

## 2025 Public Health Finance Administration and Billing Conference

### Program Reminders

#### Plan First

- [Plan First Website](#)
- [MMP 23-36](#)
- [Medicaid Provider Manual](#) Plan First Family Planning Chapter
  - Plan First effects men and women of all ages.
  - Plan First does not cover pregnancies.
  - Individuals on Plan First do not have full Medicaid coverage.
  - If any form of Medicaid is billed, then the beneficiary cannot be billed for services.

#### 340B

- [340B Statute](#)
- [340B Regulations](#).

Providers billing using 340B should use modifier U6 to reflect 340B purchasing, the National Drug Code (NDC) should also be reported.

MDHHS will reimburse the 340B at the rate reported through the acquisition cost.

### General FFS Claim Flow



### Claim Reminders

<b>Common Claim Adjustment Reason Code Denials</b>	<p><b>CARC 2</b> If listed it must be reported with a payment. The co-insurance is the remaining balance after the payment is made. If a CARC 2 is reported without a payment, contact the primary insurance.</p> <p><b>CARC 132 Prearranged demonstration project adjustment:</b> If the other insurance reported on the claim reports the dollar amount associated must be balanced off however the facility deems appropriate. If the CARC 132 is reported the claim will be denied by Michigan Medicaid. This does not apply to Medicare crossover claims. Refer to the <a href="#">provider alert</a> issued for claims being submitted with <a href="#">CARC 132</a>.</p>
<b>Submissions</b>	<ul style="list-style-type: none"> <li>• Voided and denied status claims cannot be adjusted.</li> <li>• Only claims with a status of Paid and RA Generated can be adjusted or voided.</li> </ul>
<b>Secondary &amp; Tertiary Claims</b>	<p>Federal regulations require state Medicaid agencies to identify other (third party) payers that may be available to pay for the care and services provided to Medicaid beneficiaries and ensure that Medicaid pays secondary to those payers.</p> <ul style="list-style-type: none"> <li>• <a href="#">Third Party Liability (TPL) Coordination of Benefits (michigan.gov)</a></li> <li>• <a href="#">Additional eligibility resources</a></li> <li>• <a href="#">Other Insurance Reporting Requirements</a></li> <li>• <a href="#">Submitting Tertiary Claims</a> (is titled Institutional, however outlines the same steps used for professional claims)</li> <li>• CARC 2 (coinsurance) must be reported along with the primary payment amount or the claim will be denied.</li> </ul> <p>If a beneficiary presents with insurance not on file in CHAMPS providers can complete the <a href="#">DCH-0078</a> to change, add, or terminate insurances.</p>



## Claim Reminders Cont.

<b>LHD Billing Alert</b>	<p><a href="#">August 8, 2025 EPSDT Screening Contact List</a>: Due to the Worker Load Number no longer being supported in the Medicaid eligibility system of Bridges, the EP291 EPSDT Screening Contact List will no longer display the service unit and worker information. However, the EP291 EPSDT Screening Contact List will continue to indicate the "District" which specifies each individual health department that receives this listing. The EP291 EPSDT Screening Contact List identifies the beneficiaries due or overdue for EPSDT screening each month for the Local Health Department.</p>
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## Tools & Resources

<b>Compound Drugs</b> <ul style="list-style-type: none"> <li><a href="#">Compound Drugs-NDC</a></li> </ul>	<b>Cost Report Instructions</b> <ul style="list-style-type: none"> <li><a href="#">Instructions</a></li> </ul>
<b>Training Materials</b> <ul style="list-style-type: none"> <li><a href="#">CHAMPS Website</a></li> <li><a href="#">Training Website</a></li> </ul>	<b>Stay Up to Date on Provider Issues</b> <ul style="list-style-type: none"> <li><a href="#">Provider Alerts</a></li> <li>Sign up for <a href="#">Listserv</a></li> </ul>
<b>Provider Enrollment and Revalidation</b> <ul style="list-style-type: none"> <li>CHAMPS <a href="#">Provider Enrollment</a> Guides for quick access.</li> <li><a href="#">Group Revalidation</a> Step-by-step guide for completing a group revalidation.</li> <li><a href="#">Rendering/Servicing Provider</a> Learn how to complete a provider enrollment application.</li> </ul>	<b>Medicaid Code and Rate Reference Tool</b> All Medicaid policy takes precedence over the Medicaid Code and Rate Reference tool. <a href="#">Quick Reference Guide</a>

## Provider Contact Information

<b>Medicaid Health Plan</b> <ul style="list-style-type: none"> <li><a href="#">Medicaid Health Plan Website</a></li> <li><a href="#">List of Medicaid Health Plan Contact and Service Listing</a></li> </ul>	<b>Provider Support</b> <ul style="list-style-type: none"> <li><a href="#">www.Michigan.gov/MedicaidProviders</a></li> <li>1-800-292-2550</li> <li><a href="#">ProviderSupport@Michigan.gov</a></li> </ul>
<b>Provider Enrollment</b> <ul style="list-style-type: none"> <li><a href="#">Provider Enrollment Website</a></li> <li>1-800-292-2550</li> <li><a href="#">ProviderEnrollment@Michigan.gov</a></li> </ul>	<b>Provider Outreach</b> <a href="#">ProviderOutreach@michigan.gov</a>

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for all the amazing ways you help Michiganders!!

