
Case Management	1-800-240-3870 , option 5
Member Services	1-800-240-3851 (TTY: 711)
Provider Service Center	1-800-991-9907 (TTY: 711)
Contracting & Provider Relations	1-800-991-9907 (TTY: 711) or medigoldcontracting@mchs.com
Utilization Management	1-800-240-3870
Trinity Health Plan of Michigan Web Site	<u>Trinity Health Plan of Michigan</u>
Prior Authorization Fax	1-833-263-4869
Hospital Admission Fax	1-833-263-4866
SNF Admission Fax	1-833-263-4865

Member Eligibility

Please remember to:

- Verify eligibility of all patients by checking the member’s ID card, or accessing Trinity Health Plan of Michigan’s secure online network, **[Provider Portal](#)**. For further assistance, please call the Provider Service Center.
- Collect the applicable co-payments for services rendered at the time of the visit.
- Deductibles and co-insurance should be collected after receipt of the Trinity Health Plan of Michigan payment.

Prior Authorization

- For a complete list of services requiring prior authorization see the **[Prior Authorization List](#)**.

Admissions

- Contact Trinity Health Plan of Michigan’s Utilization Management department when a member is admitted under the following circumstances:
 - Elective medical/surgical admissions – at least five business days in advance of the admission, or as soon as admission is scheduled.
 - Emergency admissions – within 24 hours or the next business day unless the hospital notified Trinity Health Plan of Michigan on your behalf.
- Be sure to obtain a prior authorization number from the Trinity Health Plan of Michigan case manager.
- For a complete list of procedures requiring prior authorization, consult the prior authorization section above.

Claim Submissions:

- Paper Claim: PO Box 495901, Cincinnati, OH 45249-5901
- Electronic claim (also known as 837I and 837P) should be submitted to Payor ID# 95655

Essential data elements:

- Member (patient) name.
- Member (patient) date of birth.
- Insured/subscriber name.
- Insured/subscriber ID number.
- Name of other health benefits coverage available for the member. Name of insured/ covered person for other health benefits coverage. Attach a copy of the other health plan’s Explanation of Benefits for the listed charges, if applicable.
- Indicate if member’s condition is related to patient’s occupation or an accident.
- **Name of the referring provider and the NPI (National Provider Identifier) of the referring provider, if applicable.***
- **Taxonomy Code****
- Charge for each service and treatment. Do not subtract any copayment amounts; the charge should reflect the actual fee for services.
- Signature of Rendering physician or provider.
- Billing provider’s tax identification number for 1099 purposes.
- Name and address of Rendering provider
- NPI of billing provider.

Tip Sheet for Providers Trinity Health Plan of Michigan (HMO)

*Rendering National Provider Identifier (NPI)

- Effective January 1, 2026, the Rendering NPI will be required on your claims.
- The Rendering NPI identifies who provided the service.
- You can search for your National Provider Identifier (NPI) and corresponding information through the [NPI registry](#).
- Please refer to [The National Provider Identifier \(NPI\) Fact sheet](#).

**Taxonomy Code

- A taxonomy code is a unique 10-character code that designates your classification and specialization.
- Please ensure you are billing the correct taxonomy code for the classification/specialization per the claim you are billing. For example, when providing a service as a Primary Care Physician (PCP) use the correct taxonomy code. Do not bill the claim with your Emergency Medicine taxonomy code.

Melissa Data:

- Please ensure you are billing your address per the information on [Melissa Data](#).

Provider Demographic Changes

If you have a direct contract with Trinity Health Plan of Michigan, please utilize the [Provider Information Change Form](#).

Other Resources

Visit our [For Providers](#) page to access our central hub for valuable provider materials and resources.

Trinity Health Plan of Michigan (HMO) is a Medicare Advantage organization with a Medicare contract. Enrollment depends on contract renewal. Benefits vary by county. Other pharmacies, physicians or providers are available in the plan's network. For more information, please call Member Services at 1-800-240-3851 (TTY: 711), 8 a.m. – 8 p.m., 7 days a week. On certain holidays, your call will be handled by our automated phone system. Medicare is also available at 1-800-MEDICARE, 24 hours a day, 7 days a week. Trinity Health Plan of Michigan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sexual orientation, sex (defined as sex at birth, legal sex and/or sex stereotyping), and gender (includes gender identity, gender expression and/or pregnancy). ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-546-2834 (TTY: 711). 注意：如果_使用繁體中文，_可以免費獲得語言援助服務。請致電 800-240-3851: (TTY: 711).