



Provider Connection

SECOND QUARTER 2022

In this Issue

WORKING WITH PHP

- CPT Modifier Hierarchy 2
- Parenthetical CPT Codes 2
- Provider Forms 3
- How to Obtain and Update Your Primary Care Roster 4
- Medicare Portal 4
- Utilization Management News and Updates 5
- Provider Portal Registration 6
- Pharmacy 7
- Same Day Services 8

QUALITY CORNER

- Provider Satisfaction Survey Results 9

UPDATES

- New EFT Platform 10
- General Training 101 11
- New Mailing Address Reminder 11
- Lunch and Learn 11

CONTACT US..... BACK COVER

CPT Modifiers

An American Medical Association (AMA) Current Procedural Terminology (CPT) Modifier is a two-character numeric, alpha, or alpha-numeric code reported with CPT codes. Modifiers provide additional information regarding the details of complex medical procedures and services.

There are two types of modifiers: functional or informational. The distinction between these modifiers is that some modifiers directly impact the reimbursement calculation and others are informational only. When multiple modifiers are applied, the “functional” modifier(s) should be listed first, and then the “informational” modifier(s).

Some modifiers are never reportable with E/M services or only applicable to specific services. Services may be denied if a modifier is reported on a claim with a non-compatible code. In addition, documentation must support the reporting of a modifier. For example, applying modifier 59 to a claim line may bypass a clinical edit; however, if documentation is reviewed and the documentation does not support the service as distinct from other services performed on the same day, the service will be denied. Please review coding guidelines and PHP policies to ensure the proper application of modifiers.

Parenthetical Notes for CPT Codes

The CPT® codebook is a guide containing a uniform set of medical codes and descriptions for coding medical services and procedures. Healthcare professionals use these codes to report services for reimbursement purposes. In some instances, the service descriptions for CPT® codes include parenthetical notes. Parenthetical notes are instructions that coders should adhere to when selecting CPT® codes to be reported a claim.

The parenthetical notes may indicate:

- » Where to find a specific code
- » When a code should not be reported with another code or codes
- » When a code must be reported in conjunction with another code

These instructions are indicated to prevent coding errors where a significant probability for misuse has been identified. For example, a code with such instructions may be a component of another code, and therefore, it would be incorrect to report both codes even when the component service is performed. When reporting codes for services provided, it is essential to ensure the accuracy and quality of coding by verifying the intent of the code using the related guidelines, parenthetical notes, and coding resources.

In the example below, the parenthetical notes direct the coder to never report CPT 76937 with specific codes and clarify that a different code selection may be more appropriate for the documented services.

76937 Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent real-time ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)

- » (Do not report 76937 in conjunction with 33274, 33275, 36568, 36569, 36572, 36573, 36584, 37191, 37191, 37192, 37193, 37760, 37761, 76942)
- » (Do not report 76937 in conjunction with 0505T, 0620T for ultrasound guidance for vascular access)
- » (If extremity venous non-invasive vascular diagnostic study is performed separate from venous access guidance, see 93970, 93971)

Reporting codes on a claim in a manner that contradicts the parenthetical notes may result in claim denial.

Provider Forms

Which Form Do I Use?

PHP has all of our Provider forms easily accessible at the click of a button. It can sometimes be challenging to determine which form to use for the Commercial network. Below are commonly used PHP forms. They are accessible via the MyPHP Provider Portal or at [PHPMichigan.com/Providers](https://www.phpmichigan.com/Providers). When completing a form, please ensure the form is thoroughly reviewed and complete, attach any applicable documents and your contact information is complete and legible. **All forms must be mailed to the address listed on the form. Failure to select the appropriate form or submission to an address other than the one indicated on the form may interfere with PHP receiving and processing the submission.**

Claims Adjustment Form

The Claim Adjustment form should be submitted when an adjustment or data correction needs to be made to a previously submitted claim. Adjustments must be submitted within a six-month period from the date of service, date of discharge, or as required by law. Some examples may include:

- » The correction of claim detail such as codes, charges, units, or dates of service
- » Identifying an incorrect payment (do not submit a check)
- » Attaching another carriers' COB information
- » Incorrect provider or member information

Claims Inquiry Form

This Claims Inquiry form is submitted when **inquiring** about something you've received from PHP.

