



3011 W. GRAND BLVD., SUITE 1600, DETROIT, MI 48202-3000 (313) 871-2000

**Primary Care Provider Incentive Payment Program (PCP-IPP)
Appeal Procedures**

Dear Provider:

MDCH has created an appeal process for providers to use to address potential discrepancies in the data received with payment. If you believe there may be an error in your data, please complete the Appeal Form located on Total Health Care's website within the Provider/Billing & Payment section and remit the form via email to providerupdate@thcmi.com or fax to (313) 748-1339. Please be as specific as possible when describing any issues.

Total Health Care will review and assist in trying to resolve any appeals. Any appeal that cannot be resolved at the health plan level will be submitted to MDCH for review.

Thank you for your cooperation.

Sincerely,

A handwritten signature in black ink that reads "Susan Ryan".

Susan Ryan
Provider Relations Contract Manager



3011 W. GRAND BLVD., SUITE 1600, DETROIT, MI 48202-3000 (313) 871-2000

**ACA Primary Care Provider – Incentive Payment Program
Appeal Form**

Please complete the items below and submit form and supporting documentation using one of the following methods:

Email: providerupdate@thcmi.com

Fax (313) 748-1339

Mail Total Health Care, 3011 W. Grand Blvd, #1600, Detroit, MI, 48202, Attn: Provider Acctg

REQUESTOR INFORMATION

Date of Request: _____

Physician/Practice Name: _____

NPI: _____

Tax ID: _____

Contact Name: _____

Contact Email: _____

Contact Phone: _____

ISSUE SUMMARY

Please be as specific as possible to expedite the review process. Include claim numbers, member IDs, dates of service, service codes, etc. when possible.