



Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

What you need to know about doing business with us

For Blue Cross commercial, Medicare Plus BlueSM, Blue Care Network commercial and BCN AdvantageSM

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Welcome

This document presents a summary of key information our participating providers need to know about doing business with Blue Cross Blue Shield of Michigan and Blue Care Network. Please share this when new employees join your office or facility.

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Provider newsletters

Blue Cross Blue Shield of Michigan and Blue Care Network offer several provider newsletters to help you stay informed about our policies and programs, as well as billing and coding information, documentation guidelines, group coverage and products, referral and authorization requirements, and training and webinar information.

You can subscribe to receive the latest news by email as well as view current and past newsletters at bcbsm.com/providers/newsletters.

Tip: If you miss an issue of any of our newsletters:

- Check your Junk or Spam email folder
- Mark our email as “Not Spam”
- Add us to your Safe Senders List

The Record

A monthly newsletter focusing on Blue Cross commercial and Medicare Plus BlueSM health plans. Primary audience: Blue Cross participating health care providers, office managers and billers.

BCN Provider News

A bi-monthly newsletter focusing on Blue Care Network commercial and BCN AdvantageSM health plans. Primary audience: BCN-contracted health care providers, office managers, referral coordinators and billers.

Provider Alerts Weekly

A weekly email with a list of links to the previous week’s provider alerts from Blue Cross and Blue Care Network.

Blues Brief

Features short summaries and updates that have previously been published in either *The Record* or *BCN Provider News*. Primary audience: Participating Blue Cross and BCN health care providers, office managers and billers.

Hospital and Physician Update

A bi-monthly newsletter that covers all Blue Cross Blue Shield of Michigan and Blue Care Network health plans. Primary audience: Participating Blue Cross and BCN physicians and hospital executives.

Value Partnerships Update

Features updates about the Physician Group Incentive Program, Patient-Centered Medical Home and Collaborative Quality Initiatives. Primary audience: Physician organizations and participants of Blue Cross' Value Partnerships programs and projects.

Websites

Provider Prior Authorizations

Our Provider Prior Authorizations website (authorizations.bcbsm.com) helps you manage Blue Cross and BCN members' care with documents related to referral, plan notification and prior authorization requirements, along with forms and other information on utilization management programs.

Blue Cross Blue Shield of Michigan

Our public website (bcbsm.com/providers) has a wealth of information. For example, you can find provider enrollment and change forms under *Enrollment*, medical policies, guides for new providers and pharmacy information under *Resources*, a Contact Us section under *Help*, and all of our provider newsletters under *Newsletters*.

Provider Training

Blue Cross and Blue Care Network offer many training resources for health care providers and staff, including on-demand courses, webinars and mini modules.

To access the provider training website, see [Learn how to access provider training](#). You can also directly access the [training website](#) if you don't have a provider portal account.

For more information about registration or using the provider training website, contact the provider training team at ProviderTraining@bcbsm.com.

Our provider portal (Availity Essentials™)

Availity Essentials™ is Blue Cross Blue Shield of Michigan and Blue Care Network's provider portal. Through the site, you can:

- Check member eligibility and benefits
- Check claim status
- View remittance advice and vouchers

- Determine if a prior authorization or referral is required and link to the appropriate application to submit the request
- Submit clinical editing appeals, including scanning and uploading related documents
- Access Blue Cross and BCN resources and applications, including provider alerts, provider manuals, billing information and instructions, and utilization management and referral information

Links to popular applications

Our provider portal includes links to many applications regularly used by providers, provider office employees and billers. For added convenience, the portal enables users to create a My Favorites list of frequently accessed applications.

Examples of popularly accessed applications include the following:

Application name	Features
e-referral	Electronically submit, extend, and check the status of referrals and authorizations for many services.
Benefit Explainer	View and print benefit information, member cost sharing, and general (not group specific) medical and payment policy rules for a specific time frame.
Blue Cross Behavioral Health	Request behavioral health prior authorization or check the status an existing prior authorization.
Provider Enrollment and Change Self-Service	<p>For professional groups and allied providers:</p> <ul style="list-style-type: none"> • Add or remove practice locations and network participation • Change primary, remit, mailing address or tax ID • Maintain office hours, location services and location contact information • Terminate groups and allied providers <p>For practitioners in professional group:</p> <ul style="list-style-type: none"> • Enroll or remove practitioners with a group • Move practitioners between groups • Maintain practice locations within a group • Maintain BCN PCP status with a group • Move members when BCN PCP disaffiliates • Maintain BCN Managed Care Group affiliations with your group
BCN Capitation and Zero-Dollar Voucher Lookup	View BCN capitation and zero-dollar vouchers.