- » When questioning a payment
- » A claim or line denial
- » Code bundling

Appeal Form

The Appeal form is used when asking for reconsideration of a previous decision made by PHP. This must be a written request submitted by a provider and must include all necessary documentation. Appeals must be submitted no later than 90 days from the date of the initial claim denial or Adverse Benefit Determination. There are three examples of Adverse Benefit Determinations:

- » Benefit Level Appeal (e.g., network vs. non-network)
- » Administration Appeal (e.g., Members Certificate of Coverage, other benefit document, or Provider's contract)
- » Claim Appeal (e.g., a reimbursement rate, clinical code edits, denial, reduction, timely filing, etc.)

Medical Records Submission Form

The requirement for Medical Record submissions is indicated by the **EOP denial codes**. The requested records may need to be submitted to Change HealthCare or to the PHP claims processing address. EOP remarks are located on your remittance advice. Always submit medical records to the address on the form.



Obtaining and Updating Your Primary Care Patient Roster

Obtaining your Physicians Health Plan PCP membership roster is quick and easy. Once registered and logged into the MyPHP Provider Portal at [PHPMichigan.com/MyPHP](https://phpmichigan.com/MyPHP), select Coverage & Benefits from the top menu, then select PCP Patient Eligibility Roster. Next, select the PCP's PHP Provider ID from the dropdown menu, and click 'View All Patients' at the bottom of the page.

The deadline to notify PHP of PCP membership roster assignment change for the Primary Care Provider Incentive Program is Nov. 1, 2022.



Reviewing your roster each month can help identify newly assigned members, as well as potential changes to your exiting membership. If you need to report changes to us, please contact PHP Customer Service at **517.364.8500** or **800.832.9186**.

**Please note that Covenant Select practices have a unique process and should reach out to PHP Provider Relations at PHPProviderRelations@phpmm.org for the next steps.

Medicare Portal

Did you know that PHP Medicare Advantage requires different forms and have different contact phone and fax numbers than PHP Commercial? The PHP Medicare Advantage Provider Portal is a single sign on within the MyPHP Provider Portal and provides many helpful resources, which includes, but is not limited to:

- » Quick access to member eligibility information
- » Medicare Advantage forms and resources
- » Claims information
- » Prior authorization information
- » Referral and authorization inquiries
- » Quick tip guides

When you create your MyPHP Provider Portal Account, you will also want to set up your access to the PHP Medicare Advantage Provider Portal. This is located in the middle of the landing page and outlined below. Once you've completed the sign-up process, you will receive an email from Lumeris, our contracted Medicare Advantage vendor, within 48 hours.

Some of the helpful guides and resources available include the following.


- » Referral Guide
- » Prior Authorization Guide
- » Inpatient Admission Guide
- » Prior Authorization Quick Reference Guide
- » Billing Guidelines
- » Electronic Payment and Remittance

All information related to the 2022 plan year is available in PDF format.

- » 2022 Summary of Benefits
- » 2022 Formularies and Reference Guides
- » 2022 Part B Prior Auth Criteria
- » 2022 Provider Directory
- » 2022 Evidence of Coverage
- » 2022 Provider Administrative Manual Guidelines
- » 2022 Quick Reference Guides
- » 2022 Member Handbook
- » 2022 Medical Necessity Criteria
- » Mercy Behavioral Health Services

As a friendly reminder, access to your MyPHP Provider Portal account will become disabled if you have not logged in within 90 days. If your account becomes disabled, you can email the PHP Provider Relations Team at PHPProviderRelations@phpmm.org with your username and TIN. Once we verify your account, we will reactivate your account and reset your password if necessary.

medicare policy change, billing, and FAQs [Click Here](#)
COVID Response Team / Amwell Telehealth Member Cost Share Waived / Extends Premium Period [Click Here](#)
Waives Member Cost Share for COVID Testing and Lifts Early Rx Refill Limits [Click Here](#)

!!! Medicare Advantage access, please [Click Here](#) 
for the Medicare Advantage Portal for COVID-19 Updates

