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Health officials investigate ongoing hepatitis A outbreak in Southeast Michigan

From Aug. 1, 2016, to June 26, 2017, the Michigan Department of Health and Human Services and public health officials have announced nearly 190 confirmed hepatitis A cases, including 10 deaths in Detroit, Macomb, Oakland, Wayne and St. Clair counties. This represents a tenfold increase during the same time last year.

The ongoing hepatitis A outbreak poses a significant public health threat to vulnerable community members within Southeast Michigan. Ages of the cases range from 21 to 86 years, with an average age of 44 years. Forty-seven percent have a history of substance use; 20 percent are co-infected with hepatitis C and six more people with the disease were recently incarcerated.

While no common source of the outbreak, such as contaminated food or water, has been identified, transmission appears to be person-to-person through illicit drug use, sexual activity and close contact among household members.

To end the outbreak in Southeast Michigan, MDHHS is recommending vaccinations for the following at-risk individuals:

- People who use injection and non-injection illegal drugs
- People who participate in commercial exchange of sexual practices
- Close personal contacts (for example, household, sexual) of hepatitis A patients
- Gay men
- People with liver diseases such as hepatitis B or hepatitis C. People with chronic liver disease have an elevated risk of death from liver failure.
- Any person who wishes to be immune to hepatitis A
- People who live, work or recreate in Southeast Michigan, and are concerned about getting hepatitis A

Individuals with hepatitis A are infectious for two weeks prior to the onset of symptoms. The symptoms include:

- Jaundice (yellowing of the skin)
- Fever
- Fatigue
- Loss of appetite
- Nausea
- Vomiting
- Abdominal pain
- Dark urine
- Light-colored stools

Symptoms usually appear over a number of days and last less than two months. Some people, however, can be sick for as long as six months. Hepatitis A can cause liver failure and death. MDHHS urges individuals with the greatest risk to seek a hepatitis A vaccination.

We encourage you to talk to your patients who may be at a greater risk for hepatitis A. As a reminder, vaccinations for hepatitis A are a Blue Cross Complete covered benefit under our preventive care guidelines. For information on the guidelines, see Section 3 of the Blue Cross Complete Provider Manual located at Mibluecrosscomplete.com/providers.

*Our website is mibluecrosscomplete.com. While website addresses for other organizations are provided for reference, Blue Cross Complete doesn’t control these sites and isn’t responsible for their content.*
State launches media campaign as overdose deaths continue to rise

Data released in July 2017 by the Michigan Department of Health and Human Services indicated that the total number of drug overdose deaths in Michigan increased by 18 percent in 2016. The data shows that the majority of overdoses were related to opioids.

As part of efforts to reverse the trend, MDHHS has launched a media campaign to raise awareness about the dangers of opioid misuse, treatment options available, and education on the proper storage and disposal of prescription drugs.

The public awareness campaign is a part of Michigan’s extensive efforts to address opioid addiction and overdoses. As part of campaign efforts, Michigan issued a standing order to pre-authorize the distribution of naloxone by pharmacists to eligible individuals. Naloxone is a fast-acting and potentially lifesaving medication that reverses opioid overdose. More than 25 percent of Michigan pharmacies have registered to dispense naloxone.

In April, Michigan also received more than $16 million in opioid state targeted response, or STR, funds from the Substance Abuse and Mental Health Services Administration. The opioid STR grant is being used to promote prevention and increase access to treatment by funding state initiatives such as:

- Michigan’s Prescription Drug Monitoring program
- Development of a statewide awareness campaign
- Medication assisted treatment, or MAT
- Prevention services and strategies
- Improving the availability of naloxone
- Increasing peer supports, provider supports and support of law enforcement
- Providing a new model for prison re-entry services for people with opioid use disorder and mental illness
- Collaboration with university partners on re-entry, evaluation and research opportunities

To view the MDHHS public awareness campaign, visit the MDHHS YouTube channel. To learn more about prescription drugs and opioids or resources on opioid addition, visit Michigan.gov/stopoverdoses. Pharmacies interested in registering for the naloxone standing order can visit Michigan.gov/naloxone.

Treatment for substance use disorders isn’t covered by Blue Cross Complete. Members must contact the Substance Abuse Coordinating Agency for their county located at michigan.gov/mdhhs.

