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Drug list resources available for Blue Cross Complete

Drug list details

A comprehensive drug list for Blue Cross Complete is available on our website at mibluccrosscomplete.com under the **Providers** tab.

1. Click **Self-Service Tools**.
2. Scroll down to **Drug formulary**.
3. The drug list can be accessed and reviewed in two ways:
 - A printable PDF version is available by clicking on the [Preferred Drug List \(PDF\)](#) link.
 - You can also search by clicking the [online drug list](#) link.

The searchable version provides additional details about quantity limits, prior authorization and other coverage details not available on the printable version. This includes guidance on specialty medications.

The Blue Cross Complete drug list is generic-friendly. There are instances for which the Michigan Department of Health and Human Services mandates that a brand is preferred and must be used. This information can be found at michigan.magellanrx.com/provider.*

1. Click **Documents**.
2. Click **Other Drug Information**.
3. Click **Brand Preferred Over Generic Products List**.

Otherwise, if a generic equivalent is available for a brand-name medication, claims processing will require that the generic equivalent must be dispensed in order for the medication to be covered.

When a nonformulary drug or a formulary drug that has a nonpreferred status is inadvertently prescribed, prescribers and pharmacists are encouraged to work together to convert to a preferred drug, when appropriate.

HCPCS codes list

Prior authorization for healthcare common procedure coding system medications is required before they are covered by Blue Cross Complete. A list of HCPCS codes is available on our website at mibluccrosscomplete.com under the **Providers** tab.

1. Click **Self-Service Tools**.
2. Scroll down to **Drug formulary** and go to **Healthcare common procedure coding system medications**.
3. Click **click here**.

Clinical edits

Various clinical edits, including prior authorization, step therapy, quantity limits and age limits are included on the drug list for specific medications. Prior authorization and step therapy criteria are available on the state of Michigan's website at michigan.gov/mcopharmacy.*

It's important to remember that plans may be less stringent than the posted criteria for certain medications or non-PDL classes.

Quantity limits and age limits are established for some medications on the drug list. Quantity limits, or dose optimization edits, are typically established in line with approved dosing schedules. If an elevated dose is required, above the approved quantity, the prior authorization process should be followed.

Age limits can be established for multiple reasons. Typically, age limits are implemented to reinforce safety protocol or to help refer a member to a more cost-effective dosage form, such as the use of a tablet for an adult rather than a liquid. In the event that a preferred dosage form isn't medically appropriate, the prior authorization process should be used.

As part of the prior authorization process, providers should complete the [Blue Cross Complete Medication Prior Authorization Request](#) or submit their request online. The online version helps to increase efficiency and, depending on the information provided, the system is able to provide an immediate decision for select medications.

To complete the online form or download the fax form:

1. Visit mibluccrosscomplete.com.
2. Click the **Providers** tab and click **Self-Service Tools**.
3. Scroll to **Prior authorization under the Drug formulary heading**.
4. For the online form, click [Prior authorization online form](#).
5. For the printable fax form, click the [Prior authorization request form \(PDF\)](#).

The online prior authorization form allows for paperless and secure data and document submission. If you prefer to use the PDF version, complete and fax it to **1-855-811-9326**. You can also call the PerformRxSM provider services help desk at **1-888-989-0057** if you need help.

A prior authorization form must be fully completed and submitted with all appropriate documentation that may help us process the request. For example, you must include medical history, previous therapies tried and additional rationale. Incomplete forms or missing documentation may delay or prevent a request from being processed.

*Our website is mibluccrosscomplete.com. While website addresses for other organizations are provided for reference, Blue Cross Complete does not control these sites and is not responsible for their content.

Drug list resources available for Blue Cross Complete (continued)

Drug list details

A comprehensive drug list for Blue Cross Complete is available on our website at mibluecrosscomplete.com under the **Providers** tab.

1. Visit mibluecrosscomplete.com
2. Click the **Provider programs** tab.
3. Scroll to the bottom of the page to the **Pharmacy** accordion, and click the [Current Formulary Changes](#) link.

Depending on the type of drug list change, various forms of communication may be used.

Communication strategies may include letters, fax blasts, web documents and provider portal posts. Any necessary communication will be completed as early as possible prior to the implementation of a change. Most direct communications will be the result of a negative drug list change, such as the removal of a medication from the drug list or the addition of a clinical edit. You can anticipate that changes will occur at least quarterly. Additional changes may occur throughout the year in order to address population need changes or to accommodate new FDA-approved medications or indications.

Medical exception process

In the event that a nonpreferred or nonformulary drug is most appropriate for the member, the prior authorization process allows for a potential coverage consideration. As required, all formulary drugs listed on the Blue Cross Complete drug list are represented on the Michigan Pharmaceutical Product List for fee-for-service Medicaid. Although not all medications from the list are included on the plan's formulary, all medications on the MPPL must be considered for coverage under the pharmacy benefit. As with some nonpreferred formulary drugs, nonformulary drugs covered on the MPPL may be available through the prior authorization process.

Typically, if drug list criteria have been met and the preferred formulary drugs have failed or aren't medically appropriate, then a nonpreferred or nonformulary drug may be considered for coverage. Again, all supporting documentation must be submitted for us to consider covering a nonpreferred or nonformulary drug.

Carve-out medications

The state of Michigan has carved out a portion of the Blue Cross Complete pharmacy benefit. The medications listed below are covered under the fee-for-service portion of the benefit.

- Antianxiety
- Antidepressants
- Antiepileptics
- Antihemophilic factors
- Antiretrovirals for the treatment of HIV
- Antivirals for hepatitis C treatment
- Barbiturates
- Cystic fibrosis transmembrane conductance regulator agents

Note: Instead of billing Blue Cross Complete for the medications, the pharmacy must bill fee-for-service Medicaid, also known as the Magellan Medicaid Administration. Pharmacies will be alerted in a reject message if they submit a claim to Blue Cross Complete for a carve-out medication. Reach the Magellan Medicaid Administration clinical call center at **1-877-864-9014** for claims questions associated with these medications.