Contact Us
Physicians Health Plan
Address: 1400 East Michigan Ave.
Lansing MI 48912
Mailing Address: P.O. Box 33377
Lansing MI 48909-3977
Main Office Phone: 517.364.8400 or 800.562.8191
Main Office Hours: Monday-Friday 8:00 a.m. - 3:00 p.m.
Main Office Fax: 517.364.8400
Customer Service Phone: 517.364.8500 or 800.832.9186
Customer Service Call Center Hours: Monday-Friday 8:30 a.m. - 5:30 p.m.
Customer Service Fax: 517.364.8411
Compliance Hotline: 866.PHPCOMP (747.2667)
Website: phpmichigan.com

Utilization Management News and Updates

2nd Quarter 2022

A comprehensive list of procedures and services requiring prior approval is available on our website at [PHPMichigan.com/Providers](https://www.phpmichigan.com/Providers). Select “Notification and Prior Approval Table” to access the list. This information is also available on the MyPHP Provider Portal.

If you have any questions about the prior approval process, please contact PHP Customer Service at **517.364.8500** or **800.832.9168**, Monday through Friday, 8:30 a.m. to 5:30 p.m.

Reminder: Prior approval requests may be faxed to Utilization Management at **517.364.8409**, Monday through Friday, 8 a.m. to 5 p.m.

New Policies

» N/A

Policy Updates

» BCP-06 Outpatient Rehabilitation-Habilitation Services – Physical and Occupational Therapy – Prior approval requirement removed from all plans except ASOs: L0000264, L0001269, L0001631, L0002011, L0002184. Check for benefit plan limits.

Changes to Coverage for Services

Code(s)	Procedure or Service	Action	Effective Date
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (i.e., fluoroscopy or computed tomography)	Change from "Not Covered" to "Prior Approval"	1/1/2022

**Any provider or member that was directly impacted by these changes received a direct mailing explaining the changes.*



Have You Registered for the Provider Portal?

The MyPHP Provider Portal is available to you 24/7 and contains many helpful resources. Register for your account today!

Provider Portal Features

MyPHP has the following features:

- » Eligibility and Coverage - Search Patients to verify eligibility and coverage information (effective dates, Primary Care Physician, and member profile information)
- » Benefits - View and download a member benefits
- » Prior Authorizations – View the status of an authorization and obtain the prior authorization number
- » Claims - Search and view claims (status, amount paid, paid dates, and claim history)
- » Explanation of Payment (EOP) – Search, view, and print EOPs
- » Accumulators - View, a member's out of pocket or deductible balances
- » View and print Primary Care Physician Patient Rosters
- » Access to PHP's Medical and Pharmacy Policies
- » Single-sign-on access to the PHP Medicare Portal

Providers participating with PHP Commercial and PHP Medicare Advantage plans can access information for both with a single sign-on, so there is no need to register with multiple sites. Log in to your MyPHP portal account and scroll down to find the words, 'For all Medicare Advantage access, please [Click Here](#),' and the PHP Medicare logo. If it is your first time logging in to the portal, you must accept the End User License Agreement and verify your provider information.

To register, go to PHPMichigan.com/MyPHP and select the MyPHP Provider Portal. You will need your Tax ID, individual NPI, and PHP Provider ID (e.g., 2000000XXXXX). If you do not know your PHP Provider ID, please email your Tax ID and NPI(s) to PHPPProviderRelations@phpmm.org. You may also email Provider Relations to request account reactivation, password resets, or additional training with the portal.

How to Register

To access MyPHP:

1. Click on the link for MyPHP on the PHP website at PHPMichigan.com
2. Review the instructions
3. Create your username and password
4. Answer the security questions



Telemedicine Policy Change, Billing, and FAQs [Click Here](#)

PHP COVID Response Team / Amwell Telehealth Member Cost Share Waived / Extends Premium Payment Grace Period [Click Here](#)

PHP Waives Member Cost Share for COVID Testing and Lifts Early Rx Refill Limits [Click Here](#)

For all Medicare Advantage access, please [Click Here](#)

Enter the Medicare Advantage Portal for COVID-19 Updates

Contact Us

Physicians Health Plan

Address: 1400 East Michigan Ave.
Lansing MI 48912

Mailing Address: P.O. Box 30377
Lansing MI 48909-7877

Main Office Phone: 517.364.8400 or 800.852.9180

Main Office Hours: Monday-Friday 8:00 a.m. - 5:00 p.m.

