

ProviderReport



Medical and Case Management changes

Michigan Complete Health has transitioned medical and case management services in-house as of **05/01/2019**. This transition was designed to further improve delivery of person centered care for which Michigan Complete Health and parent company Centene Corporation have years of experience.

Immediate changes include our prior authorization forms and authorization fax number. The preferred method for prior authorization submittal is through our Provider Portal **provider.michigancompletehealth.com/sso/login** however, you can fax inpatient or outpatient authorizations to 1-833-783-3178. The Prior authorization forms for faxing can be found on our website

at **<https://mmp.michigancompletehealth.com/mmp/for-providers/provider-resources.html>**.

As we transition these services we want to ensure a seamless process for both members and providers. With this change in medical and case management, Michigan Complete Health will bring new and innovative expertise in these services. The rest of Michigan Complete Health's operations remains unaffected by this change and all contracts remain unaltered, with all corresponding obligations and rights.

If you have questions about this change or the prior authorization forms and process call the Provider Relations team.

Prior Authorization process: what's changing?

As we transition our medical and case management services, the process for prior authorizations has been enhanced. The new process includes:

- New inpatient and outpatient prior authorization forms should be submitted through our secure portal at **provider.michigancompletehealth.com/sso/login**. The required sections on each form are outlined in red. Please make sure you fill out all the required information prior to submittal.
- You can also fax the forms to our new number **1-833-783-3178**.

Please discontinue use of the old fax number and prior authorization form titled Authorization/Pre-Certification Request Form. If you have questions call the Provider Relations team.

Provider resource corner

Contact Michigan Complete Health at the number below for all matters dealing with credentialing and recredentialing, claims, billing, medical management, quality, compliance or any general questions.

- Phone: **1-844-239-7387**
- **New prior authorization fax: 1-833-783-3178**
- Email: **contracting@michigancompletehealth.com**
- Website: **www.michigancompletehealth.com**
- Secure provider portal login: **provider.michigancompletehealth.com/sso/login**
- Claims disputes can be mailed or faxed to:
**Michigan Complete Health
Attn: Claims
P.O. Box 3060
Farmington, MO 63640
Fax: 1-844-276-9874**

Please note our phone menu options have changed.

Is pre-authorization needed?

Before you call us, check our website tool

In a few simple clicks you can easily check if a prior authorization is needed.

We have updated our pre-authorization tool to better assist you with caring for our members. The pre-authorization tool can be found on our website at **<https://mmp.michigancompletehealth.com/mmp/for-providers/pre-auth-needed.html>**.

The tool will allow you to check if a prior authorization is needed and let you login and submit an authorization through our provider portal. The tool also provides links to behavioral health, vision and dental authorization requirements. If you have any questions call the Provider Relations team.

Pre-Auth Needed?

DISCLAIMER: All attempts are made to provide the most current information on the Pre-Auth Needed Tool. However, this does NOT guarantee payment. Payment of claims is dependent on eligibility, covered benefits, provider contracts, correct coding and billing practices. For specific details, please refer to the provider manual. If you are uncertain that prior authorization is needed, please submit a request for an accurate response.

Vision Services need to be verified by NVA
<https://www.libertydentalplan.com/Members/LIBERTY-Mobile.aspx>
Behavioral Health/Substance Abuse need to be verified by PIHP
Behavior Health/Substance Abuse for Detroit Wayne County Community Mental Health
Behavior Health/Substance Abuse for Macomb County Community Mental Health

Non-participating providers must submit prior authorization (PDF) for all services.
For non-participating providers, **Join Our Network.**

Are Services being performed in the Emergency Department or Urgent Care Center or Family Planning services billed with a Contraceptive Management diagnosis?

Yes No

Types of Services	YES	NO
Is a non-par provider rendering services other than basic labs, radiology or flu/pneumonia shots?	<input type="radio"/>	<input checked="" type="radio"/>
Is the member being admitted to an inpatient facility?	<input type="radio"/>	<input checked="" type="radio"/>
Are services other than lab, radiology, domiciliary visits or DME being rendered in the home?	<input type="radio"/>	<input checked="" type="radio"/>

Enter the code of the service you would like to check:

Code...