You can also find additional information on the state of Michigan's fee-for-service drug coverage at magellanrx.com.*

Cost sharing — pharmacy benefit

To prevent a potential barrier with regard to medication affordability, Blue Cross Complete of Michigan members don't have copayments at the pharmacy. Healthy Michigan Plan members are the only group who have a cost sharing requirement. The copay tier is established by MDHHS and cost sharing is reconciled through the member's MI Health account. More information can be found by visiting michigan.gov/healthymiplan.*

If you have any questions, contact your Blue Cross Complete provider account executive, Blue Cross Complete's Provider Inquiry department at **1-888-312-5713** or the Blue Cross Complete pharmacy help desk at **1-888-288-3231**.

*Our website is mibluecrosscomplete.com. While website addresses for other organizations are provided for reference, Blue Cross Complete does not control these sites and is not responsible for their content.

Prior Authorization Lookup tool available on Blue Cross Complete website

Confirming authorization requirements is as simple as entering a current procedural terminology code or a healthcare common procedure coding system code and clicking submit using Blue Cross Complete's Prior Authorization Lookup tool. This user-friendly resource allows users to enter a CPT or a HCPCS code to verify authorization requirements in real time before delivery of service.

The Prior Authorization Lookup tool was designed to help reduce the administrative burden of calling Provider Services to determine whether prior authorization is required. The tool is easy to use and offers general information for outpatient services performed by a participating provider.

To try the Prior Authorization Lookup tool, visit mbluecrosscomplete.com under the **Providers** tab.

1. Click on **Self-Service Tools**.
2. Scroll down to **Prior Authorization Lookup**.
3. Enter a CPT or HCPCS code in the space provided.
4. Click **Submit**.
5. The tool will tell you if that service needs prior authorization.

Prior authorization requests **can't** be submitted through the tool and should continue to be requested through your current process. We would like to remind you that you can submit your requests electronically through NaviNet. Through your single login to NaviNet, you can request prior authorization and view authorization history. If you are not already a NaviNet user, visit [Navinet.com](https://navinet.com)* to sign up.

If you have questions about this communication, please contact your Blue Cross Complete provider account executive or Blue Cross Complete's Provider Inquiry department at **1-888-312-5713**.



*NaviNet is a contracted vendor that provides a payer-provider web portal on behalf of Blue Cross Complete through which member information can be accessed, including but not limited to tracking claims status.

Recommend MDHHS Safe Sleep for Infants website to Blue Cross Complete members who are pregnant or new parents

The Michigan Department of Health and Human Services shared tips for members who are pregnant or new parents at [Safe Sleep for Infants](#).*

Topics include:

- Soothing a Crying Baby
- Baby Sleeping and Eating: What is Normal?
- Smoking and Safe Sleep
- Inter-Tribal Council of Michigan Resources on safe sleep

To find these resources:

1. Go to [Michigan.gov](#).*
2. Click **Safety and Injury Prevention**.
3. Click **Safe Sleep**.
4. Click **Safe Sleep for your Baby**.
5. Click on **English Resources**. Resources are also available in Spanish and Arabic.

Video resources include:

- The Power of your Newborn
- 10 Tips to Keep Baby Safe
- Safe Sleep: What Every Parent Needs to Know

For more information, contact your Blue Cross Complete provider account executive or call Provider Inquiry at **1-888-312-5713**.



*Our website is [mibluecrosscomplete.com](#). While website addresses for other organizations are provided for reference, Blue Cross Complete does not control these sites and is not responsible for their content.

Blue Cross Complete members may arrange transportation

Blue Cross Complete understands there may be times when your patients need a ride to medical services or procedures. Blue Cross Complete can help them get there. Members may arrange for transportation for medically necessary medical exams and treatment, including picking up prescriptions and durable medical equipment, by calling **1-888-803-4947**. TTY users should call **711**.

Members should arrange transportation two days in advance of their appointment. Patients who are pregnant, or need an urgent appointment, can obtain same-day transportation. Patients can also arrange transportation for appointments scheduled for multiple days with just one phone call. They can consult their [Blue Cross Complete Member Handbook](#) for more specific information on this requirement.

Find additional information on transportation services for Blue Cross Complete members, visit mibluccrosscomplete.com:

1. Click **Member Benefits**.
2. Click **Transportation**.
3. In the brochure, see [We can help you get there](#).

Members can also schedule transportation online by following the steps below:

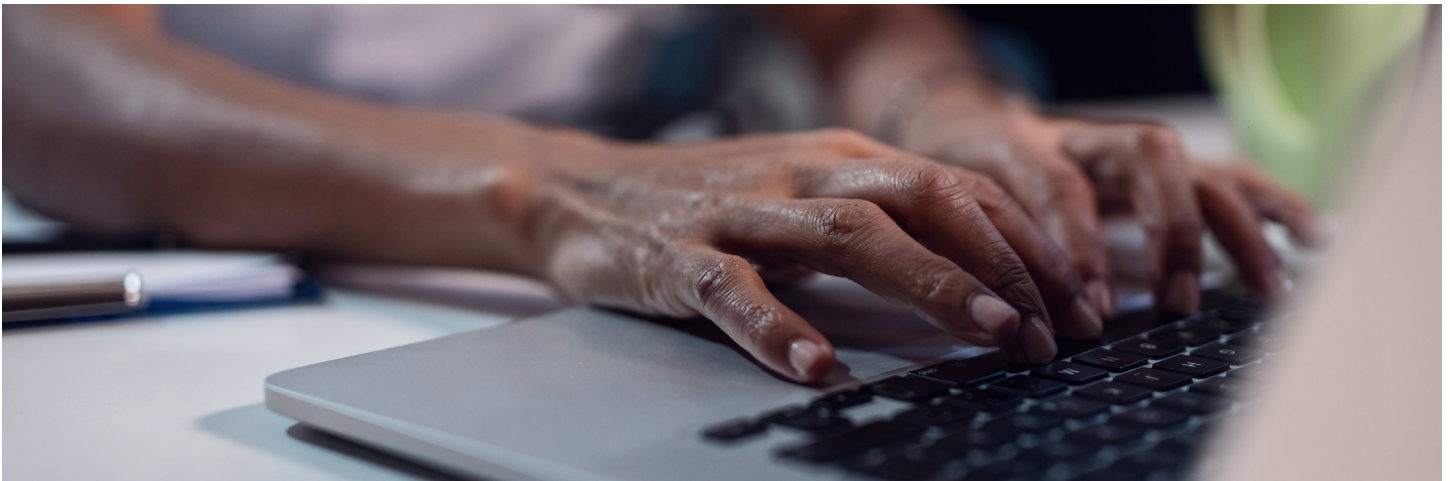
1. **Set up an online account.**
 2. Go to member.logisticare.com.*
 3. Click **I'm a new user**.
 4. Fill in the account information.
 5. Add the members whose rides will be managed through this account.
2. **To schedule transportation online:**
 1. Go to member.logisticare.com.*
 2. Sign in with email and password.
 3. Then click **Login**.
 4. Members should keep both their reservation number and their confirmation number.
The member should receive the confirmation number within 24 hours.

