

Provider Request for Michigan Medicaid MAC List

August 13, 2012

Provider, and its authorized agents if so indicated below, are granted access to the Michigan Medicaid Maximum Allowable Cost (MAC) list for the sole purpose of assisting the Provider in submitting claims and/or auditing claims previously submitted to Michigan Medicaid and understanding the Michigan Medicaid program's claims reimbursement with respect to the Provider.

Provider and its authorized agents agree:

1. To hold in strictest confidence the MAC disclosed or otherwise made available by, or at the direction of Magellan Medicaid Administration (whether or not release of the MAC is or may be in any way directly or indirectly detrimental to Magellan Medicaid Administration) and not to disclose any part of the MAC to any person (except to a person or persons that is or are bound by like obligations as to confidentiality of the MAC)
2. Not, without the prior written consent of Magellan Medicaid Administration, to use the MAC for any purpose other than as stated in the first paragraph above
3. Not to reproduce the MAC in any form (except for internal use or with the prior written authorization of Magellan Medicaid Administration)
4. To use all reasonable efforts to protect the MAC with the same degree of care used to protect the recipient's own information of a proprietary nature from unauthorized use or disclosure

Provider/Provider's authorized agents must indicate acceptance of these Confidentiality Terms and Conditions of Use by completing this form and mailing it to Magellan Medicaid Administration. By doing so, Provider/Provider's authorized agents, expressly agrees to be bound by these Confidentiality Terms and Conditions of Use and acknowledges that Provider and/or its authorized agents may be held liable for any breach thereof.

Upon receipt of this completed and signed form, the Michigan Maximum Allowable Cost list will be mailed to the Provider or its authorized agent, as requested.

Please send completed form via mail, fax, or e-mail to

Magellan Medicaid Administration, Inc.
11013 W. Broad Street
Suite 500
Glen Allen, VA 23060
Attn: MAC Department
Fax Number: 888-656-1951
E-mail: StateMACProgram@magellanhealth.com

Provider Name or authorized agent's Name: _____

If a Provider authorized agent, please identify the Provider for whom you are the authorized agent and the nature of your relationship with such Provider:

Provider/Authorized Agent Street Address: _____

City, State, and Zip code: _____

Provider NPI Number: _____

Authorized Agent Phone Number: _____

Provider Contact Name: _____

Authorized Agent's Contact Name: _____

Authorized Agent's Signature: _____

Provider's Signature: _____