Main Office Fax: 517.364.8460

Customer Service Phone: 517.364.8500 or 800.852.9180

Customer Service Call Center Hours: Monday-Friday 8:30 a.m. - 5:30 p.m.

Customer Service Fax: 517.364.8411

Compliance Hotline: 866.PHPCOMP (747.2667)

Website: PHPMichigan.com

You will need the provider tax identification number (TIN), national provider identifier (NPI), and PHP Provider ID number to register. Your PHP Provider ID number can be found on an EOP or obtained by contacting the Provider Relations Team. Once you are registered, you will have immediate access to the portal.

If you would like more information or need assistance with an existing account, please send an email with your practice information, including the practice TIN and all individual provider NPIs to PHPPProviderRelations@phpmm.org for assistance.

Q2 2022 Pharmacy Updates

Drug	Formulary Placement
Lybalvi (olanzapine-samidorphan)	Tier 3
Bylvay (odevixibat)	Non-preferred specialty tier, PA
Liymarli (maralixibat)	Non-preferred specialty tier, PA
Tivdak (tisotumab vedotin-tfy)	Medical PA
Exkivity (mobocertinib)	Non-preferred specialty tier, PA

For up-to-date information on drug recalls, please visit [PHPMichigan.com/Providers](https://www.phpmichigan.com/Providers). A link to the FDA's drug recall website is available under the Pharmacy Services tab.

Important Things to Remember When Submitting a Prior Authorization Request Form

- » The Medication Authorization Form is located on the Provider Pharmacy Services page on the website, [PHPMichigan.com/Providers](https://www.phpmichigan.com/Providers).
- » Fill out the form completely and legibly.
- » If requesting an infusion drug, please include the name of the office and/or facility and NPI number of where the drug will be administered.
- » Provide accurate provider contact information:
 - » Contact person's name
 - » Phone number
 - » Fax number
- » Include the patient's most current chart notes documenting their status *as well as* clinical documentation of previous medication trials related to the request.
- » Submissions from Cover My Meds are routinely transmitted with incomplete information, which delays care for the patient. Sending requests directly to PHP will reduce the time it will take to process the request.



Same Day Services

PHP is committed to detecting, mitigating, and preventing fraud, waste, and abuse. This is executed through the PHP Billing Integrity Program (BIP), which is managed by PHP's Compliance Department. The purpose is to prevent fraud, waste, and abuse, to detect billing errors, and investigate fraud when it is detected. The primary objective of the BIP is to ensure that providers bill accurately and that documentation supports the medical necessity of the service(s) and level of service(s) billed. Recent provider audits have resulted in significant findings of incorrect reporting of Evaluation and Management (E/M) services on the same day as other services.

In some instances, reporting multiple E/M services or an E/M in addition to a scheduled procedure performed on the same day is appropriate and separately reimbursable. When considering reporting an E/M service with a scheduled procedure or in addition to a scheduled preventative exam, it is important to keep the following in mind:

- » Does the documentation support that the patient's condition required a separate and distinct E/M service, above and beyond the usual components of the scheduled exam or the preoperative and postoperative services for the procedure?

For example, a patient presents for a scheduled skin tag removal with their dermatologist. If during that encounter, the patient initiates further evaluation and management of a new or worsening condition that warrants a separate exam and medical decision making, an E/M may be reportable in addition to the surgical procedure. However, in other instances where the patient is seen for a scheduled procedure, and the provider reviews current medications and chronic conditions without a need for a distinct exam and medical decision making, this would be inclusive of the preoperative portion of the procedure. Reporting of an E/M in this instance would not be supported or separately reimbursable.

In addition, PHP requires modifier 25 to be reported with the E/M service when indicating a significant and separately identifiable E/M. Use caution when reporting modifier 25, as some E/M services are "per day" codes, or there may be a more comprehensive code that more appropriately represents the services performed and documented. It is recommended that the medical record clearly identify distinct exams, newly presented conditions, new medications, details of or changes to the care plan to support significantly identifiable services adequately.