There are some services that aren't covered by Blue Cross Complete but are available under the Medicaid program. These may include dental services covered by Medicaid fee-for-service, dental services covered under Healthy Kids Dental, substance use disorder treatments and some mental health services provided through the Prepaid Inpatient Health Plans. For Blue Cross Complete members receiving these services, non-emergency transportation services are available:

- Members in Wayne, Oakland and Macomb counties may arrange transportation through [LogistiCare](#)®* at **1-866-569-1902** from 8 a.m. to 5 p.m., Monday through Friday.
- Members living in other counties may request non-emergency transportation services through their local Michigan Department of Health and Human Services office.

For more information, contact your Blue Cross Complete provider account executive or call Provider Inquiry at **1-888-312-5713**.

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Practitioner rights

In accordance with legal requirements and upon written request, Blue Cross Complete practitioners or prospective practitioners are given the opportunity to:

- Review credentialing application forms from the practitioner requesting participation to Blue Cross Complete.
- Review Blue Cross Complete's credentialing policies and procedures.
- Review information obtained through primary source verification for credentialing purposes. This includes information from malpractice insurance carriers and state licensing boards. This doesn't include information collected from references, recommendations and other peer review-protected information. Either attest to the accuracy of that information or correct the information, if erroneous.
- Be notified if any credential information is received that varies substantially from application information submitted by the practitioner: actions on license; malpractice claim history; suspension or termination of hospital privileges; or board-certification decisions with the exception of reference, recommendations or other peer-review protected information. The practitioner will have the right to correct erroneous information if the credentialing information received varies substantially from the information that was submitted on his or her application.
- Upon request, be informed of the status of the application — if application is current and complete, the applicant can be informed of the tentative date that his or her application will be presented to the credentialing committee for approval.

Practitioners or prospective practitioners must submit a written request to review information submitted in support of their credentialing or recredentialing application to:

Email: bccproviderdata@mibluccrosscomplete.com

Fax: 1-855-306-9762

Mail: Blue Cross Complete of Michigan
Attn: Provider Network Operations
Suite 1300
4000 Town Center
Southfield, MI 48075

- A two-week notice is required for scheduling a review date and time.
- The practitioner is informed in writing of the dates and times available for the review.
- Upon receipt of the practitioner's response, the date and time of the scheduled review are confirmed in writing.

If you have any questions, contact your Blue Cross Complete provider account executive or call Provider Inquiry at 1-888-312-5713.

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Learn more about Blue Cross Complete member rights and responsibilities

Members of Blue Cross Complete have rights and responsibilities. Understanding these rights and responsibilities helps members get the most out of their health care benefits for more specific information on this requirement.

Member rights

Member rights will be honored by all Blue Cross Complete staff and affiliated providers. Members have the right to:

- Understand information about their health care
- Get required care as described in the [Blue Cross Complete member handbook](#)
- Be treated with dignity and respect
- Privacy of their health care information, as outlined in the member handbook
- Treatment choices, in spite of cost or benefit coverage
- Full participation in making decisions about their health care
- Refuse treatment
- Voice complaints, grievances or appeals about Blue Cross Complete and its services, benefits, providers and care
- Get clear and easy-to-understand written information about Blue Cross Complete's services, practitioners, providers and rights and responsibilities
- Review their medical records and ask that they be corrected or amended
- Make suggestions about Blue Cross Complete's rights and responsibilities policies
- Be free from any form of abuse, being restrained or secluded, as a means of coercion, discipline, convenience or retaliation when receiving services
- Request and receive:
 - The [Blue Cross Complete provider directories](#)
 - The professional education of their providers, including those who are board-certified in the specialty of pain medicine for evaluation and treatment
 - The names of hospitals where their physicians are able to treat them
 - The contact information for the state agency that oversees complaints or corrective actions against a provider
 - Any authorization, requirements, restrictions or exclusions by service, benefit or a specific drug
 - The information about the financial agreements between Blue Cross Complete and a participating provider

Member responsibilities

Members have the responsibility to:

- Know their **Certificate of Coverage** from Blue Cross Complete
- Know their Blue Cross Complete member handbook and all other provided materials
- Call Customer Service with any questions at **1-800-228-8554**
- Seek services for all non-emergency care through their primary care physician
- Use the Blue Cross Complete provider network
- Be referred and approved by Blue Cross Complete and their primary care physician for out-of-network services
- Make and keep appointments with their primary care physician
- Contact their doctor's office if they need to cancel an appointment
- Be involved in decisions about their health
- Behave in a proper and considerate manner toward providers, their staff, other patients and Blue Cross Complete staff
- Tell Blue Cross Complete of address changes, any changes for their dependent coverage and any other health coverage
- Protect their ID card against misuse
- Call Customer Service right away if their card is lost or stolen
- Follow their doctor's instructions regarding care
- Make treatment goals with their physician
- Contact the Blue Cross Complete antifraud unit if they suspect fraud

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Learn more about Blue Cross Complete member rights and responsibilities (continued)

Additional rights and responsibilities

In addition to these rights and responsibilities, members also have these rights:

- To ask for and get information about how our company is structured and operated
- To have their health information stay confidential
- To use their rights without changing the way they're treated by us, health care providers or the state of Michigan
- To ask for the professional credentials of their provider
- To ask for any prior authorization requirements, limits, restrictions or exclusions
- To ask about the financial responsibility between Blue Cross Complete and any network provider
- To know if there are any provider incentives, such as pay for performance
- To ask about stop loss coverage

Members also have the responsibility to tell their doctor and Blue Cross Complete about their health and health history.

