



Complete Update

for Blues Medicaid providers



December 2018

Receive payments through electronic funds transfer

Electronic funds transfer is Blue Cross Complete's recommended choice of payment.

Change Healthcare is Blue Cross Complete's EFT vendor. To enroll, complete the Change Healthcare [ePayment Enrollment Authorization Form](#).

Select Blue Cross Complete of Michigan (payer ID: 32002) as your receiver. If you're already receiving payments through Change Healthcare from another health insurance carrier, complete the Change Healthcare [ePayment EFT Payer Add/Change/Delete Authorization Form](#).

Change Healthcare will verify your banking information by depositing a small amount in your checking account. Your EFT enrollment won't be complete until you confirm receipt of the deposit.

If you have questions, contact your Blue Cross Complete provider account executive.

State provides effective dates for CHAMPS enrollment

The Michigan Department of Health and Human Services will prohibit Medicaid health and dental plans from making payments for dates of service on and after Jan. 1, 2019, to all typical rendering, referring, ordering, operating, billing, supervising and attending providers who aren't enrolled in the Community Health Automated Medicaid Processing System.

Additionally, effective for dates of service on and after July 1, 2019, MDHHS fee-for-service and Medicaid health plans will prohibit payment for prescription drug claims written by any prescribers who aren't enrolled in CHAMPS.

Out-of-network and out-of-state providers will be exempt from the enrollment requirement. In addition, integrated care organizations are exempt from applying the enrollment requirement to *MI Health Link* claims.

The January 1 enrollment requirement won't apply to providers who work only with Prepaid Inpatient Health Plans or MI Choice Waiver agencies. According to MDHHS, these dates are final.

For more information, visit the CHAMPS section of Michigan.gov/mdhhs*

Health risk assessment reminder for Healthy Michigan members

Blue Cross Complete would like to remind providers that members must schedule an appointment with their assigned primary care physician within 60 days of enrollment. Primary care physicians must complete the initial appointment within 150 days of the date that the member's coverage starts.

Primary care physicians are encouraged to help members schedule an appointment. Blue Cross Complete will help coordinate appointment scheduling and transportation on behalf of its members. Providers should identify Healthy Michigan members prior to the date of service in [NaviNet](#)*, in the *Eligibility and Benefits Details* section.

Although the HRA form can be completed by a member of the clinical team, the primary care physician must sign it. A claim must be submitted with CPT code 96160** with modifier 25 to indicate that a health risk assessment was completed. Blue Cross Complete will pay a \$15 incentive upon receipt of the claim.

If you have questions about the status of an HRA, call Blue Cross Complete Provider Inquiry at 1-888-312-5713.

Navigate the network using the Provider Manual

The Blue Cross Complete Provider Manual helps providers navigate our comprehensive network of administrative and covered services. The Provider Manual offers a detailed explanation of services that includes but isn't limited to:

- Member eligibility and benefits
- Clinical practice and preventive care
- Pharmacy services
- Claims submission
- Clinical reviews

Changes to the provider manual are marked with a blue dot and are explained in the list of Blue Dot Changes document located at mibluccrosscomplete.com. Providers should watch for manual revisions by routinely visiting the Blue Cross Complete website.

If you have any questions, contact Blue Cross Complete Provider Inquiry at 1-888-312-5713.

* Blue Cross Complete does not control these sites and is not responsible for their content.

** CPT is a registered trademark of the American Medical Association.