



Michigan Medicaid Health Plan Credentialing Reference Guide

[CREDENTIALING FORMS](#)

	Application Submission Process				Expectation of Claims Processing/Reprocessing			Process Updates
Medicaid Health Plan (MHP)	Where can a provider locate the plan's provider credentialing form(s) and processes, including any provider-specific credentialing instructions, to ensure credentialing applications are complete when submitted? *The Provider Enrollment Form, Practicing Locations Form, Disclosure Questions, and Supplemental Forms are consistent for all MHPs.	Providers will be notified within 10 calendar days of an incomplete application by the MHP(S) to whom they have applied for credentialing. *All MHPs are held to 10 calendar days to determine if an application is complete.	Who can the provider contact to verify that the plan received the credentialing application and that it was considered complete? *Complete application determinations are consistent across all MHPs.	How and to whom can a provider escalate the issue/delay within the MHP? *If a provider has not received a final credentialing decision within 30 days of a complete application packet, they may receive provisional credentialing until a decision is reached (not to exceed 60 days). All MHPs have 90 days from the date of complete application submission to decide whether to move forward with contracting.	While a provider is undergoing credentialing by the plan, what should a provider do with claims for services rendered to plan members?	When a provider's credentialing process is finished, will the plan require a provider to request retroactive claim adjudication (for services rendered while the provider's credentialing was occurring)? If so, to whom and how should a provider submit the request? If not, how will claims adjudication be initiated?	If a provider experiences a problem with the adjudication of claims for services rendered while the provider's credentialing was in progress, to whom can the provider contact for assistance with troubleshooting and resolving the issue?	Where can providers expect to find updates or changes to any required forms, processes, or required documentation, and are there any associated timeframes within which changes can be expected?

Aetna Better Health of Michigan	Enrollment forms can be located under the Materials and Forms link below. For information regarding credentialing, please review Chapter 5 of the Provider Manual. Materials and Forms for Providers Aetna Medicaid & DSNP Michigan		For <i>existing</i> contracted providers, please reach out to Provider Relations: Call 866-316-3784 or email AetnaBetterHealth-MI-ProviderServices@AETNA.com For <i>new</i> providers going through initial contracting, please email MIAetnaContractingRequest@AETNA.com	Provider Relations: 1-855-676-5772 or e-mail us – Provider Relations staff are the point of contact to address any issue, delay or to escalate within the plan. Providers can also email directly to PR for questions on credentialing status at: aetnabetterhealth-MI-ProviderServices@aetna.com	For <i>existing</i> contracted providers, please reach out to Provider Relations: 866-316-3784 or email MIABHProviderNetworkMgt@AETNA.com For <i>new</i> providers going through initial contracting, please email MIAetnaContractingRequest@AETNA.com	Through the provisional process, retroactive claim projects are generally not required. However, if updates are needed, the provider can contact Aetna Better Health of MI Claims Inquire Claims Research (CICR) at 866-316-3784.	Aetna Better Health of MI Claims Inquire Claims Research (CICR) at: 866-316-3784	See the Aetna Better Health website under Provider Section the Provider Manual, Chapter 5 for detailed information on credentialing/recredentialing activities/timelines Materials and Forms for Providers Aetna Medicaid & DSNP Michigan

Blue Cross Complete of Michigan	Information can be found here: https://www.mibluccrosscomplete.com/providers/forms/ <i>Important: Providers enrolling with Blue Cross Complete must select BCBSM in their CAQH profile before submitting their application.</i>		Please email: BCCProviderData@mibluccrosscomplete.com	Inquiries regarding a provider's BCC enrollment/credentialing can be submitted to the BCC Provider Data Mailbox at: BCCProviderData@mibluccrosscomplete.com The mailbox administrator will route inquiries to the appropriate data analysts.	Claims can be submitted for processing as long as the NPIs are active in CHAMPS. Please refer to our Prior Authorization tool on our website for services that may require authorization. www.mibluccrosscomplete.com	The provider is not required to request retroactive claim adjudication upon completion of credentialing. However, if the provider identifies any issues with claims processing, they may contact their assigned account executive for assistance in addressing them.	The provider can reach out to their assigned Account Executive. https://www.mibluccrosscomplete.com/providers/resources	Blue Cross Complete information can be found here: Provider Manual https://www.mibluccrosscomplete.com/index/ProviderManual Provider Resources https://www.mibluccrosscomplete.com/providers/resources Enrollment/Change Forms https://www.mibluccrosscomplete.com/providers/forms/
HAP CareSource	The credentialing process, the credentialing policies, and forms can be found at: https://www.hap.org/providers/become-a-provider If providers have questions or need assistance, they can email providernetwork@hap.org at any step in the enrollment process.		They can email providernetwork@hap.org.	Credentialing Manager, Janet Krajnovic, jkrajno@hap.org.	Providers should not see HAP CareSource members seeking in-network care from HAP CareSource providers until notified that the request for network participation is complete and includes a network effective date. If Providers have questions or need additional assistance, they may email providernetwork@hap.org	Due to the future effective date based on the current credentialing process, reprocessing will not change the outcome of the previously submitted claim. – Upon the provider's request, Provider Network Management will retroactively set the effective date back to the date of receipt of the application.	All claims processing issues should be directed to: https://www.caresource.com/mi/providers/provider-portal/medicaid Or call HAP CareSource Provider Services Call Center. Specialists are available to help review your claims and advise on next steps at 1-833-230-2102.	HAP CareSource information can be found at: https://www.caresource.com/mi/providers/medicaid/ Provider Manual Provider Manual Michigan – Medicaid CareSource Updates and announcements: https://www.caresource.com/mi/providers/tools-resources/updates-announcements/medicaid/