If you have any questions, contact your Blue Cross Complete provider account executive or Blue Cross Complete's Provider Inquiry department at **1-888-312-5713**.



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Blue Cross Complete offers language assistance

Blue Cross Complete serves a diverse population. As a result, providers may see patients who don't speak English or have limited English proficiency. Almost 7% of our members speak a different language, such as Spanish, Arabic, Chinese, Bengali or other less common languages. To help ensure information is accurately reported and understood, Blue Cross Complete offers certified translation and interpretive services in more than 200 languages.

These services include:

- Interpreting conversations with providers or health care staff
- Translating health care plan documents
- Getting plan documents in different formats

For language assistance, providers and members can call Customer Service at **1-800-228-8554**.

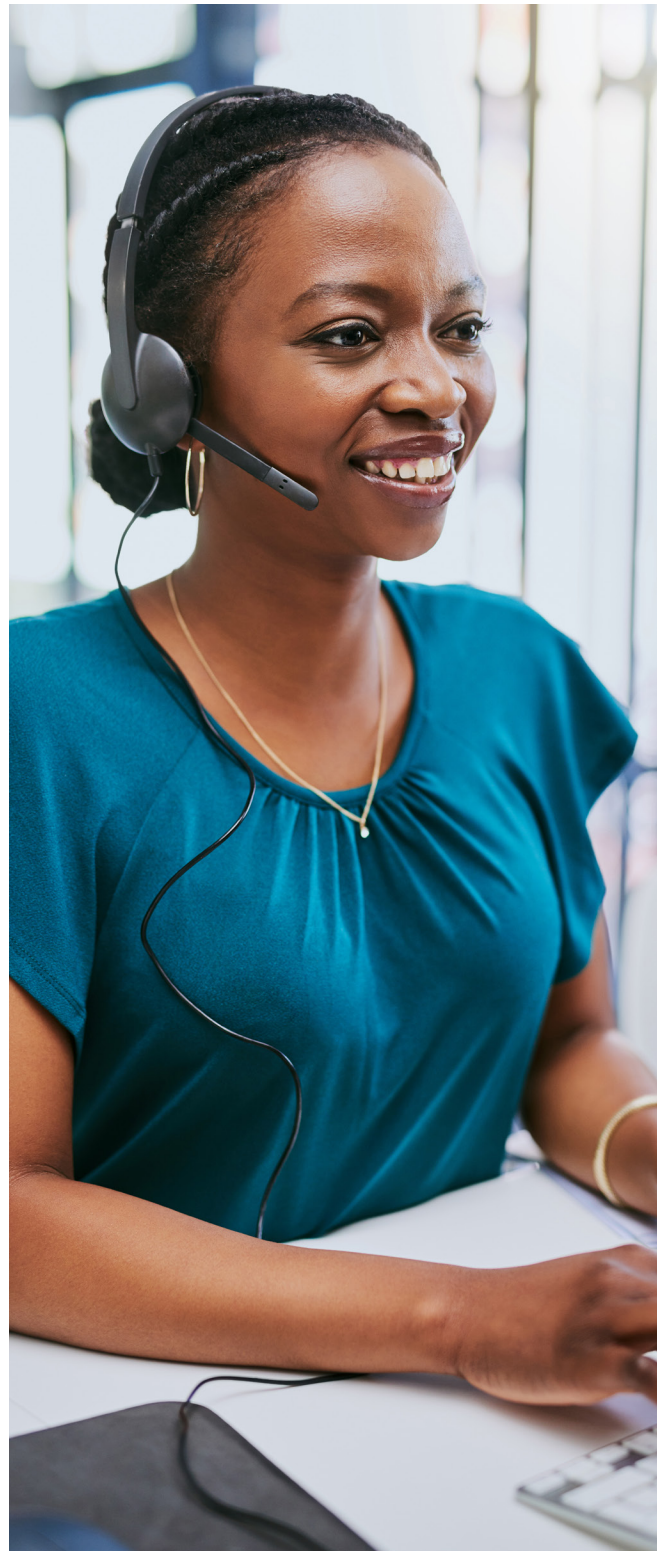
To learn more about the culture and demographics in Michigan, visit [Data USA*](#):

- Click **Cities & Places**
- In the search bar, type in "Michigan"
- Categories include:
 - COVID-19
 - Civics
 - Diversity
 - Economy
 - Education
 - Housing & Living
 - Health

Continuous cultural competency training and education is a critical component in helping providers reduce health disparities. Blue Cross Complete of Michigan understands the importance of enhancing awareness of social and cultural factors that influence the delivery of care.

For more resources, visit mibluccrosscomplete.com:

- Click the **Providers** tab
- Click **Training**
- Scroll down to:
 - [Cultural diversity training](#)
 - **Cultural competency**
 - **Lesbian, gay, bisexual, transgender, queer, intersex, asexual cultural competency training**



If you have any questions, contact your Blue Cross Complete provider account executive or Blue Cross Complete's Provider Inquiry department at **1-888-312-5713**.

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Refer patients to our Integrated Health Care Management program

The goal of our Integrated Health Care Management program is to improve the health and welfare of our members.

