



Policy and Procedure Changes

October 1, 2024 – present

Below are the changes to your benefits and services since October 2024. You can find the most current version of the Member Handbook and Certificate of Coverage at **mibluccrosscomplete.com**. Members can also find updates to their benefits and coverage in the *My Blue Health* member newsletter.

Food Services

Michigan Medicaid and Blue Cross Complete are offering food services to improve your health. You may qualify for one of these services at no cost to you:

- Medically Tailored Home Delivered Meal
- Healthy Home Delivered Meal
- Healthy Food Pack

Caregivers, families, providers, community organizations, and community health workers can refer a member to the program. Members can also self-refer. A member's eligibility will be determined by a clinical care manager.

It's up to you whether you use a food service if you qualify. Your Medicaid coverage and access to other medical services will stay the same if you use a food service or choose not to.

You can file a grievance or appeal about the food service, for example, if you are not approved for a food service. Information on how to file a grievance or appeal can be found in the *Grievance and Appeals* section of your member handbook.

For more information about specific food services, see the *Food Services* section of your Member Handbook.

Pharmacy Customer Service

Blue Cross Complete's Pharmacy Customer Service can be reached at **1-888-288-3231**, 24 hours a day, seven days a week. TTY users, call **1-888-988-0071**.

CenteringPregnancy

CenteringPregnancy® is a group prenatal care program for pregnant people and support partners. You'll attend in-person group sessions with other pregnant people with similar due dates. You'll learn about childbirth, nutrition, breastfeeding, parenting, contraception and more. Group sessions are 90 to 120 minutes long.

You can attend up to 12 sessions per pregnancy. The sessions don't replace prenatal physical visits. One of the sessions may be provided with the postpartum visit.



Transportation during and after pregnancy

If you're pregnant or postpartum and part of the Maternal Infant Health Program or another approved home-visiting program, you have access to expanded transportation services. You can get transportation to pregnancy-related appointments or to visit your baby if they're in the hospital.

Pregnancy-related appointments include childbirth and parenting classes, dental appointments, mental health or substance use disorder treatment and Women, Infants and Children program services.

Doula visits

Pregnant members are covered for doula services from Medicaid-enrolled doulas. Members can receive up to 12 total visits during the pregnancy and postpartum periods, and one visit for birth.

Updates to Nondiscrimination and Language Services Notice

Blue Cross Complete complies with applicable federal civil rights laws. It doesn't discriminate in health programs or activities. If you believe you've experienced discrimination, you can file a grievance with the Blue Cross Complete civil rights coordinator. You can now file a grievance by emailing grievance@mibluccrosscomplete.com. Find the nondiscrimination notice online or at the back of your Member Handbook.

Updates to the Certificate of Coverage

- **Continuity of care:** Members new to Blue Cross Complete can also receive continuity of care. If they are in active care with a nonparticipating provider, members may continue treatment for up to 90 days. Pregnant members can stay with their doctor through the pregnancy and postpartum periods.
- **Grievances and appeals:** There is a time limit on filing an appeal. You must file within 60 calendar days of the problem or denial.
- **Claims:** Members can call Customer Service for assistance submitting a claim.
- **Coverage of services:** Coverage of medical services is based on benefits available under the Medicaid Health Plan contract with the Michigan Department of Health and Human Services. Services must be provided within the plan program requirements and be medically necessary.
- **Physical, occupational and speech services:** After the first 36 visits, prior authorization may be required.
- **Durable medical equipment, prosthetics and orthotics:** Blue Cross Complete reserves the right to require use of the least costly medically effective durable medical equipment and prosthetic or orthotic devices. Some products may require prior authorization.



- **Chronic mental health conditions:** Treatment for chronic mental health conditions is provided through the Prepaid Inpatient Health Plan available in the member's county of residence.
- **Substance use disorder services:** Substance use disorder services provided in a substance use provider office aren't covered. However, they are covered if provided in a provider office. Substance abuse services are available to members through their local substance abuse agencies. If you need assistance, contact Customer Service.
- **Prescriptions that aren't covered:** Drugs used for anorexia or weight loss that aren't on the Michigan Pharmaceutical Product List aren't covered. Drugs used for certain mental health conditions are covered by the state of Michigan, not Blue Cross Complete.

Support for mental health conditions, substance use disorder

Blue Cross Complete contracts with the Michigan Department of Health and Human Services to provide specialty services and supports for mental health conditions, substance use disorder and intellectual or developmental disabilities.

Blue Cross Complete covers short-term treatment for mental or emotional needs. This applies to members with mild to moderate mental health needs, or whose severity hasn't been diagnosed yet. Members under age 21 can have up to 12 sessions of preventive mental health services without prior authorization, even if they don't have a mental health diagnosis.