Application name	Features
Carelon Provider Portal	Request prior authorizations for services, including diagnostic imaging, sleep management, radiation therapy, high-tech radiology, echo cardiology, in-lab sleep study and chemotherapy.
Clear Claim Connection	Simulate electronic submission of professional and outpatient facility claims for Blue Cross commercial members to evaluate code combinations for medical, surgical, laboratory and radiology services.
Medical and Pharmacy Benefit Drug Prior Auth	Initiate prior authorization for medical and pharmacy benefit drugs.
RC Claim Assist medical drug coding tool	Determine what CPT codes to use to avoid claim submission issues for medical drugs.
Health e-Blue	Complete qualification forms (BCN only), view patient information regarding gaps in care, and update patient health information online.

How to access our provider portal

Each Availity Essentials user must have their own secure user ID and password that will enable them to work with Blue Cross, BCN and other participating payers in Michigan and to view information for those members. Your Availity Essentials administrator (typically an office manager) can give you access to tools, including Blue Cross- and BCN-specific tools. They can find the information they need in the [Availity Essentials administrator guide](#), or in the following documents:

- [Set up and maintain the e-referral tool within Availity Essentials](#)
- [Set up and maintain Health e-Blue tools within Availity Essentials](#)
- [Set up and maintain the Clarify Health tool within Availity Essentials](#)
- [Grant access to Provider Enrollment and Change Self-Service](#)
- [Update and attest to facility and organizational provider information in the Provider Data Management tool within Availity Essentials](#)

For assistance registering or working with our provider portal, call 1-800-AVAILITY (282-4548).

For enrollment inquiries or issues, call 1-800-822-2761.

Provider manuals

You can learn about Blue Cross and BCN programs, policies and procedures through our online provider manuals. To access a provider manual through our provider portal:

1. Log in to our provider portal (availability.com).*
2. Click *Payer Spaces* on the menu bar and then click the BCBSM and BCN logo.
3. Click the *Resources* tab.
4. Click *Provider manuals*.

Provider alerts

To find provider alerts:

1. Log in to our provider portal (availability.com).*
2. Click *Payer Spaces* on the menu bar and then click the BCBSM and BCN logo.
3. Click the *Resources* tab.
4. Click *Secure Provider Resources (Blue Cross and BCN)*.
5. Click *Read Alerts*.

You can also subscribe to *Provider Alerts Weekly* to receive an email each week with links to the latest provider alerts. Go to bcbsm.com/providers/newsletters and click on *Subscribe Now*.

Note: You can also access and subscribe to additional provider publications at bcbsm.com/providers/newsletters.

Additional tools and resources

Provider resource guide at a glance

The [Provider resource guide at a glance](#) document is a handy reference that helps you quickly find the information you need. It is located on authorizations.bcbsm.com. Click on *Provider resource guide at a glance* under the Frequently Accessed Documents menu at the bottom of the webpage.

Affirmation statement about incentives

Utilization management decisions are based only on appropriateness of care and service, and existence of coverage.

See the complete affirmation statement in the “Participation” chapter of the *Blue Cross Commercial Provider Manual* or the “Utilization Management” chapter of the *BCN Provider Manual*.

Criteria used for utilization management decisions

To access the criteria used to make a determination on a specific prior authorization request, providers should do one of these:

- Visit the [Utilization Management Criteria page](#) on authorizations.bcbsm.com.
- Visit the [Medical Policy Router Search](#) on bcbsm.com/providers and:
 1. In the Policy Topic/Keyword field, type the service or procedure.
 2. Click the search icon.
 3. In the results, click to open the pertinent policy.

This applies to determinations on prior authorization requests for non-behavioral health services that were made by Blue Cross or BCN and not by our contracted vendors.

Criteria used for level of care utilization management decisions

For hospitals and facilities, Blue Cross Blue Shield of Michigan uses InterQual criteria to assess medical necessity and the appropriate level of care. Criteria encompasses acute care (adult and pediatric), rehabilitation (adult and pediatric), long-term acute care, skilled nursing facility and home health care.

Blue Cross modifications of the InterQual criteria (local rules) can be accessed online by following these steps:

1. Log in to our provider portal (availability.com).*
2. Click *Payer Spaces* on the menu bar and then click the BCBSM and BCN logo.
3. Click the *Resources* tab.
4. Click *Secure Provider Resources (Blue Cross and BCN)*.
6. Select *Codes and Criteria* from the Billing and Claims dropdown menu.

If you have questions about InterQual, send an email to InterQualSupport@ChangeHealthcare.com. Provide your name and address, and reference that the question pertains to InterQual.

Behavioral Health criteria can be found in the in the *Behavioral Health Services* section on the [Services That Need Prior Authorization](#) page on bcbsm.com.

How to contact a medical director

Plan medical directors are available to discuss prior authorization requests that have been denied by Blue Cross or BCN Utilization Management. The purpose of the peer-to-peer review is to exchange information about the clinical nuances of the member's medical condition and the medical necessity of the services.

Providers must submit the request for a peer-to-peer review before submitting an appeal.

To discuss a specific request, providers should follow the instructions outlined in the document [How to request a peer-to-peer review with a Blue Cross or BCN medical director](#). The document is available on our authorizations.bcbsm.com website.