The following specific objectives direct our activities:

- Improve the health outcome measures of our members (as reflected by the [HEDIS®*](#) scores).
- Improve the coordination of care for our members — to include more consistent use of primary care physicians and more appropriate use of specialists.
- Facilitate more efficient use of resources — including the appropriate level of care (setting and intensity).
- Improve the access to health care for our members by assessing for and decreasing health care disparities.
- Increase the empowerment of our members to embrace self-care behaviors.
- IHCM offers several programs that allow us to meet the specific needs of our members. Each program's focus is to maintain and improve the targeted population's health status through assessment, coordination of resources and promotion of self-management through education.

We welcome your referrals of members with Blue Cross Complete that you feel would benefit from our programs. Call us at **1-888-288-1722**, and we'll reach out to the member to design a specific care plan.

Our care managers will seek input from you for the care plan, potential interventions and goals. We'll also contact other appropriate members of the treatment team, including behavioral health providers, if applicable. Collaboration is an essential component of the care plan process, as success increases when all involved parties are in agreement.

Complex care management:

This program targets members with complex medical conditions that could include multiple comorbidities or a single serious diagnosis, such as HIV or cancer. Our nurses work one on one with these patients to meet their care- needs.

Maternity management (Bright Start®) care management:

This program targets pregnant members who have high-risk medical or social determinants of health needs.

Here are some of the interventions provided by our nurse case managers:

- **Coordination of care:** We help make sure the member is seeing his or her primary care physician. We also assist with referrals to specialists and make sure the primary care physician is aware of other care the member is receiving (for example, specialists or emergency room).
- **Patient education:** We make sure the member understands the disease and treatment regimen.
- **Self-management:** We provide guidance that motivates the member toward compliance and self-management.
- **Disease management programs:** We have several disease-specific management programs. Interventions range from one-on-one nurse interaction for high-risk members to periodic educational mailings for low-risk members. The goal of all of our disease-specific management programs is to improve the quality of life for the involved members. We strive to accomplish this goal by providing risk-appropriate case management and education services with a special emphasis on promoting self-management.
- **Asthma:** The asthma management program is for members of all ages. We especially promote member compliance with controller medications. Our program is based on current asthma practice guidelines from the [National Heart Lung and Blood Institute](#).**
- **Diabetes:** The diabetes management program is for members of all ages. The goal is to prevent or reduce long-term complications. Our program is based on current diabetes practice guidelines from the [American Diabetes Association](#).**
- **Cardiovascular disease:** The heart failure management program emphasizes self-management interventions, such as daily weight measurements and medication compliance. Our program is based on current [heart failure guidelines from the American College of Cardiology Foundation and the American Heart Association](#).**

We welcome your referrals of patients with Blue Cross Complete that could benefit from our programs. Call us at **1-888-288-1722**, and we'll reach out to the member to design a specific care plan.

*HEDIS is a registered trademark of the National Committee for Quality Assurance.

**Our website is mibluecrosscomplete.com. While website addresses for other organizations are provided for reference, Blue Cross Complete does not control these sites and is not responsible for their content.

Michigan Quality Improvement Consortium guidelines

MQIC establishes clinical practice guidelines to help ensure the delivery of consistent, quality medical care to patients. Approved clinical practice guidelines are available to all Blue Cross Complete primary care physicians, primary care groups and specialists.

Our quality improvement program encourages Blue Cross Complete's adherence to MQIC guidelines.

The MQIC guidelines can be accessed by visiting mquick.org* and clicking on **Current guidelines**.*

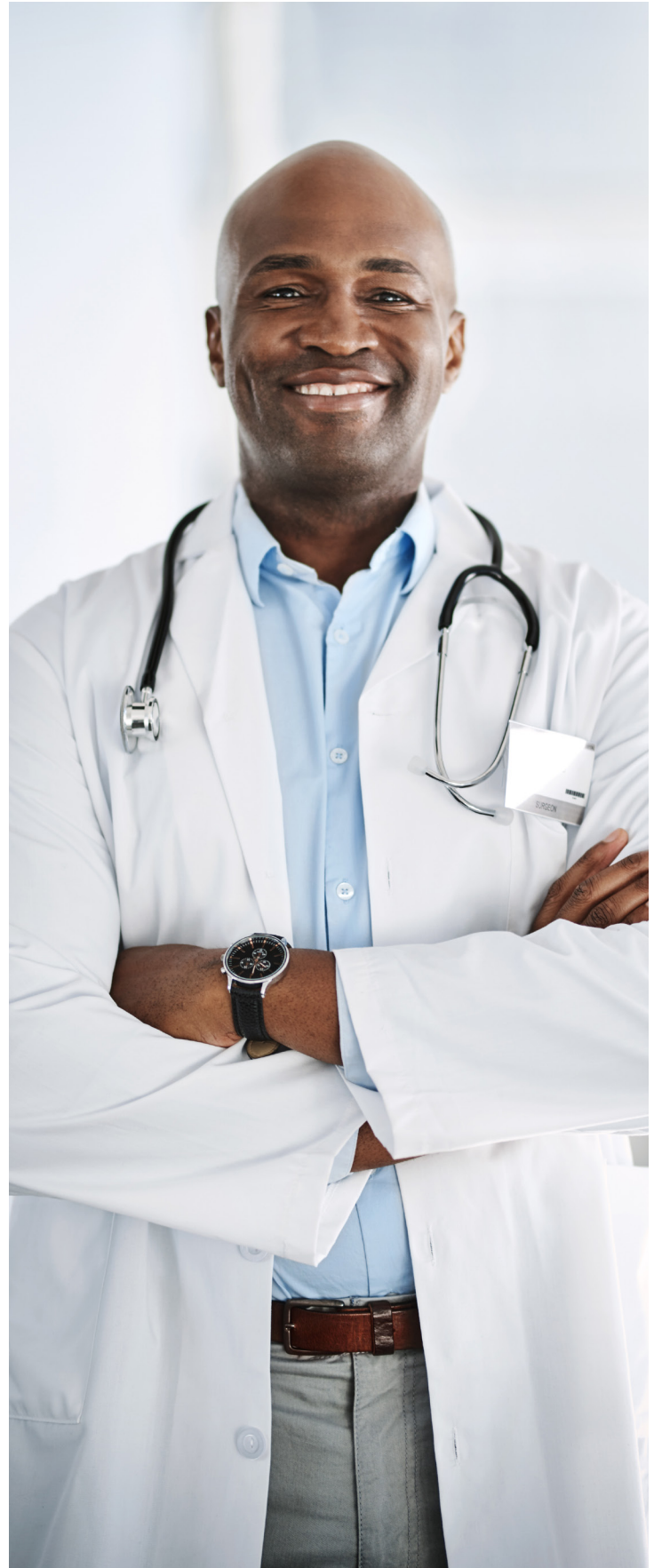
In addition to the MQIC guidelines, Blue Cross Complete maintains internal guidelines regarding the diagnosis and management of the following:

- Abdominoplasty
- Anesthesia services for gastrointestinal endoscopy
- Bariatric surgery
- Chronic obstructive pulmonary disease or COPD
- Orthognathic surgery

These guidelines can be accessed at mbluecrosscomplete.com; go to **Providers**, click **Resources** and scroll down to **Clinical resources**.

More information about the guidelines can be found in Section 3 of **Blue Cross Complete's Provider Manual**. At mbluecrosscomplete.com, click **Providers** and then **Provider Programs**.

If you have any questions, contact your Blue Cross Complete provider account executive or call Provider Inquiry at 1-888-312-5713.



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Utilization management

Blue Cross Complete utilization management contact information

Providers and members can contact Blue Cross Complete about utilization management issues, such as plan notification or authorization requests, using one of the following methods.

- Call utilization management at **1-888-312-5713** (press 1, then 4) from 8 a.m. to 5 p.m. Monday through Friday.
- For urgent or emergent requests outside of the above listed normal business hours, call **1-888-312-5713** (press 1, then 4) but request an urgent review with the reviewer on call.
- For TTY services, call **1-888-765-9586**.

Certified translation services are available to all Blue Cross Complete providers and eligible Blue Cross Complete members whose primary language isn't English or who have limited English proficiency or low literacy proficiency.

Translation and interpretive services are available in more than 200 languages. Call **1-800-228-8554** to:

- Obtain immediate services over the phone.
- Schedule an appointment for services to be delivered. Let our staff know if you need the services over the phone or in person.

For more information, contact your Blue Cross Complete provider account executive or call Provider Inquiry at **1-888-312-5713**.

Availability of criteria for Blue Cross Complete utilization management determinations

Criteria used for utilization management determinations are available upon request to all Blue Cross Complete practitioners, providers and members free of charge.

Members, practitioners and providers are made aware of the availability of review criteria and how to obtain clinical criteria used for a utilization management determination through the provider manual and member handbook and written utilization management determination letters. Upon request, Blue Cross Complete personnel will fax a copy of the criteria used in the review.

To request criteria, contact Blue Cross Complete at **1-800-228-8554**. TTY users should call **1-888-987-5832**.

Providers can request criteria for utilization management decisions

Blue Cross Complete's utilization management department responds to authorization requests in accordance with the following guidelines:

- Decision-making related to authorization requests is based only on the existence of coverage and appropriateness of the care and service.
- Practitioners and other individuals aren't rewarded for issuing denials of coverage.
- Decision-makers for authorization requests don't receive financial incentives for decisions that result in underutilization.

Providers have the right to request the information used to make a decision. This includes benefit guidelines and other criteria. To request this information, providers should call utilization management or write the appeals coordinator at the following address:

Appeals Coordinator
Blue Cross Complete of Michigan
P.O. Box 41789
Charleston, SC 29423

If you have any questions, contact your Blue Cross Complete provider account executive or Blue Cross Complete's Provider Inquiry department at **1-888-312-5713**.



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Healthy Kids Dental covers dental sealants for children ages 5 to 15

The first step in having healthy teeth is preventing tooth decay. Sealants can protect against cavities. A sealant is a thin plastic coating that is placed on the chewing surface of the back teeth. Sealants keep food and bacteria away from the grooves of these teeth and protect the teeth from plaque and acids which can cause cavities. Remind parents that sealants can protect children's back teeth.

According to the American Dental Association, "Pit-and-fissure sealants are one of the most effective — yet underutilized — interventions for preventing caries, especially among children [...] Guidelines from the ADA Council on Scientific Affairs and the American Academy of Pediatric Dentistry confirm the effectiveness of sealants."¹ Dental professionals are well aware that occlusal surfaces on permanent molars can trap food and bacteria, increasing the risk for carious lesions. Effectively penetrating and sealing these surfaces with pit-and-fissure sealants can prevent lesions and should be part of a comprehensive caries management approach. With an effectiveness rate of over 80%, it is perhaps surprising that evidence shows a high percentage of children in the 5 to 9 age range are without sealants.

Dental sealants on permanent molars are a covered benefit of Healthy Kids Dental for children ages 5 to 15. Proven to be safe and effective, pit-and-fissure sealants can be applied quickly by qualified dental assistants as well as dental hygienists. Blue Cross Complete of Michigan encourages dental providers across the state to include pit-and-fissure sealants as part of their caries management approach in treating all children.

Remind members that Healthy Kids Dental is available to all children who have Medicaid up to age 21. We encourage you to discuss the importance of good oral health and regular dental visits with the parents of your Healthy Kids Dental members. Blue Cross Complete's HKD parents can find a dentist by contacting Healthy Kids Dental providers — Blue Cross Blue Shield of Michigan or Delta Dental of Michigan — at the following phone numbers and websites:

- Blue Cross' Healthy Kids Dental 1-800 936 0935 (TTY: 711) bcbsm.com/healthykids*
- Delta Dental 1-866 696 7441 (TTY: 711) deltadentalmi.com/HKD*
- You can also visit HealthyKidsDental.org* for more information.