2021 Provider Satisfaction Survey Results

Physicians Health Plan (PHP) is committed to continuously improving our products and services. One way we accomplish this is through our annual Provider Satisfaction Survey. The survey is administered by SPH Analytics to ensure neutrality and confidentiality. In 2021, surveys were sent to nearly 1,500 primary care physicians (PCPs), specialists, and behavioral health practitioners in our service area.

The results of the 2021 Provider Satisfaction Survey highlighted several areas of strength.

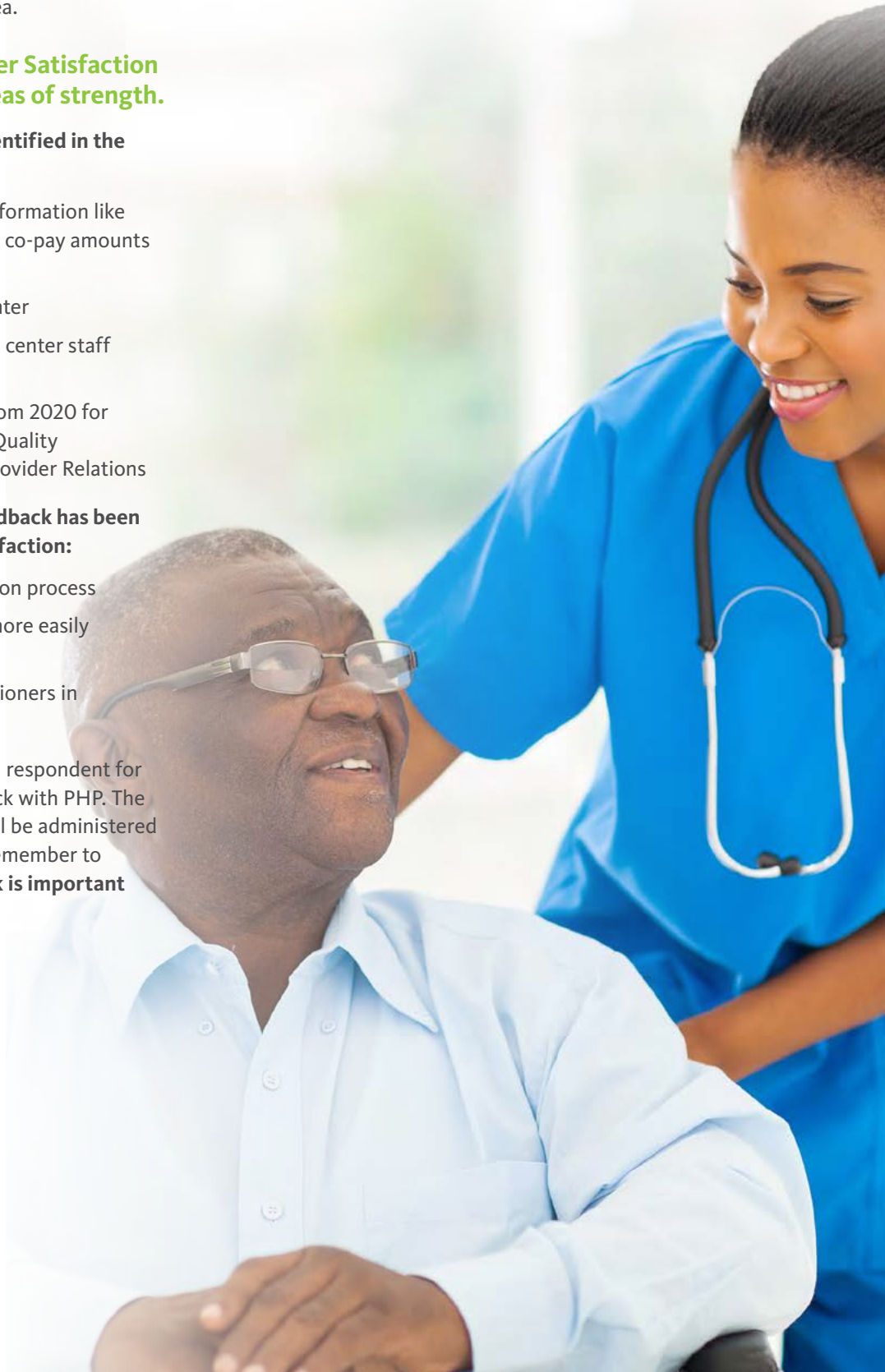
Below are some of the strengths identified in the 2021 Provider Satisfaction Survey:

