







2025 Blue Dot Changes to the Blue Cross Complete *Provider Manual*

Recent changes in the *Provider Manual* are indicated by this blue dot: 

Change Description

-  The following updates were made to the Blue Cross Complete *Provider Manual* (January 2025)
 - Section 14 - Provider Appeals/Dispute-(p.106) added clarifying language on claims disputes process and requirements
 - Section 14 - Provider Appeals/Disputes - (p.106): updated Blue Cross Complete's Claims Disputes address
-  The following updates were made to the Blue Cross Complete *Provider Manual* (February 2025)
 - Section 2 - System of Managed Care - (p.10): MyMichigan Medical Center Saginaw, formerly Ascension St. Mary's of Michigan
-  The following updates were made to the Blue Cross Complete *Provider Manual* (March 2025)
 - Section 13 - Claims - (p.88): Added electronic claims filing option: Optum/Change Healthcare
-  The following updates were made to the Blue Cross Complete *Provider Manual* (April 2025)
 - Section 8 - Member Benefits - (p.55): Added recuperative care benefit information
-  The following updates were made to the Blue Cross Complete *Provider Manual* (June 2025)
 - Section 2 - System of Managed Care - (p.9): Added member transportation information
 - Section 6 -Culturally Responsive Health care - (p.39): Updated section title to Culturally Responsive Health care
 - Section 6 -Culturally Responsive Health care - (p.39) added bullet point: Cultural Humility:
 - Section 7 - Member Eligibility - (p.44-45): Added images of new member card
 - Section 8 - Member Benefit - (p.51): Added diabetes monitoring supplies section
 - Section 8 - Member Benefit - (p.52): Updated to reflect changes with MiHealth Account program being discontinued in 2024
 - Section 11 - Managing Care - (p.78): Added recuperative care section
 - Section 13 - Claims - (p.86): Removed reference to Embeon WebConnect
 - Section 13 - Claims - (p.89): Providers may submit electronic claims via Optum/Change Healthcare or Availity clearinghouses
 - Section 15 - Payment Systems - (p.105): Blue Cross Complete uses ECHO Health Inc. for Electronic Funds Transfer
 - Section 15 - Payment Systems - (p.109): Added Availity payor IDs
-  The following updates were made to the Blue Cross Complete *Provider Manual* (August 2025)
 - Section 10 - Managing Utilitization - (p.66): Utilization Management may extend determination time frames up to 14 calendar days from the date of request, if certain criteria are met.

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The following updates were made to the Blue Cross Complete *Provider Manual* (August 2025) -continued

- **Section 10 - Managing Utilitization - (p.67):** Utilization Management may extend determination time frames up to 14 calendar days from the date of request, if certain criteria are met.
- **Section 12 - Pharmacy Services - (p.81):** Removed Magellan throughout section, replaced with Prime Therapeutics details
- **Section 8 - Member Benefits - (p.53):** Blue Cross Complete members have no medical copayments and no pharmacy copayments, no deductible or coinsurance and no annual plan dollar maximums.