McLaren Health Plan	Providers who wish to join the McLaren Network can find Applications and submission instructions on the McLaren Health Plan website at Provider Credentialing McLaren Health Plan The Credentialing Process can be found in the McLaren Provider Manual at provider-manual.pdf. Joining the McLaren Provider Network Providers may contact McLaren at any time during the enrollment, contracting, or credentialing process at MHPPProviderServices@mclaren.org	Providers will be notified within 10 calendar days of a completed application to the Credentialing Contact as provided on the Enrollment Form or Spreadsheet	Providers may contact McLaren at any time during the enrollment, contracting, or credentialing process at MHPPProviderServices@mclaren.org or by contacting your Provider Relations Representative. A list of assigned Provider Relations Representatives can be found at Provider-Relations-Territory-Map.pdf	Providers may contact McLaren at any time during the enrollment, contracting, or credentialing process at MHPPProviderServices@mclaren.org or by contacting your Provider Relations Representative. A list of assigned Provider Relations Representatives can be found at Provider-Relations-Territory-Map.pdf	Providers may contact McLaren at any time during the enrollment, contracting, or credentialing process at MHPPProviderServices@mclaren.org or by contacting your Provider Relations Representative. A list of assigned Provider Relations Representatives can be found at Provider-Relations-Territory-Map.pdf	Contact your McLaren Health Plan Provider Relations Representative. If you do not know your Provider Relations Representative, please contact our Provider line at 888-327-0671 option 2. – After credentialing is complete and the provider is active and loaded into the McLaren system, the Provider office would contact their Representative by contacting Customer Service at (888) 327-0671 or via portal requesting claims be reprocessed, and a retro effective date be put into place.	Contact your McLaren Health Plan Provider Relations Representative. If you do not know your Provider Relations Representative, please contact our Provider line at 888-327-0671 option 2.	Providers may navigate to the McLaren Health Plan website at McLarenhealthplan.org to learn of any updates by reviewing our Provider Newsletter, Provider Update Communication, or Provider Manual.

Meridian Health Plan of Michigan	If providers want to join Meridian’s Network, they can visit the Meridian Join Our Network page. Health centers can credential providers through the Provider Network Participation & Enrollment Process webpage. A list of provider representatives & contact information is available in Meridian’s Provider Relations Staff Directory.		The health center/provider can contact their assigned provider representative Via Meridian’s Provider Relations Contact Form. Please include the provider’s name and NPI in outreach.	The health center/provider can contact their assigned provider representative Via Meridian’s Provider Relations Contact Form. Please include the provider’s name and NPI in outreach.		Meridian has established processes to limit the need to adjust claims prior to enrollment/credentialing finalization by setting a standard effective date for the par relationship that aligns with the enrollment lead time. If the enrollment finalizes after the effective date of the participating (par) relationship, then Meridian will proactively sweep claims for the provider to adjust them to pay according to the contracted agreement if they originally processed as non-participating.	The health center/provider can contact their assigned provider representative Via Meridian’s Provider Relations Contact Form. Please include the provider name and NPI in outreach.	Updates may be shared via Meridian’s Provider Newsletter, within updates to the Provider Manual, notices within the Provider Portal/Website, or during JOC meetings with assigned provider representatives. Updates can be located at Meridian’s Provider Bulletins site.
Molina Healthcare of Michigan	Established health centers have instructions to submit new providers directly to Molina’s online portal at: Join Molina Healthcare of Michigan's Network		The assigned Contract Manager or Provider Network Representative	The assigned Contract Manager or Provider Network Representative	Claims can be submitted for processing as long as the Provider NPI’s are registered and active in Champs. Please refer to our Prior Authorization tool on our website for services that may require an authorization at: Prior Authorizations	With the provisional process, the need to request retroactive claims adjudication is generally not needed. However, Molina does make specific exceptions, working with providers to retroactively add the provisional record to cover past	The assigned Provider Network Representative	Providers are encouraged to utilize the Molina website for updated forms, processes, or required documentation. Plan will also send email, fax blasts, and/or written correspondence of updates, changes, etc., directly to provider groups.

