



Complete Update

for Blues Medicaid providers



April 2018

Deadline extended for providers to enroll into the CHAMPS

Recently, the Michigan Department of Health and Human Services announced federal regulations and deadlines for all providers who serve Michigan Medicaid beneficiaries — including those participating in a managed care organization's provider network — to be screened and enrolled in the Community Health Automated Medicaid Processing System. The regulations prohibit payment to providers who aren't appropriately screened and enrolled.

However, due to an overwhelming response from providers, MDHHS is extending the deadlines to enroll in CHAMPS. They were originally set for March 1, 2018, for denying claims for typical non-enrolled providers, and May 1, 2018, for denying pharmacy claims for non-enrolled prescribers.

The MDHHS hasn't announced new deadlines, but encourages providers to enroll in CHAMPS as soon as possible, and monitor enrollment processing time to determine new enforcement dates.

In the meantime, MDHHS will give at least 60 days advance notice before implementing the following actions:

- Prohibiting managed care organizations from making payments to all typical rendering, referring, ordering, operating, billing, supervising and attending providers who aren't enrolled CHAMPS.
- Prohibiting payment for prescriptions drug claims written by prescribers who aren't enrolled in CHAMPS.

MDHHS is awaiting guidance from federal partners regarding the enrollment requirements for atypical providers and will share those updates once available.

Click on the link for full details of the MDHHS Medicaid provider enrollment [press release](#)

Need help in finding covered prescriptions?

A comprehensive drug list for Blue Cross Complete of Michigan is available on our website at miblucrosscomplete.com under the Pharmacy tab.

The Blue Cross Complete drug list is generic-friendly. Unless otherwise specified, in the event that a generic

equivalent is available for a brand-name medication, claims processing will require that the generic equivalent be dispensed for the medication to be covered.

When a non-formulary drug, or a drug that has an associated edit, is prescribed, prescribers and pharmacists are encouraged to work together to convert to a formulary drug, when appropriate.

Contact Blue Cross Complete Provider Inquiry for additional information at 1-888-312-5713.

Make sure our members have access to services

To provide the highest quality of care to our members, it's necessary that they have appropriate and timely access to their doctors. Compliance with our access and availability standards helps to ensure that our members receive timely service.

You can review our access standards in section five of the Blue Cross Complete Provider Manual online at miblucrosscomplete.com/providers. If you have any questions, contact your Blue Cross Complete provider account executive.

Receive payments through electronic funds transfer

One of the best cash management tools for providers is electronic funds transfer. Here's why:

- It's safe, convenient, timely and less expensive than paper checks
- There's no cost to participate
- It eliminates problems associated with mailing multiple checks and paper payment vouchers

If you're interested in receiving electronic payments from Blue Cross Complete, enroll now at changehealthcare.com or contact your Blue Cross Complete provider account executive.

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