Treatment for long term, severe mental conditions, or severe emotional disturbances for children, as well as inpatient and intensive outpatient treatment, must be arranged through the local Community Mental Health Services Program (CMHSP) agency. A severe emotional disturbance refers to a condition that limits a child's ability to function in family, school or community activities.

Telehealth Services

Telehealth can be used for mild to moderate mental health care.

Early Periodic Screening, Diagnosis and Treatment (EPSDT)

EPSDT can provide coverage for medically necessary services even if these are not normally covered by Medicaid.

Transportation Services: Non-Emergency

We provide transportation free of charge for doctor's visits, lab visits, non-emergency hospital services, prescription pick-up, dental services, and other Medicaid covered services, whether those services are provided by your Medicaid health plan or through MDHHS directly. This also includes ongoing services, such as chemotherapy, physical therapy or speech therapy.

If you're receiving services through the local Community Mental Health Services Program (CMHSP) agency, there may be some transportation services that you will continue to receive through the local CMHSP agency. That includes:



- Out-of-home non-vocational habilitation services
- Skill building services
- Prevocational services
- Community living support services
- Clubhouse psychosocial rehabilitation program

Contact your local CMHSP agency for questions about this benefit.

Recuperative care

As of January 1, 2025, members can access recuperative care services through Blue Cross Complete. Recuperative care is a short-term transitional program. It's for members who are experiencing homelessness and recovering after an inpatient hospital stay. Members receive room and board, case management and other recovery and support services. Prior authorization is required. Room and board services must be approved by the Michigan Department of Health and Human Services to be covered. Case management services must be approved by Blue Cross Complete to be covered.

Chiropractic services

Visit limits for chiropractic services have been removed. Medically necessary chiropractic services must be provided by an in-network provider. For members under age 18, prior authorization is required.

Healthy behaviors

You may be eligible to participate in a healthy behavior incentive program. To get more information, call Customer Service.

Annual COVID-19 and flu vaccines

COVID-19 and flu vaccines are available at no cost. They can help lessen the severity of your illness or prevent you from getting sick. You can get both vaccines at the same time.

Diabetes Prevention Program

The Diabetes Prevention Program is a program from the Michigan Department of Health and Human Services. Members who are at risk of developing diabetes can join the program online or in person at no cost.

Trained lifestyle coaches will teach you how to eat a balanced diet, add exercise into your daily routine, deal with stress and challenges, and stay on track with your plan.

To qualify, you must:

- Be at least 18 years old
- Be overweight or obese
- Have never been diagnosed with Type 1 or Type 2 diabetes



- Not be pregnant
- Have a recent blood test showing prediabetes, have a history of gestational diabetes or score high on a prediabetes risk test from the CDC

Changes to Healthy Michigan Plan

Healthy Michigan Plan members no longer need to complete an annual Health Risk Assessment. This was a form you'd fill out with your doctor or a Blue Cross Complete representative to identify your health needs. After filling out the form, you would work together to choose a healthy behavior to commit to.

Although the form is no longer required, seeing your doctor and committing to a behavior, like quitting smoking or staying up to date on vaccinations, are still key to getting and staying healthy. Setting health goals is an important thing to do for yourself. Your doctor can help.

Cost sharing and copayments

A copayment (sometimes called "co-pay") is a set dollar amount you are required to pay as your share of the cost for a medical service or supply. Blue Cross Complete does not require you to pay a copayment or other costs for covered services under the Medicaid or Healthy Michigan Plan program.

You must go to a doctor in Blue Cross Complete's Medicaid network, unless otherwise approved. If you go to a doctor that is not in Blue Cross Complete's Medicaid network and did not get approval to do so, you may have to pay for those services. You should not receive a bill from your doctor for covered services within the plan's network.

Children's Special Health Care Services

In October 2023, eligibility for the Children's Special Health Care Services program expanded to include members up to age 26. Previously, members would age out at 21. Members with sickle cell, hemophilia or cystic fibrosis are eligible regardless of age.

Grievances and Appeals

If you file an appeal, Blue Cross Complete will send our decision in writing to you within 30 calendar days of the date we received your appeal request, or within 10 calendar days if you are receiving CSHCS benefits. Blue Cross Complete may request an extension up to 14 business days in order to get more information before we make a decision, if there is a need for additional information and the delay would be in your best interest.

Decision Notice has been changed to *Notice of Internal Appeal Decision*

If you asked for services to continue in your health plan appeal and want to continue your services during the State Fair Hearing process, you must ask for a State Fair Hearing within 10 calendar days of the date on the Decision Notice. If you don't win this hearing, you may be responsible for paying for the services provided to you during the hearing process.

External Review of Appeals

Send your request to:



Department of Insurance and Financial Services

Healthcare Appeals Section Office of General Counsel

P. O. Box 30220

Lansing, MI 48909-7720

Or call: **1-877-999-6442**

Fax: **1-517-284-8838**

Online: **<https://difs.state.mi.us/complaints/externalreview.aspx>**