Check

To submit a prior authorization [Login Here.](#)

Michigan Complete Health website and secure Provider Portal resources

The Michigan Complete Health website (www.michigancompletehealth.com) gives providers access to resources, education and training.

Our secure portal (provider.michigancompletehealth.com/sso/login) allows access to member information and reports.

Below is a listing of features for both the website and secure portal. If you have any questions contact Provider Relations team.

Michigan Complete Health Provider Resource Page	Michigan Complete Health Secure Provider Portal
Manuals and resources	Member eligibility and patient listings
Preferred drug list (PDL)	Health records and care gaps
Forms and guides	Authorizations
Provider news and educational materials	Claims submissions and status
Mandatory Trainings	Corrected claims and adjustments
Clinical and payment policies	Payments history
	Monthly PCP cost reports

PCP reports available on Michigan Complete Health secure web portal are generated on a monthly basis and can be exported into a PDF or Excel format. The reports can be utilized to help close gaps, view patient emergency room visits, monitor care plans and reconcile claims payments. Both the secure Provider Portal and Michigan Complete Health Provider Resource sub-page can assist you in better servicing our members.

Need to set up your secure provider portal account? Follow these six simple steps below.

1. Visit provider.michigancompletehealth.com/sso/login
2. Click the orange "Create An Account" button
3. Fill in all required information then click "Next"
4. Look for your Confirmation email that includes a four digit code. Enter the code and click "Confirm"

5. Set up additional security questions
6. Click "Submit" and your registration is complete

Step-by-step instructions to set up your secure account can be found on our website at: https://mmp.michigancompletehealth.com/content/dam/centene/fidelis/pdfs/SecurePortal_MI-508.pdf

The ICT and you

The Integrated Care Team (ICT) is made up of the member and those selected by member which can include doctors, nurses, care coordinators, social workers, pharmacists, specialists, care givers, guardians and others. The Team is dedicated to helping the member reach their personal healthcare goals.

By becoming a part of the ICT, you will have the opportunity to participate in regular ICT meetings to help our members set up a care plan and work to achieve their healthcare goals.

We understand participating in an ICT is a commitment, it is one very important step in improving and maintaining the health of our members. All meetings will be arranged in advance with advance notice provided to you for your participation. In addition, participation can be in person attendance or telephone conference call.

IF you have questions about the ICT call the Provider Relations team at 1-844-239-7387 8 a.m. to 5 p.m., Monday through Friday.

Care Coordination services

All care coordination services have been transitioned in-house. Every Michigan Complete Health Member is assigned a Care Coordinator who is a nurse or social worker. Care Coordinators are part of our person centered care model. A Care Coordinator will assist members with the following:

- Scheduling appointments and transportation
- Help members get care, services, medication and equipment
- Complete the member's Health Risk Assessment (HRA)
- Provide ongoing monitoring of the member's health needs and services
- Provide information and problem resolution support



The Care Coordination team can be reached by calling 1-844-239-7387 8 a.m. to 5 p.m., Monday through Friday.

Provider **TRIVIA** contest

Take Our Quiz! **Win a \$25 Gift Card!**

TOPIC: Prior authorizations. Fill in the answer to each question.

QUESTION 1: What is the website URL address for our pre-authorization tool? _____

QUESTION 2: What is our new prior authorization fax number? _____

QUESTION 3: Our new prior authorization forms should be submitted where? _____

Office/Provider Name _____

Office Staff Name _____

Office Address _____

Office Phone Number _____

Print/copy and fax this completed page by Friday, June 21, 2019 to 844-276-9874 or email to **contracting@michigancompletehealth.com**. One submission per office and one winner per quarter. The winning office will be notified and the gift card delivered by a Provider Relations Team.