



<Return Address>

<Current Date>

<Provider Name>

Attention: Medical Records

<Provider Address>

<City>, <State> <Zip Code>

RE: Patient Name:

Date of Birth:

Member ID:

Patient Account Number:

Billing NPI Number:

Rendering NPI Number:

TCN:

As a result of our Predictive Modeling process outlined in bulletin number MSA 12-65; MDHHS will perform a review of claim(s) for services provided to the above named patient.

This review is being conducted to verify the nature and extent of the services rendered for the patient's condition and that the claim is coded correctly for the services billed.

In order to process the pending claim, please submit the following applicable treatment information for the above named patient for date(s) of service XX/XX/XX to XX/XX/XX.

For Inpatient Hospital:

- Admit and Discharge Summaries
- Consultation Notes
- History and Physical Notes
- Operative/Surgical Reports
- Procedure Notes
- Physician signed order to admit and/or observation and Diagnostic tests.

For All Other Providers:

- Infusion flow sheets or medication administration logs
- Orders and results of diagnostic test, including pathology, radiology and laboratory

- Complete Medical records to include office treatment record, history and physical, consultation reports, operative reports, anesthesia, recovery room records, discharge summaries and prescriptions
- Physician signed order to observation

We must receive this information within 45 calendar days from the date of this letter. A determination will be made on your claim after all of the requested information is received. In the event we do not receive the requested information within state and federal guidelines, the claim will be denied.

The MDHHS Predictive Modeling address for general correspondence is P.O. Box 30285, 320 S. Walnut St., Lansing MI 48909; however, to ensure timely processing of documents, we ask that you submit records to MDHHS in the following format:

- Document Management Portal (DMP): See further information and tutorials on how to use the portal which are located on MDHHS's website, [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders).

If you have any questions regarding this request, you may contact MDHHS Provider Inquiry via telephone at 800-292-2550.

Regards,

Michigan Department of Health & Human Services  
Medicaid Payments Division