Maternal Infant Health Program (MIHP)
Frequently Asked Questions (FAQ)

Q. How do I enroll?

A. Email your request, including your entity name and Tax ID number, for a participation packet to:
MHMprovidercontractingmailbox@molinahealthcare.com

Q. How do I bill Molina Healthcare?

A. Contracted Providers may submit all electronic claims using the Molina Healthcare Provider Portal at: https://provider.molinahealthcare.com/

If you would like to begin submitting claims via EDI, please contact us at (866) 409-2935.
Electronic Data Interchange (EDI): Payer ID 38334

Q. How do I enroll in Electronic Funds Transfer (EFT)?

A. To register please visit:
http://www.molinahealthcare.com/providers/common/PDF/Change-Healthcare-ProviderNet-Registering-for-ProviderNet-mp.pdf

Paper Claims may be submitted to the address below. Please do not submit paper claims to the Molina Troy, Michigan location as your claims will be returned.
Molina Health Care P.O. Box 22668 Long Beach, CA 90801

Q. What is required for Prior Authorization?

A. Current Medicaid policy does not require prior authorization for MIHP standard services.

Q. How does my patient receive transportation services?

A. Patients can call Member Services at (888) 808-7969

Q. Will I be in the directory?

A. Yes. Your agency will be listed in the online directory.

Q. How do I receive referrals for Molina members?

A. Molina will fax or email the referrals to the MIHP provider each month. The MIHP notifies the PCP when they enroll the member into their program. For questions, please email: MolinaMIHP@molinahealthcare.com*
Fax: (844) 861-1932.
***We do not submit member information to public domain email addresses, i.e. Yahoo, Gmail, etc.**

For additional information on the MIHP MI health plan
transition, please visit:
http://www.mich
igan.gov/mdhhs

CONTACT US!

Member and Provider Contact Center: Phone (888) 898-7969

Provider Contracting and Credentialing: Phone (248) 729-0900
Fax: (844) 237-8755
Email: MHMprovidercontractingmailbox@molinahealthcare.com

Provider Services: Phone (855) 322-3077 Fax (248) 925-1784
Email: MHMproviderservicesmailbox@molinahealthcare.com

To make and updates or changes, please fill out our Provider Change Form located at:
http://www.molinahealthcare.com/providers/mi/medicaid/forms/Pages/fuf.aspx