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State changes benefits for outpatient behavioral health visits

The Michigan Department of Health and Human Services announced that effective Oct. 1, 2017, the 20-visit maximum limitation for outpatient behavioral health services will be removed for Medicaid and fee-for-service beneficiaries.

MDHHS states that you may provide and bill only for those services that are within the scope of practice of your profession. You should refer to the MDHHS website at Michigan.gov for the current list of covered service procedure codes.

As a reminder, Blue Cross Complete members who need mental health services can call a mental health provider contracted with Blue Cross Complete and arrange for an appointment. Members who need assistance locating a mental health provider can contact Blue Cross Complete Customer Service at 1-800-228-8554.

If you have any questions, contact Blue Cross Complete Provider Inquiry at 1-888-312-5713 or your Blue Cross Complete provider account executive.

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Quality improvement program gives our members better care and service

Blue Cross Complete reports on our quality improvement program and annual accomplishments as part of our accreditation with the National Committee for Quality Assurance.

Blue Cross Complete was one of four Michigan Medicaid health care plans to achieve a 4-star ranking from NCQA** and received 18 out of 20 apples in the Michigan Department of Health and Human Services Consumer Guide. The ranking makes Blue Cross Complete one of the top performing health care plans in Michigan.

NCQA rates health care plans on the results of care people receive and what patients say about their care. Blue Cross Complete holds a Health Plan Accreditation by NCQA. Blue Cross Complete is at the Commendable rating, which is provided to organizations with well-established programs for service and clinical quality that meet or exceed requirements for consumer protection and quality improvement.

Additionally, Blue Cross Complete holds the Multicultural Health Care Distinction from NCQA. This distinction is provided to organizations that engage in efforts to improve health care for all by making available culturally and linguistically appropriate services, and reducing health care disparities.

Blue Cross Complete has an active community outreach program. To engage more with members, Blue Cross Complete will support at least 500 community events in 2017. Additionally, community health workers have been going to physician offices, community wellness centers and member homes to help members improve their overall health.

We’re always working to improve the quality of service we provide and the care members receive from doctors in our network. This year, we’re especially focused on continuing to reduce health care disparities, especially in children’s and women’s health.

Each year, Blue Cross Complete sends the Consumer Assessment of Healthcare Providers and Systems survey to a random selection of members. This year’s survey asked members about their health care plan and care for the previous year. Members rate their experiences with their plan. They also rate the care and service they get from their doctors.

Blue Cross Complete also uses the Healthcare Effectiveness Data and Information Set to measure how well we provide care to members. HEDIS®** compares the performances of health care plans across the country.

Further information on the outcome of CAHPS®** and HEDIS will be supplied once final results have been received.

For more information about these programs, call 1-800-288-8554, available 24 hours a day, seven days a week. We also provide information in this newsletter and online at MiBlueCrossComplete.com.

To learn about our clinical practice guidelines, visit our website and the Michigan Quality Improvement Consortium website at mqic.org.*

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**2017 CAHPS® Adult Medicaid Satisfaction Survey. CAHPS stands for Consumer Assessment of Healthcare Providers and Systems. HEDIS® is a registered trademark of the NCQA. CAHPS is a registered trademark of the Agency for Healthcare Research and Quality.
Announcing Blue Cross Complete pharmacy updates

Effective Oct. 1, 2017, Basaglar® will be the preferred insulin glargine formulary product on Blue Cross Complete’s Preferred Drug List.

Basaglar (insulin glargine injection) is a long-acting human insulin analog indicated to improve glycemic control in adults and pediatric patients with type 1 diabetes mellitus and in adults with type 2 diabetes mellitus. The safety and efficacy of Basaglar is comparable to Lantus®. Although Basaglar has an identical amino acid sequence as Lantus, the cost of Basaglar is comparatively lower.

Action needed:

If a Blue Cross Complete member needs insulin glargine for glycemic control, please prescribe Basaglar in a KwikPen™ from now on.

Claims for members who haven’t had a pharmacy claim for Lantus on or after July 1, 2017, (defined as a “New Start”) will begin rejecting on Oct. 1, 2017, and will require conversion to Basaglar.