- » Process of obtaining member information like eligibility, benefit coverage, and co-pay amounts from PHP
- » PHP's Customer Service call center
- » Ease of reaching health plan call center staff over the phone
- » Increased overall satisfaction from 2020 for Finance Issues, Utilization and Quality Management, Pharmacy, and Provider Relations

Here are some of the ways your feedback has been used to help improve Provider Satisfaction:

- » Improved the provider orientation process
- » Policies and procedures made more easily available on our website
- » Increased the number of practitioners in our network

We would like to sincerely thank each respondent for taking the time to share their feedback with PHP. The 2022 Provider Satisfaction Survey will be administered in the third quarter of 2022. Please remember to complete your survey. **Your feedback is important to us!**



New EFT Platform Through Zelis

Physicians Health Plan (PHP) is excited to introduce a new electronic payment (ePayment) platform to accelerate and add efficiency to our claims payment process, ePayment Center. PHP has partnered with Zelis® Payments to offer you secure ePayment options effective **June 14, 2022**. The current electronic platform through PNC Bank Remittance Advantage will be sunset as of May 31, 2022.

You are invited to enroll in a **no-fee ACH delivery of claim payments with access to remittance files via download in the ePayment Center**. Delivery of 835 files to clearinghouses is available directly through the ePayment Center enrollment portal. Providers currently enrolled in PNC Remittance Advantage will be pre-registered in the new platform, Zelis ePayment.

It will be necessary **to complete the full registration** with Zelis ePayments. Providers already enrolled with Zelis may complete a new registration to include the PHP no-fee ACH option and/or maintain your existing relationship with Zelis. Providers not enrolled with Zelis ePayments will receive paper EOPs and payments.

How do I register for Zelis ePayment Center?

