



Complete Update

for Blues Medicaid providers



December 2021

Referring provider claims

As a reminder, claims for referring physicians must be submitted with a valid provider type and unique NPI. The referring provider must be an M.D., D.O., physician assistant, nurse practitioner or certified nurse-midwife. The rendering and referring provider can't have the same NPI. **If any of these data elements are missing or invalid, the claim will be denied.**

For more details on claims submission and processing, see Section 13 of the [Blue Cross Complete Provider Manual](#) at mbluecrosscomplete.com and Section 11 – *Billing Requirements* in the [Michigan Medicaid Provider Manual](#).^{*} If you have any questions, contact your Blue Cross Complete provider account executive or call Provider Inquiry at **1-888-312-5713**.

Mailing address clarification for Optum medical record requests

Blue Cross Complete is contracted with OptumInsight Inc. for payment integrity services, which include the periodic review of claims and related documentation to validate coding practices, payment accuracy, regulatory compliance and adherence to our payment policies, utilization standards, provider contract requirements and medical record reviews for professional claims.

Medical records may be requested by Optum to validate billed services for Blue Cross Complete members. If medical records received don't support the billed service, the claims will remain denied. If medical records support the claims, the claims will be automatically processed for payment without being resubmitted.

Instructions for providing medical records are included in each Optum medical record request letter. Providers are advised to carefully read the instructions page for providing required documentation that accompanies each request.

If mailing medical records through the U.S. Postal Service or other delivery method, providers must use one of the addresses given directly on the medical request letter. Letters sent to any other address, including Blue Cross Complete at the Town Center in Southfield, will be rejected.

If you have any questions or concerns, contact your Blue Cross Complete provider account executive or call the Optum Provider Inquiry Resolution team at **1-866-447-3525**.

We Treat Hep C initiative: All providers able to prescribe hepatitis C medications

The Michigan Department of Health and Human Services recently launched the [We Treat Hep C Initiative](#)^{*} to help eliminate hepatitis C and improve access to hepatitis C treatment among Michigan Medicaid and Healthy Michigan Plan beneficiaries. MDHHS doesn't require prior authorization for Mavyret[®] (glecaprevir/pibrentasvir) when prescribed in accordance with Food and Drug Administration-approved labeling. **Hepatitis C medications no longer need to be prescribed by or in consultation with a hepatologist, gastroenterologist or infectious disease specialist.** All providers with prescriptive authority can prescribe this treatment to patients with a hep C diagnosis.

While most cases of hepatitis C virus can be treated by primary care providers, some patients may need to have their treatment managed by a specialist, such as those who also have hepatitis B or HIV coinfection, those who previously failed hepatitis C virus treatment, those with liver cancer or those who had a liver transplant. You can help eliminate hepatitis C as a health threat in Michigan by:

- Screening all adults for the hepatitis C virus infection at least once in their lifetime¹
- Evaluating those with confirmed hepatitis C infection for treatment
- Prescribing curative therapies for any patient infected with hepatitis C

Resources for providers

- Hepatitis C screening and testing recommendations: cdc.gov^{*}
- Recommended Testing Sequence for Identifying Current Hepatitis C Virus (HCV) Infection: cdc.gov^{*}
- We Treat Hep C: michigan.gov/mdhhs^{*}
- Webinar: December 16, 2021 - [Pregnancy & Newborns Impact of Infectious Disease](#)^{*}

¹ The Centers for Disease Control and Prevention defines a hepatitis C virus screen to mean a blood draw to detect antibodies to hepatitis C virus, which are indicative of hepatitis C virus exposure. For people who are reactive for hepatitis C virus antibody, a subsequent test can be run (often from the same specimen) to detect hepatitis C virus ribonucleic acid in the blood to confirm presence of hepatitis C virus infection. See the CDC's recommended testing sequence flow for identifying current hepatitis C virus infection at cdc.gov.^{*}

^{*}Our website is 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.