Current users, those who have had a pharmacy claim on or after July 1, 2017, will be granted a 90-day transition period beginning on Oct. 1, 2017. Any claims for Lantus products will begin rejecting at the pharmacy on Jan. 1, 2018, for these members.

Basaglar doesn’t require a prior authorization for quantities ≤ 30 mL/month (equal to two boxes containing five pens each). Those members who haven’t used insulin pens in the past will need an additional prescription for pen needles. Pen needles will also be covered for a $0 copay.

Availability:

- Basaglar KwikPen (prefilled) — 5 x 3 mL pens (U-100) from Eli Lilly and Company
- Lantus SoloStar (prefilled) — 5 x 3 mL pens (U-100) from Sanofi-Aventis
- Lantus Vial — 10 mL vial (U-100) from Sanofi-Aventis

The 28 day in-use stability is identical for each product.

If you have any questions, contact PerformRxSM Provider Services at 1-888-989-0057.

Inhaled long-acting anticholinergic formulary products

Effective Oct. 1, 2017, Incruse Ellipta® will be the preferred inhaled long-acting anticholinergic formulary product on Blue Cross Complete’s Preferred Drug List.

Incruse Ellipta (umeclidinium inhalation powder) is an anticholinergic indicated for the long term, once daily, maintenance treatment of airflow obstruction in patients with chronic obstructive pulmonary disease, or COPD.

Spiriva® Handihaler®, Spiriva® Respimat®, and Tudorza® Pressair® will be removed from the common formulary as of Oct. 1, 2017.

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Action needed:

Going forward, if a Blue Cross Complete member needs an inhaled long-acting anticholinergic for maintenance treatment of COPD, please prescribe Incruse Ellipta.

Non-formulary claims for members who haven’t had a pharmacy claim for an inhaled long-acting anticholinergic on or after July 1, 2017, (defined as a “New Start”) will begin rejecting on Oct. 1, 2017, and will require conversion to Incruse Ellipta.

Current users of Spiriva or Tudorza, those who have had a pharmacy claim on or after July 1, 2017, will be granted a 90-day transition period beginning on Oct. 1, 2017. Any claims for Spiriva or Tudorza will begin rejecting at the pharmacy on Jan. 1, 2018, for these members. Any active prior authorization for Seebri™ Neohaler® will be honored for the duration of its original approval.

Incruse Ellipta doesn’t require a prior authorization or step therapy at this time. The only edit in place is a quantity limit of one inhaler (30 doses) per month. Members who have not used an Ellipta device in the past may require additional education. Written and picture utilization instructions are included on pages 21 – 25 of the medication guide included in each package of Incruse Ellipta dispensed at the pharmacy.

Availability:

- Incruse Ellipta is packaged as a pre-assembled inhaler device which contains a foil blister strip of 30 individual doses delivering 62.5 mcg of umeclidinium per dose.
- The recommended adult dose of Incruse is one inhalation, or dose, by mouth once daily.

If you have any questions, contact PerformRx Provider Services at 1-888-989-0057.

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Help your patients fight the flu by encouraging them to get vaccinations

As we enter flu season, we want to remind you that your patients ages 6 months and older should get a flu vaccine each year. Vaccinations are especially important for patients who are at high risk of having serious flu-related complications. Patients at high risk for developing flu-related complications are:

- Children younger than age 5, especially children younger than age 2
- Adults age 65 and older
- Pregnant women and women up to two weeks postpartum
- People of any age with certain chronic medical conditions
- Residents of nursing homes and other long-term care facilities

As a reminder, there is no copay for the flu vaccine for Blue Cross Complete members. Our members may also receive the flu vaccine from select participating pharmacies.

Outreach is being conducted to our members, and we ask that you also spread the word to your patients. If you have any questions, please contact Blue Cross Complete Provider Inquiry at 1-888-312-5713.