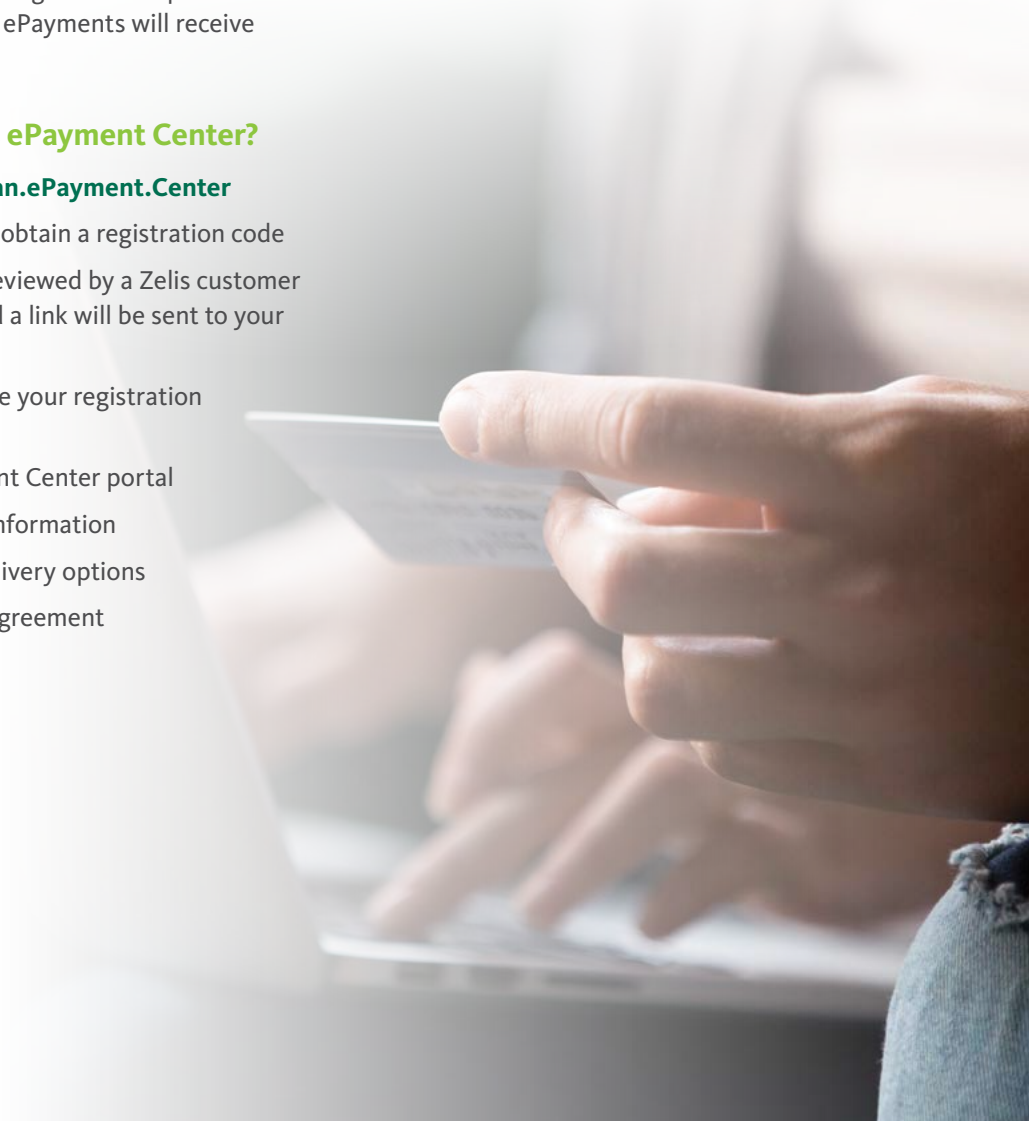
1. Visit **PhysiciansHealthPlan.ePayment.Center**
2. Follow the instructions to obtain a registration code
3. Your registration will be reviewed by a Zelis customer service representative and a link will be sent to your email once confirmed
4. Follow the link to complete your registration and setup your account
5. Log into the Zelis ePayment Center portal
6. Enter your bank account information
7. Select remittance data delivery options
8. Review and accept ACH Agreement
9. Click "Submit"

Upon completion of the registration process, your bank account will undergo a pre-notification process to validate the account prior to commencing the EFT delivery. This process may take up to six business days to complete.

What do I need to register for the ePayment Center?

- » 9-digit Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)
- » Practice's corporate name and principal information
- » Bank account routing transit number (RTN) or ABA Routing Number

Additional enrollment instructions and a detailed question and answer guide are available for download at **PhysiciansHealthPlan.ePayment.Center**. Need additional help? Call **855.774.4392** or email **Help@epayment.center**.



Physicians Health Plan General Training 101

The Provider Relations team offers training sessions throughout the year to help you and your office staff work more efficiently with PHP.

Training opportunities include PHP Commercial and PHP Medicare requirements, a review of the Provider Manual, checking eligibility and benefits, claim status, authorizations/approvals, and much more. Practice management and all office staff are encouraged and welcome to attend.

2022 Training Dates



Tuesday, Aug. 16, Noon



Thursday, Nov. 10, 8:30 a.m.

Register today!

Visit [PHPMichigan.com/Providers](https://phpmichigan.com/Providers) and select “[Training Opportunities](#).”

Prior to the training date, all registered attendees will receive login information to the email used to register.

Questions? Contact PHPProviderRelation@phpmm.org

New Mailing Address Reminder

As announced in our 2022 first quarter newsletter, Physicians Health Plan (PHP) is transitioning to a new mailing address. Providers can begin using this address immediately. All mail sent to the old mailing address will be forwarded through **Sept. 30, 2022**.

New Mailing Address

Physicians Health Plan
PO Box 313
Glen Burnie MD 21060-0313

Old Mailing Address

Physicians Health Plan
PO Box 853936
Richardson TX 75085-3936

Lunch and Learn

Just a reminder to mark your calendars for our upcoming Lunch & Learn sessions for 2022. The quarterly, one-hour events will cover frequently asked questions received and the latest updates that affect the provider network. We will also leave time for questions at the end of each session. Invitations will be sent by email. Reservations are required so that we may send you a link to participate in the event. You may also email the PHP Provider Relations Team at PHPProviderRelations@phpmm.org for more information.

