8558 517-335-3900	Office of the Inspector General Office of Investigation 235 S. Grand, Ste. 218 Lansing, MI 48933	Report suspected beneficiary fraud.
U.S. Department of Justice, Office of Civil Rights	800-552-6843		Report violations of handicapper rights.
OTHER HEALTH CARE RESOURCES/PROGRAMS			
Breast & Cervical Cancer Control Program	800-922-6266		Information regarding program services, eligibility, and enrollment



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Children's Waiver Program	517-241-5757	MDCH/Division of Mental Health Services to Children and Families Mental Health & Substance Abuse Administration 320 S. Walnut Street Lansing, MI 48913	Information regarding the Children's Waiver program
EPIC Member Services	866-747-5844		Information regarding program services, eligibility, and enrollment
Freedom to Work	Local FIA office	Local FIA office	Information regarding program eligibility
Habilitation Supports Waiver for Persons with Developmental Disabilities	517-241-3044	MDCH/Bureau of Community Mental Health Services Mental Health & Substance Abuse Administration 320 S. Walnut Street Lansing, MI 48913	Information regarding certification and re-certification of HSW enrollees; and HSW coverages.
Medicare Savings Program	local FIA office		Information regarding program eligibility and enrollment.
Mental Health Home-based Program	517-241-5772	MDCH/Division of Mental Health Services to Children and Families Mental Health & Substance Abuse Administration 320 S. Walnut Street Lansing, MI 48913	Information regarding how to obtain approval of new Mental Health Home-based Programs for children and families
MI Choice Waiver		www.michigan.gov/mdch Click on Healthcare Coverage, Services for Seniors, MI Choice Waiver Program	Information regarding waiver services and regional contact information
MiChild	888-988-6300	Local FIA or Health Department www.michigan.gov/mdch click on Health Care Coverage, Children & Teens	Apply at local FIA or LHD, or apply on-line at MDCH website.
Special N Support	Local FIA office	Local FIA office	Information regarding program eligibility and enrollment.
Supplemental Security Income (SSI)	Local FIA office	Local FIA office	Information regarding program eligibility and enrollment.
Transitional Medical Assistance	Local FIA office	Local FIA office	Information regarding program eligibility and enrollment.
Traumatic Brain Injury Program	800-642-3195	Local FIA office	Information regarding program eligibility and enrollment.
MISCELLANEOUS CONTACT INFORMATION			
CDC website (growth charts)		www.cdc.gov/growthcharts	
Federal Registers		www.access.gpo/su-docs/aces/aces140.html	
MI Choice Waiver - regional maps		www.miseniors.net/search . Click onto Caregivers Corner, scroll down to MI Choice Waiver.	
Sickle Cell Detection and Information Center	313-864-4406	19516 James Couzens Detroit, MI 48235	Obtain sickle cell tests, tubes, forms, and envelopes



Michigan Department of Community Health

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SS and SSI Information Line	800-772-1213		
State of Michigan Operator	517-373-1837		Telephone numbers for State of Michigan offices/employees.