### 2017 – 2018 seasonal flu vaccines

<table>
<thead>
<tr>
<th>Product name</th>
<th>Age</th>
<th>Preparation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fluzone Quad (PF) 60 mcg/0.5 mL</td>
<td>36 months and up</td>
<td>IM suspension</td>
</tr>
<tr>
<td>Fluzone Quad (PF) 60 mcg/0.5 mL</td>
<td>36 months and up</td>
<td>IM syringe</td>
</tr>
<tr>
<td>Fluzone High-Dose (PF) 180mcg/0.5 mL</td>
<td>65 years and up</td>
<td>IM syringe</td>
</tr>
<tr>
<td>Fluzone Quad 60 mcg/0.5 mL</td>
<td>6 months and up</td>
<td>IM suspension</td>
</tr>
<tr>
<td>Fluzone Quad Pedi (PF) 30 mcg/0.25 mL</td>
<td>6 – 35 months</td>
<td>IM syringe</td>
</tr>
<tr>
<td>Fluzone Intraderm Quad (PF) 36 mcg/0/1 mL</td>
<td>18 – 64 years</td>
<td>Intradermal syringe</td>
</tr>
<tr>
<td>Fluvirin (PF) 45 mcg/0/5 mL</td>
<td>4 years and up</td>
<td>IM syringe</td>
</tr>
<tr>
<td>Fluvirin 45 mcg/0/5 mL</td>
<td>4 years and up</td>
<td>IM suspension</td>
</tr>
<tr>
<td>Flucelvax Quad (PF) 60 mcg/0.5 mL</td>
<td>4 years and up</td>
<td>IM syringe</td>
</tr>
<tr>
<td>Flucelvax Quad 60 mcg/0.5 mL</td>
<td>4 years and up</td>
<td>IM suspension</td>
</tr>
<tr>
<td>Flulaval Quad (PF) 60 mcg/0.5 mL</td>
<td>6 months and up</td>
<td>IM syringe</td>
</tr>
<tr>
<td>Flulaval Quad 60 mcg/0.5 mL</td>
<td>6 months and up</td>
<td>IM suspension</td>
</tr>
<tr>
<td>Afluria Quad 60 mcg/0.5 mL</td>
<td>18 years and up</td>
<td>IM suspension</td>
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<td>Afluria Quad 60 mcg/0.5 mL</td>
<td>18 years and up</td>
<td>IM syringe</td>
</tr>
<tr>
<td>Afluria 45 mcg/0.5 mL</td>
<td>5 years and up</td>
<td>IM suspension</td>
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<tr>
<td>Afluria (PF) 45 mcg/0.5 mL</td>
<td>5 years and up</td>
<td>IM syringe</td>
</tr>
<tr>
<td>Fluarix Quad (PF) 60 mcg/0.5 mL</td>
<td>36 months and up</td>
<td>IM syringe</td>
</tr>
</tbody>
</table>

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Blue Cross Complete celebrates National Health Centers Week

Blue Cross Complete was proud to help celebrate National Health Centers Week Aug. 13 through Aug. 19 across the state. We helped to celebrate with sponsorships, educational activities and family friendly exercise challenges.

Our Medicine or Candy display board and prize wheel were fan favorites at these events. While viewing the Medicine or Candy board, kids and adults were challenged to tell the difference between a variety of medicines and their candy doppelgangers. The competition really heated up with our prize wheel, where participants raced to get the correct answer to a variety of health related questions; prizes were earned for participation.

Our activities also got kids and adults moving to get in some physical activity. Our fitness dice got kids on their feet doing jumping jacks and squats, while our jump rope competitions allowed all kids to practice their jumping skills. Participants took a jump rope home to continue the exercise fun.

Blue Cross Complete proudly supported the following health centers:

- Aug. 12 — Oakland Integrated Healthcare Network, Pontiac
- Aug. 12 — Temperance Family Health Center, Temperance
- Aug. 16 and Aug. 18 — Hamilton Health Network, Flint
- Aug. 16 — Western Wayne Family Health Center, Inkster
- Aug. 16 and Aug. 18 — Genesee Community Health Centers, Flint
- Aug. 17 — Ingham Community Health Center, Lansing
- Aug. 18 — Western Wayne Family Health Center, Taylor
- Aug 19 — Muskegon Family Care, Muskegon

If you’re hosting a community event and would like Blue Cross Complete to attend, contact us at Blue Cross Complete Provider Inquiry at 1-888-312-5713.