Remaining dates:



Tuesday, July 19, 2022 Noon-1 p.m.



Thursday, Oct. 20, 2022 Noon-1 p.m.

We look forward to collaborating with you and welcome your suggestions of topics you would like to see covered. Please email any suggestions to PHPProviderRelations@phpmm.org. To register go to [PHPMichigan.com/Providers](https://phpmichigan.com/Providers) and click on ‘[Training Opportunities](#).’



1400 E. Michigan Avenue
 PO Box 30377
 Lansing, MI 48909-7877

Contact Us PO Box 30377 Lansing, MI 48909-7877 517.364.8400 PHPMichigan.com



Department	Contact Purpose	Contact Number	Email Address
Customer Service	<ul style="list-style-type: none"> » Verify a covered person's eligibility, benefits or to check claim status to report suspected member fraud and abuse » Obtain claims mailing address 	517.364.8500 800.832.9186 (toll-free) 517.364.8411 (fax)	
Medical Resource Management	<ul style="list-style-type: none"> » Notification of procedures and services outlined in the Notification/Authorization Table » Request benefit determinations and clinical information » Obtain clinical decision-making criteria » Behavioral Health/ Substance Abuse Services, for information on Behavioral Health and/or Substance Abuse Services including Prior Authorizations, Case Management, Discharge Planning and referral assistance 	517.364.8560 866.203.0618 (toll-free) 517.364.8409 (fax)	
Network Services	<ul style="list-style-type: none"> » Credentialing » Provider Data - report changes in practice demographic information » Provider/Practitioner education » Report suspected Provider/Practitioner Fraud and Abuse » Claims and EDI questions » Initiate electronic claims submission 	517.364.8312 800.562.6197 (toll-free) 517.364.8412 (fax) Report Suspected Fraud and Abuse: 866.PHPCOMP (866.747.2667)	Credentialing PHP.Credentialing@phpmm.org Data PHPPProviderUpdates@phpmm.org Provider Relations Team PHPPProviderRelations@phpmm.org
Quality Management	<ul style="list-style-type: none"> » Quality Improvement Programs » URAC » HEDIS » CAHPS 	517.364.8408 (fax)	Quality PHPQualityDepartment@phpmm.org
Pharmacy Services	<ul style="list-style-type: none"> » Request a copy of our Preferred Drug List » Request drug coverage » Fax medication prior authorization forms » Medication Therapy Management Program 	517.364.8545 877.205.2300 (toll-free) 517.364.8413 (fax)	Pharmacy Pharmacy@phpmm.org
Change Healthcare (CHC)	<ul style="list-style-type: none"> » When medical records are requested 	Mail To: Change Healthcare Attn: Pre-Pay 1849 West Drake Drive STE 101 Tempe, AZ 85283 952.224.8650 949.234.7603 (fax)	MedicalRecords@changehealthcare.com

	Physicians Health Plan	PHP Service Company	PHP Insurance Company
Where to Send Claims	Physicians Health Plan (PHP) In-Network: PO Box 313 Glen Burnie, MD 21060-0313 Non-Network: PO Box 247 Alpharetta, GA 30009-0247 Electronic Claims In Network: Payer ID: 37330 Non-Network: Payer ID: 07689	PHP Service Company In-Network: PO Box 313 Glen Burnie, MD 21060-0313 Non-Network: PO Box 247 Alpharetta, GA 30009-0247 Electronic Claims In Network: Payer ID: 37330 Non-Network: Payer ID: 07689 Includes SPN and MCN	PHP Insurance Company In-Network: PO Box 313 Glen Burnie, MD 21060-0313 Non-Network: PO Box 247 Alpharetta, GA 30009-0247 Electronic Claims In Network: Payer ID: 37330 Non-Network: Payer ID: 07689
Where to Send Refunds	Physicians Health Plan Attn: Provider Refund PO Box 30377 Lansing MI 48909-7877	Physicians Health Plan Attn: Provider Refund PO Box 30377 Lansing MI 48909-7877	Physicians Health Plan Attn: Provider Refund PO Box 30377 Lansing MI 48909-7877