If you have any questions, contact your Blue Cross Complete provider account executive or Blue Cross Complete's Provider Inquiry department at 1-888-312-5713.

¹Oral Health Topics: Dental Sealants, 2016, October 19. Topic last updated 2019, May 16. Retrieved 2020, October 27 at <https://www.ada.org/en/member-center/oral-health-topics/dental-sealants>.

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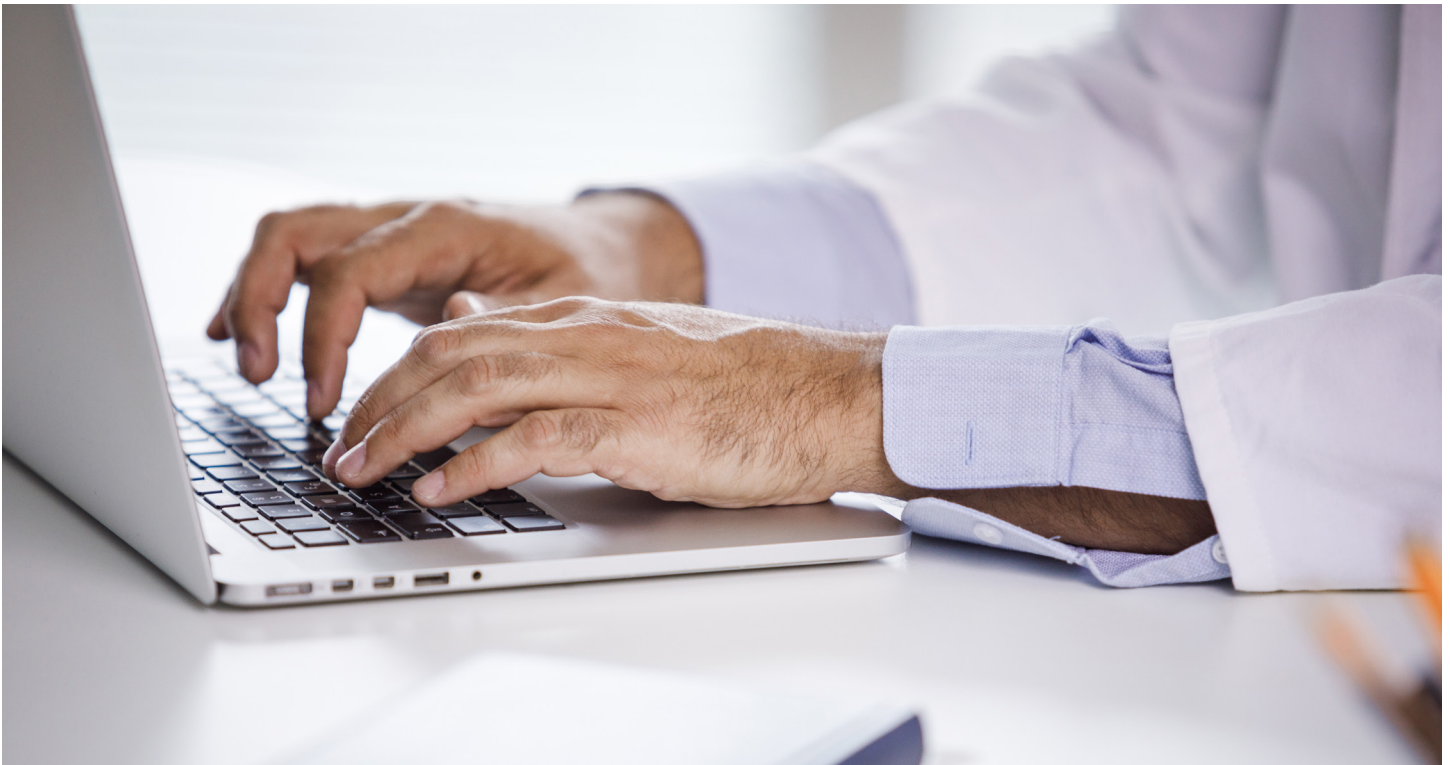
Review criteria used for Blue Cross Complete utilization management determinations

Criteria used for utilization management determinations are available upon request to all Blue Cross Complete practitioners, providers and members free of charge. Members, practitioners and providers are made aware of the availability of review criteria and how to obtain clinical criteria used for a utilization management determination through the provider and member handbooks and written utilization management determination letters.

Upon request, Blue Cross Complete personnel will fax a copy of the criteria used in the review. To request criteria, contact Blue Cross Complete at **1-800-228-8554**. TTY users should call **1-888-987-5832**.



*Our website is [mbluecrosscomplete.com](https://www.mbluecrosscomplete.com). While website addresses for other organizations are provided for reference, Blue Cross Complete does not control these sites and is not responsible for their content.



Help us keep the Blue Cross Complete provider directory up to date

Accurate provider directory information is crucial to help ensure members have access to their health care services. Please confirm the accuracy of your information in our online provider directory, so our members have up-to-date resources. Some of the key items in the directory are:

- Provider name
- Office hours
- Address
- Open status
- Phone number
- Hospital affiliations
- Fax number
- Multiple locations

To view your provider information, visit mibluccrosscomplete.com,* then click the **Find a Doctor** tab. Submit written notice of any changes to Blue Cross Complete, using Blue Cross Complete's Provider Change Form also at mibluccrosscomplete.com. Go to the **Providers** tab, click on **Forms** and then click on **Provider Change Form**.

Send completed forms by:

- Email: bccproviderdata@mibluccrosscomplete.com
- Fax: **1-855-306-9762**
- Mail:
Blue Cross Complete of Michigan
Provider Network Management
Suite 1300
4000 Town Center
Southfield, MI 48075

In addition, you must make these changes with [NaviNet](https://navinet.net).** Call NaviNet at **1-888-482-8057** or email support@navinet.net. If you have any questions, contact your Blue Cross Complete provider account executive.