*Our website is mibluecrosscomplete.com. While website addresses for other organizations are provided for reference, Blue Cross Complete doesn’t control these sites and isn’t responsible for their content.*
Reminder: Dental benefits are part of Healthy Michigan Plan

Blue Cross Complete members enrolled in the Healthy Michigan Plan have coverage for a number of comprehensive dental services. These services include preventive exams, routine cleanings and X-rays.

The plan also covers some basic and major procedures, such as fillings, extractions, dentures and partials. As an added value, Blue Cross Complete Healthy Michigan members can receive coverage for some root canal therapy procedures and treatment for the beginning stages of gum disease.

Research has shown there is a direct link between dental health and overall wellness. We encourage you to discuss the importance of good oral health and regular dental visits with your Healthy Michigan patients.

Blue Cross Complete Healthy Michigan Plan members can call Dental Customer Service at 1-844-320-8465 for coverage questions or for help finding a participating network dentist. You can also find a list of contracted practitioners on our website at mibluecrosscomplete.com/resources/find-doctor.html.

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Are your patients having trouble getting to their appointments? We can help

If your patients are missing appointments because they are having a hard time finding transportation to their appointments, we encourage you to remind them that transportation is a covered Medicaid benefit and is offered free of charge to beneficiaries. Patients who are pregnant, or have a need for an urgent appointment can obtain same-day transportation. Patients can arrange for transportation for appointments that are scheduled for multiple days with just one phone call.

Patients may arrange for transportation for dental care, substance use services, mental health services, trips to their pharmacy as well as other services provided by the state of Michigan.

To arrange transportation, our members can call Blue Cross Complete’s Transportation Reservation Services at 1-888-803-4947, 24 hours a day, seven days a week.

For emergency transportation, members should always call 911.

Remind members that if their appointment times change, they should cancel transportation at least four hours ahead of their appointment.

Gas reimbursement and bus pass reimbursement are also provided by Blue Cross Complete.

For more information, call Blue Cross Complete Provider Inquiry at 1-888-312-5713 or your Blue Cross Complete provider account executive.

Help us keep the Blue Cross Complete provider directory updated

To help make sure our members have the most accurate provider directory information, we encourage you to confirm the accuracy of your information in our online provider directory.

Some of the key items we include in the directory are:

- Provider name
- Address
- Phone number
- Fax number
- Office hours
- Open status
- Hospital affiliations
- Multiple locations

To view your provider information, visit mibluecrosscomplete.com, then click on the Find a Doctor tab.

If you identify any discrepancies submit a written notice of the change to Blue Cross Complete.

As a reminder, changes should be submitted at least 60 days in advance, if possible. Changes can be submitted on the Blue Cross Complete Provider Change Form, located on the Blue Cross Complete website at mibluecrosscomplete.com/providers.

Completed change forms must be submitted by one of the following methods:

- Email: bccproviderdata@mibluecrosscomplete.com
- Fax: 1-855-306-9762
- Mail: Blue Cross Complete of Michigan
  Attention: Provider Network Management
  100 Galleria Officentre, Suite 210
  Southfield, MI 48034

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

In addition, you must make these changes with NaviNet at www.navinet.net.* Contact NaviNet at 1-888-482-8057 or support@navinet.net.

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Help us promote Blue Cross Complete member site

To keep members involved in their health care, we encourage you to remind Blue Cross Complete members that managing their health is as easy as going online. Members can visit our website at MiBlueCrossComplete.com and log in to their online account.

Through our member site, members can:
- See a summary of their recent medical visits
- See a list of their medicines
- Find a pharmacy in their area
- See if any health screenings, vaccines or office visits are due
- See a list of Blue365® discounts available to them
- Get the name, address and phone number for their primary care physician
- Request a member ID card

Mobile app

Members can also access their account anytime, anywhere, using their mobile device. The Blue Cross Complete mobile app keeps members up to date on their health care information.

On the app, members can:
- See their virtual member ID card
- Call Customer Service and the Blue Cross Complete 24-hour Nurse Helpline
- Find doctors and hospitals
- Get directions to doctors’ offices
- Update their account information

The mobile app is available for iPhone and Android smartphones. Once in the Google™ Play or Apple App® Store, type BCCMI in the search bar. It’s free to download. Be advised that members may present their Blue Cross Complete member ID card to you from their mobile phone instead of their hard copy ID card.

For more information, contact Blue Cross Complete Provider Inquiry at 1-888-312-5713.

