


2019 Blue Dot Changes to the *Blue Cross Complete Provider Manual* and related documents

The most recent changes are shown with a Blue Dot.

Change Description

-  The following updates have been made to the *Blue Cross Complete Provider Manual* (**February 2019**):
 - Disclaimer page after Table of Contents** (p. iv): The following line was removed from the third paragraph: Blue Cross, Blue Care Network and Blue Cross Complete maintain bcbsm.com, MiBlueCrossComplete.com and theunadvertisedbrand.com.
 - Disclaimer page after Table of Contents** (p. iv): Also in the third paragraph, “The Blues” was changed to “Blue Cross Complete” in the line stating: “Blue Cross Complete does not control any other websites referenced in this publication or endorse their general content.”
 - Disclaimer page after Table of Contents** (p. iv): The copyright year was updated from 2016 to 2019.
 - Section 1 - Introduction** (p. 1): In the third paragraph, “Effective April 1, 2014” was removed after “Note:”.
 - Section 1 - Introduction** (p. 1): In the third paragraph, “michigan.gov/healthymichiganplan> Healthy Michigan Plan Frequently Asked Questions. Click Eligibility” was changed to “michigan.gov/healthymiplan”.
 - Section 2 - System of Managed Care** (p. 7): Under subheading “Mental health services are provided through the network”, “DCH-3927” was changed to “MDHHS-5515”.
 - Section 2 - System of Managed Care** (p. 10): Under subheading “Primary care physician arranges for care from other providers “, “(for members under 21 with standard Blue Cross Complete and for Healthy Michigan Plan members 21 and over)” was removed after “Referring for hearing aids”.
 - Section 2 - System of Managed Care** (p. 12): “Provider Directory Accuracy form” information added.
 - Section 2 - System of Managed Care** (p. 15): Under subheading “Processes for appeals or complaints “, “Provider appeals” replaced “claims processing” in the following sentence: “For information on appealing provider appeals, see the “Blue Cross Complete Provider appeals” section of this manual.”
 - Section 3 - Clinical Practice and Preventive Care Guidelines** (p. 18): Under subheading “Encouraging adherence to the guidelines”, added: “Case Management/Care Coordination”.
 - Section 4 - Managing the Quality of Care** (p. 20): Under subheading “Member satisfaction is the goal”, the phrase “medical director officer review” was changed to “medical officer review”.
 - Section 4 - Managing the Quality of Care** (p. 20): Under subheading “Providers notify Blue Cross Complete about quality concerns “, address changed to: Blue Cross Complete, Quality Management, P.O. Box 7355, London, KY 40742.