Medical policies

You can access Blue Cross Blue Shield of Michigan and Blue Care Network medical policies on the [Resources for Providers](#) page on bcbsm.com.

Member rights and responsibilities

Blue Cross and BCN outline the rights and responsibilities of our members, including how members can file a complaint or grievance. See the [Rights and Responsibilities page](#) on bcbsm.com. You can also find information in the "Participation" and "Appeals and Problem Resolution" chapters of the *Blue Cross Commercial Provider Manual* or the "Member Rights and Responsibilities" chapter of the *BCN Provider Manual*.

Comprehensive care management

To learn more about Blue Cross and BCN comprehensive care management, refer to the following:

- "Health, Well-Being and Coordinated Care" chapter of the *Blue Cross Commercial Provider Manual* and the *BCN Provider Manual*
- [Care management and utilization management programs – Overview for providers](#) document located on the home page of authorizations.bcbsm.com

- *Blue Cross and BCN: Blue Cross Coordinated Care Fact Sheet* at bcbsm.com/providers/help/coordinated-care

Pharmacy management

It's important to familiarize yourself with our drug lists and with our pharmacy management programs that involve prior authorization, step therapy, quantity limits, use of generics and specialty pharmacy. You also need to know how to request an exception and what information is needed to support your request.

We recommend that you visit the [Pharmacy Services](#) section of **bcbsm.com** at least quarterly to access our drug lists and view updates. There you can select [How do I request a prescription drug prior authorization](#) to access links for pharmacy benefit drugs and medical benefit drugs. The page contains links to the drug lists, prior authorization and step therapy requirements, quantity limit lists, and alternatives for nonpreferred brand and nonformulary drugs. To find some of these documents, scroll down to *Related forms and documents* and click on [View All Documents](#). Then, scroll down to the *Pharmacy services* section.

Information on specialty drugs is available by going to bcbsm.com/providers, clicking *Help*, scrolling down to *Pharmacy Services* and selecting *What do I need to know about specialty drugs?*

You can also call the Pharmacy Clinical Help Desk at 1-800-437-3803.

Note: Generic drug substitutions may be required for some members. If both the generic and brand name are listed on our drug list, we encourage members to receive the generic equivalent when available. Depending on their plans, some members may have to pay the difference between the brand name and generic drug along with the applicable copay.

More information is available in our provider manuals:

- For the *Blue Cross Commercial Provider Manual*, pharmacy information is available in many of the services chapters, as well as the “Blue Pages Directory” and “Utilization Management” chapters.
- For the *BCN Provider Manual*, see the “Pharmacy” chapter.

Translation services

If Blue Cross or BCN members need translation help, they can call the Customer Service number on the back of their ID card. TDD/TTY users should call 711.

Utilization management contact information

For complete information, refer to the appropriate provider manual:

- *Blue Cross Commercial Provider Manual* – “Appeals and Problem Resolution” chapter
- *BCN Provider Manual* – “Utilization Management” chapter
- *Medicare Plus BlueSM PPO Provider Manual* – “Utilization Management” chapter
- *Blue Cross Complete Provider Manual* – “Managing Utilization” chapter

Access and availability guidelines

Blue Cross Blue Shield of Michigan has established standards for access to primary care, behavioral health care and specialty care appointments, as well as after-hours care. Providers are required to comply with these standards.

You can find details about these standards in the “PPO Policies” chapter of the *Blue Cross Commercial Provider Manual*, and the “Access to Care” chapter of the *BCN Provider Manual*.

Coordination of care and exchange of information

We encourage all health care providers to continue to enhance the coordination of care and bidirectional information exchange across the continuum of care among specialists, behavioral health providers and primary care providers to improve member satisfaction and quality of care.

More information is available in our provider manuals:

- For the *Blue Cross Commercial Provider Manual*, see the “Quality of Care,” “Psychiatric Care” or “Substance Use Disorder Treatment” chapters.
- For the *BCN Provider Manual*, see the “Utilization Management” chapter.

Information about our quality programs and additional resources are available at bcbsm.com/important-information.

Behavioral health services

For complete information, refer to the appropriate provider manual.

Note: Provider manuals can be accessed from our provider portal. Refer to the “Provider manuals” section of this document for more information.

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- *Blue Cross Commercial Provider Manual* – “Psychiatric Care” and “Substance Use Disorder Treatment” chapters
 - *BCN Provider Manual* – “Behavioral Health” chapter
 - *Medicare Plus BlueSM PPO Provider Manual* – “Utilization management” chapter, *Prior authorization of behavioral health services* section

For additional behavioral health information for all lines of business, refer to the document [Blue Cross Behavioral Health: Frequently asked questions for providers](#).

* Clicking this link means that you're leaving the Blue Cross Blue Shield of Michigan and Blue Care Network website. While we recommend this site, we're not responsible for its content.

Availity[®] is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to offer provider portal and electronic data interchange services.