

Medicaid Health Plans will not provide coverage for Behavioral Health diagnoses in non-psychiatric hospitals

Effective immediately, the Michigan Department of Health and Human Services has removed the new contract requirements for Medicaid Health Plans that provide coverage for inpatient stays with Behavioral Health diagnoses in non-psychiatric hospitals. This change is retroactive to Oct. 1, 2023.

Inpatient stays with BH diagnoses in non-psychiatric hospitals are not covered by MHPs. If you have questions, please contact your Blue Cross Complete provider account executive or Provider Inquiry at 1-888-312-5713.

Claims filing deadline extended

Blue Cross Complete acknowledges that many providers were unable to submit claims as a result of the service disruption due to the Change Healthcare security incident. Therefore, we are extending the claims timely filing deadline for claims that would have been rejected due to untimely filing.

Under normal circumstances, providers must file a claim with Blue Cross Complete within 365 calendar days from the date of service. We are extending the claims timely filing window for our providers from the start of the incident on Feb. 21, 2024, until the day we informed providers of alternative options to submit claims on March 11, 2024. Thirty days are being added, which will result in a total extension of 50 days.

Accordingly, Blue Cross Complete will reprocess and pay claims with dates of service from Feb. 21, 2024 to April 11, 2024, applying standard claim edits. Only those claims with dates of service that were impacted by the security incident will be reprocessed and paid. Claims with dates of service outside the extension timeframe will be processed per usual protocols.

Please note that in the interim, our Provider Services Department will not be able to assist with processing of your payments or obtaining your 835 files any sooner. If you have questions, please contact your Blue Cross Complete provider account executive or Provider Inquiry at 1-888-312-5713.

Post Appointment Provider Survey Scorecard now available in NaviNet

Blue Cross Complete works in collaboration with providers to help ensure that our members receive comprehensive, quality, and culturally responsive care. One of the tools we use to evaluate the member care experience is our Post Appointment Member Satisfaction Survey.

On March 21, 2024, we announced that providers will now be able to view their member satisfaction ratings through a new Post Appointment Survey Provider Scorecard available in the [NaviNet](#) provider portal. To access this new feature, log in to NaviNet, and navigate to **Clinical Reports Inquiry>Report Selection>Post Appointment Survey Provider Scorecard**.

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

National Imaging Associates renamed Evolent

Evolent (formerly National Imaging Associates, Inc.) has consolidated its various companies (Evolent Care Partners; NIA Magellan; Vital Decisions; Evolent Health Services, Interpublic Group; and New Century Health) under a single brand: Evolent.

This branding change will have negligible impact on providers. However, providers will start to see logos change from NIA to Evolent. Daily operations and services will remain the same.

Prior authorization requests will still be submitted at [Radmd.com](#). Evolent will continue to provide the same radiology review services offered by NIA. Phone numbers to reach Evolent will also remain the same as they were for NIA. For future updates, please go to [RadMD.com](#).

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

*Our website is [mibluccrosscomplete.com](#). While website addresses for other organizations are provided for reference, Blue Cross Complete doesn't control these sites and isn't responsible for their content.