	New providers/groups can access information via Molina's online portal at: Join Molina Healthcare of Michigan's Network					claims. These exceptions require internal approval, and requests are generally handled through Provider Network, at which point impacted claims are reprocessed by the plan.		Note: Molina uses CAQH for validation in many instances, so providers are encouraged to update their information in CAQH as well.
Priority Health Choice	On our provider website: priorityhealth.com/provider/manual/join-our-networks *Subject to change as we realign business processes with Epic		Add a new comment to your prism inquiry *Subject to change as we realign business processes with Epic	We have a dedicated email that the provider can reach out to: Exceedsprocessingti@priorityhealth.com *Subject to change as we realign business processes with Epic	Providers should not see Priority Health members seeking in-network care from Priority Health providers until notified that the request for network participation is complete and includes a network effective date.	Claims can be submitted for processing as long as the Provider NPIs are registered and active in Champs. Please refer to our Prior Authorization tool on our website for services that may require an authorization at: Prior Authorizations	Providers should not see Priority Health members seeking in-network care; any claims denied prior to network effective date must be appealed.	Information can be found on our online provider pages: priorityhealth.com/provider priorityhealth.com/provider/new-provider-onboarding priorityhealth.com/provider/manual priorityhealth.com/provider/manual/news *Subject to change as we realign business processes with Epic
United Healthcare Community Plan	Credentialing for Healthcare Professionals process can be viewed at UnitedHealthcare Provider Portal		Questions about your credentialing status can be emailed to Networkhelp@uhc.com or through Live Chat at UnitedHealthcare Provider Portal resources	As claims are processed regardless of network status, therefore should not be a reason for	Please reach out to Networkhelp@uhc.com , then your Network Contractor. Note: For MI UnitedHealthcare	As claims are processed regardless of network status, therefore should not be a reason for	Providers can contact Networkhelp@uhc.com , their Provider Advocate Account Manager,	UHC will post updates/changes at least 30 days in advance through monthly Network News, Network News UHCprovider.com

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	resources UHCprovider.com New Health Centers (or reopened health centers) can complete the Facility Credentialing Application at Facility Cred Application. Credentialing FAQs: Credentialing and recredentialing for UnitedHealthcare health care professionals - Frequently asked...		UHCprovider.com , then your Network Contractor Please include the care provider’s full name, tax ID, and National Provider Identifier (NPI). Note: Health Center and Healthcare Professionals NPI must be registered in CHAMPS before being added to the contract for UHC Community Plan. For new/additional locations: Once credentialing is submitted, please contact provider advocate/network once you have received confirmation credentialing has been approved. Health Centers contract will need to be updated to include new/additional locations.	retroactive claim adjudication. If there is a need for reprocessing, the health center would follow the Reconsideration process as outlined - Claims Reconsideration Quick Start Guide (uhcprovider.com) If there are questions related to claims, contact their Network Contractor, Provider Advocate Account Manager, or Networkhelp@uhc.com For new/additional locations: providers will need to submit reconsiderations on claims that were initially denied, while credentialing/contracting was completed	Community Plan providers, when state regulations allow, Health Center or Healthcare Professional may work directly with their Network Contractor to request a retroactive effective date for network participation back to date of receipt of complete application. This request should come via email and reference the state requirement. The effective date will be determined by UHC’s credential-ing status of a “Completed Application Received”. This date will not be prior to the contract effective date.	retroactive claim adjudication. If there is a need for reprocessing, follow the Reconsideration process as outlined - Claims Reconsideration Quick Start Guide (uhcprovider.com) If there are questions related to claims, contact their Network Contractor, Provider Advocate Account Manager, or Networkhelp@uhc.com For new/additional locations: providers will need to submit reconsiderations on claims that were initially denied, while credentialing/contracting was completed	or Network Contractor.	Sign up for UHC’s Network New via email, Subscription Page (uhc.com) ..
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Upper Peninsula Health Plan	Provider Manual at uphp.com or email credentialing@uphp.com or uphpproviderrelations@uphp.com		uphpproviderrelations@uphp.com or credentialing@uphp.com	Contact Taylor Fraley, Credentialing Manager at tfracley@uphp.com or 906-227-5695		Send request to tfracley@uphp.com	Claims Services at claimservices@uphp.com	Provider Manual at uphp.com or email credentialing@uphp.com or uphpproviderrelations@uphp.com
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