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Reminder: Healthy Michigan Plan has requirements for appointment times and health risk assessment

Blue Cross Complete wants to remind providers of the requirements for members enrolled in the Healthy Michigan Plan:

- Members are required to schedule an appointment with their assigned primary care physician within 60 days of enrollment.
- Primary care physicians are required to 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 the member.
- Providers should identify Healthy Michigan members prior to the date of service in NaviNet®, in the Eligibility and Benefits Details section.

Health risk assessment required

As a reminder, under the Healthy Michigan Plan, primary care physicians are required to complete a health risk assessment at the time of the appointment. Blue Cross Complete members receive a copy of the Health Risk Assessment form in their welcome packet and should bring it to their appointment.

Here are some helpful reminders:

- Blue Cross Complete members must have a health risk assessment during the first 150 days of coverage with the health care plan and then annually thereafter.
- Blue Cross Complete members will receive a copy of the Health Risk Assessment form in their welcome packet that they may bring to their appointment. If members forget to bring the form, you can obtain a copy on mibluexcrosscomplete.com/providers and on NaviNet.
- The Health Risk Assessment form must be completed legibly and in its entirety.

- Although the Health Risk Assessment form can be completed by a member of the clinical team, the primary care physician must sign it.
- Providers need to fax the entire form to 1-855-287-7886 within five business days of the appointment.
- 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 providers have questions about the status of the health risk assessment, they can call 1-888-312-5713.
- If you have questions, contact Blue Cross Complete Provider Inquiry at 1-888-312-5713 or your Blue Cross Complete provider account executive.

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** CPT codes, descriptions and two-digit modifiers only are copyright 2013 American Medical Association. All rights reserved.
Providers required to enroll into CHAMPS

Effective July 1, 2017, Blue Cross Complete no longer accepts new enrollment applications from providers who haven’t enrolled in the Michigan Department Health and Human Services Community Health Automated Medicaid Processing System. **Provider enrollment must be completed in CHAMPS.**

All current and new Michigan Medicaid providers, including out-of-state providers who render services to Michigan Medicaid beneficiaries, are now required to access the CHAMPS to participate for the Michigan Medicaid program.

CHAMPS is MDHHS’ Medicaid web-based processing system. It quickly and efficiently allows the following functions to be completed online:

- Provider enrollment and updates
- Claims status
- Direct claim entry
- Batch claim submission
- Claim adjustments or voids
- Payment status
- Prior authorization
- Eligibility verification
- Member search and ordering or referring provider verification

Effective Jan. 1, 2018, claims submitted by contracted providers who haven’t fully completed the provider enrollment in CHAMPS will deny or not appear on a remittance advice. Once enrollment in CHAMPS is complete, providers may resubmit claims for processing.

So if you haven’t already registered, get the MDHHS log-in instructions at [Michigan.gov](http://Michigan.gov) or you can access the CHAMPS enrollment link at [mibluecrosscomplete.com/providers](http://mibluecrosscomplete.com/providers).

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

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Report suspected fraud to Blue Cross Complete

Providers who suspect that another Blue Cross Complete provider, employee or member is committing fraud should notify the Blue Cross Complete Antifraud Unit as follows:

- **Phone:** 1-855-232-7640. TTY users call 711.
- **Fax:** 1-215-937-5303
- **Email:** [fraudtip@mibluecrosscomplete.com](mailto:fraudtip@mibluecrosscomplete.com)
- **U.S. mail:**
  - Blue Cross Complete Antifraud Unit
  - P.O. Box 018
  - Essington, PA 19029

The Blue Cross Complete Antifraud Unit supports the efforts of local and state authorities in the prosecution of reported cases of fraud. Reports of suspected fraud related to Blue Cross Complete may also be sent directly to the Michigan Department of Health and Human Services in one of the following ways:

- **Call** 1-855-MI-FRAUD (1-855-643-7283)
- **Online at** [michigan.gov/fraud](http://michigan.gov/fraud)
- **By writing to:**
  - Office of Inspector General
  - P.O. Box 30062
  - Lansing, MI 48909

Information may be left anonymously.

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Blue Cross Complete of Michigan LLC is an independent licensee of the Blue Cross and Blue Shield Association.