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**NaviNet is a contracted vendor that provides a payer-provider web portal on behalf of Blue Cross Complete through which member information can be accessed including but not limited to tracking claims status.

Report suspected fraud to Blue Cross Complete

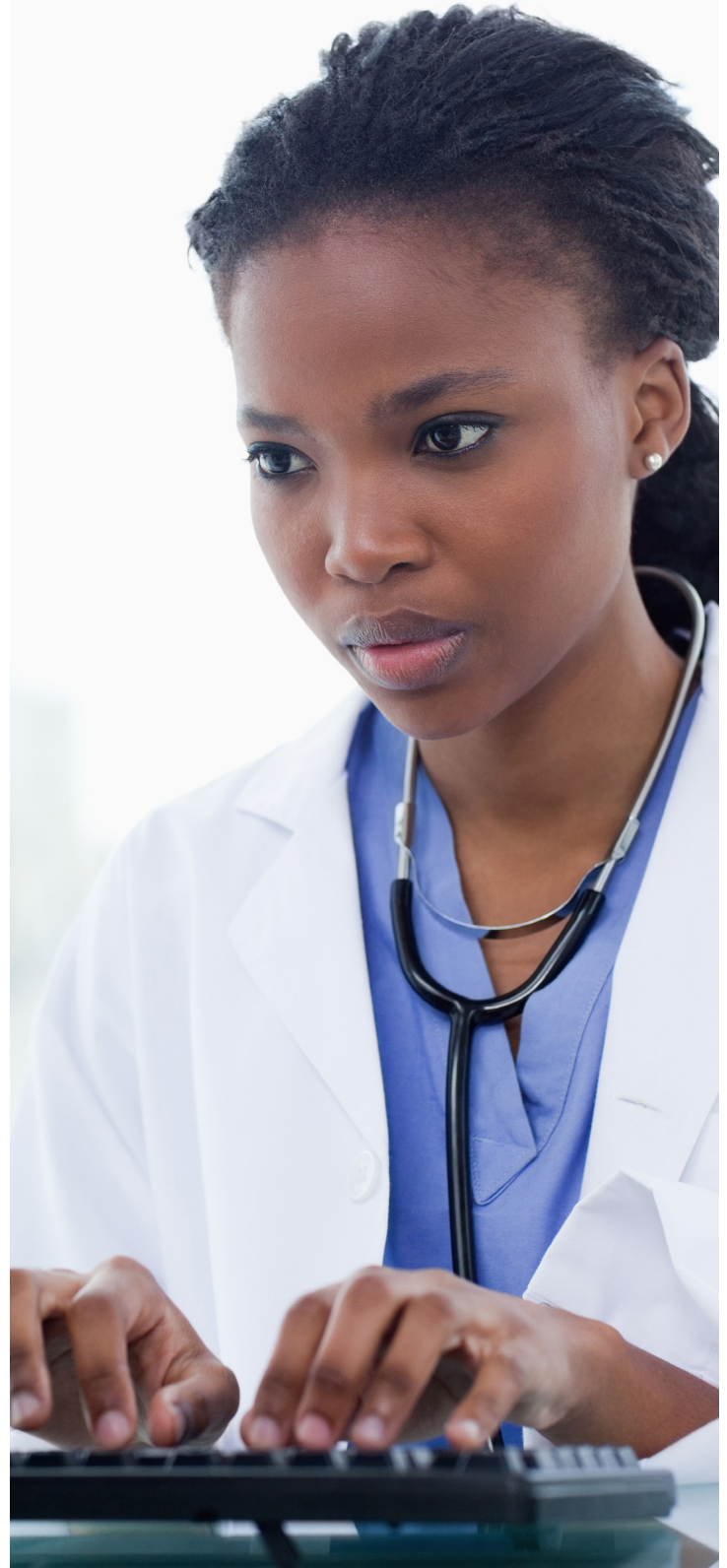
If you suspect another Blue Cross Complete provider, employee or member is committing fraud, notify Blue Cross Complete's Special Investigations Unit:

- Phone: **1-855-232-7640** (TTY 711)
- Fax: **1-215-937-5303**
- Email: fraudtip@mibluecrosscomplete.com
- Mail:
Blue Cross Complete Special Investigations Unit
P.O. Box 018
Essington, PA 19029

Blue Cross Complete's Special Investigations Unit supports local and state authorities in investigating and prosecuting fraud. You can also report suspected fraud related to Blue Cross Complete to the Michigan Department of Health and Human Services by:

- Phone: **1-855-MI-FRAUD (1-855-643-7283)** or Welfare Fraud Hotline at **1-800-222-8558**
- Website: michigan.gov/fraud*
- Mail:
Office of Health Services Inspector General
P.O. Box 30062
Lansing, MI 4890

You can make reports anonymously.



Keep medical records up-to-date for your patients

Providers will maintain accurate and timely medical records for Blue Cross Complete members for at least ten years in accordance with all federal and state laws, ensure the confidentiality of those records and afford access to those records by authorized Blue Cross Complete representatives, peer reviewers and government representatives within 30 business days of the request at no charge.

The medical record must include, at a minimum:

- A. A record of outpatient and emergency care
- B. Specialist referrals
- C. Ancillary care
- D. Diagnostic test findings including all laboratory and radiology
- E. Prescriptions for medications
- F. Inpatient discharge summaries
- G. Histories and physicals
- H. Immunization records
- I. And other documentation sufficient to fully disclose the quantity, quality, appropriateness, and timeliness of services provided

Medical records must be signed, dated and maintained in a detailed, comprehensive manner that conforms to good professional medical practice, permits effective professional medical review and medical audit processes, and facilitates a system for follow-up treatment.

Providers must maintain written policies and procedures to:

- Maintain the confidentiality of all medical records
- Maintain medical records so that records are documented accurately and in a timely manner, are readily accessible and permit prompt and systematic retrieval of information

If you have any questions, contact your Blue Cross Complete provider account executive or Blue Cross Complete Provider Inquiry department at **1-888-312-5713**.



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Blue Cross  
complete
of Michigan

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