

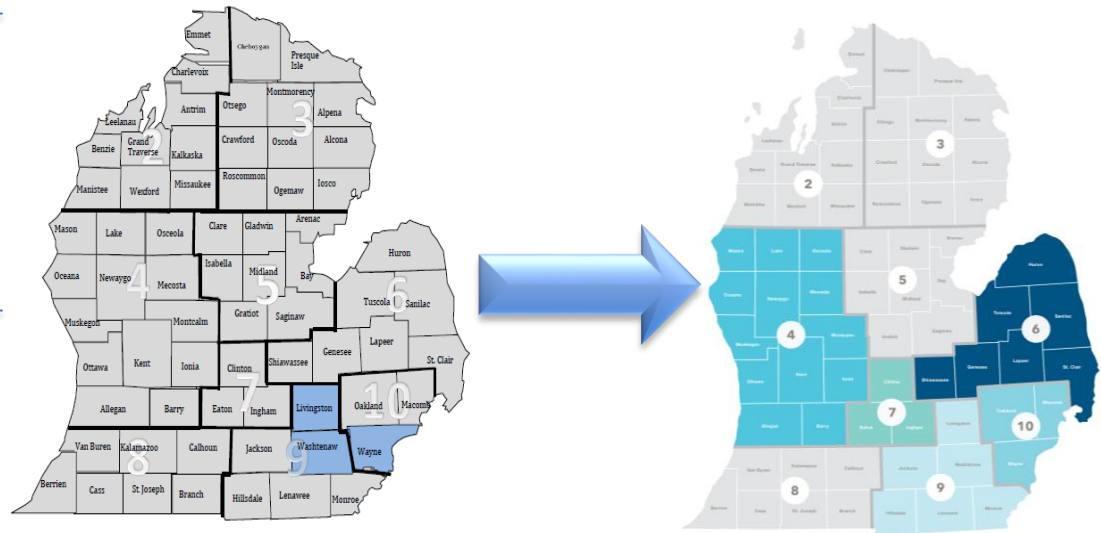
Blue Cross Complete Provider Updates

2019

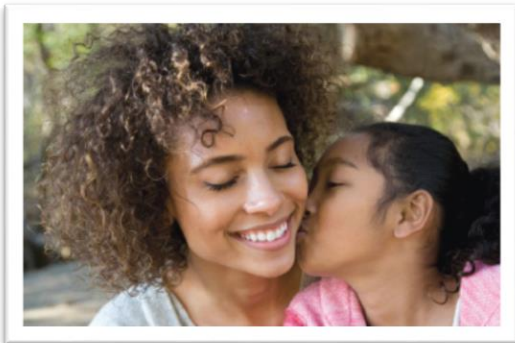
About Blue Cross Complete

Blue Cross Complete is a Medicaid managed care health plan which is a joint venture between Blue Cross Blue Shield of Michigan and AmeriHealth Caritas Family of Companies.

Successfully bid on its new service area, effective 1/1/2016 – 5 of the Governor’s Prosperity Regions

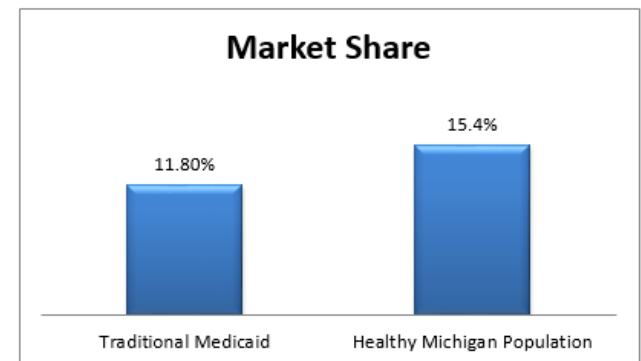


Fastest Growing Medicaid plan in the state



April, 2019

209,593



Submitting Claims Electronically

- The Blue Cross Complete facility payer ID is 00210; the Blue Cross Complete professional payer ID is 00710.
- Providers can also follow the guidelines for electronic billing that are available in the reference documents at: <http://www.bcbsm.com/providers/help/faqs/electronic-connectivity-edi.html>
- Before filing electronically, providers should call the BCBSM Electronic Data Interchange at 1-800-542-0945.

Submitting Paper Claims

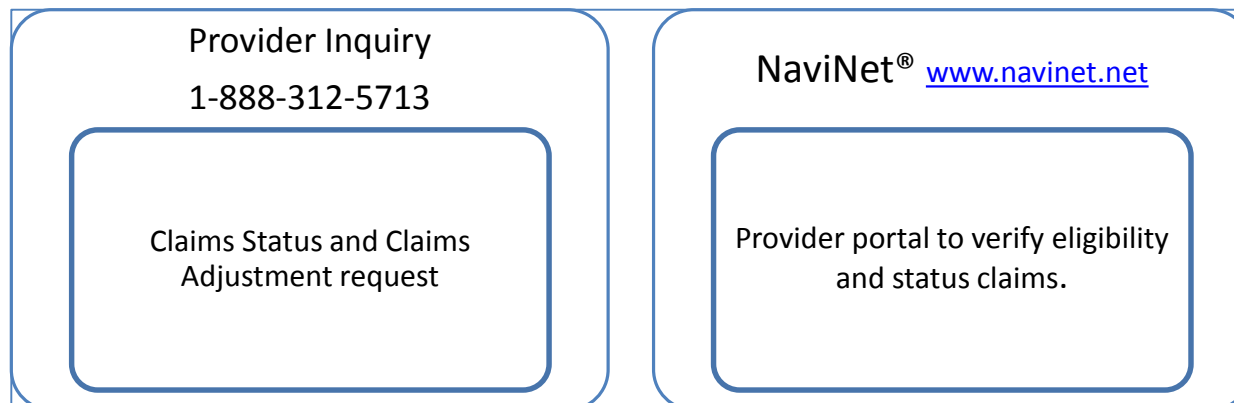
Paper claims should be submitted to:

Blue Cross Complete
P.O. Box 7355
London, KY 40742

Detailed Guidelines can be found in the Blue Cross Complete Provider Manual located at mibluccrosscomplete.com/provider

Note: Electronic billing is faster, easier and more accurate than filing paper claims.

Providers should use the following resources to check claims status:



- Information required to obtain claims status:
 - Group Name (for NaviNet)
 - NPI (for self services)
 - Member Name
 - Medicaid ID – located on the front of the ID card
 - Member (Enrollee) ID – located on the front of the ID card
 - Date of Service

Note: Please allow 30 days after claims submission to check a claim status

Effective October 11, 2018, claims submitted for laboratory services without the appropriate Clinical Laboratory Improvement Amendments (CLIA) Identification number will be denied.

CMS CLIA regulations apply to laboratory testing in all settings including commercial, hospital and physician office laboratories. You may verify your CLIA certification level and effective dates at https://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/CLIA_Laboratory_Demographic_Information.html.

To ensure your claims are processed quickly and accurately, please following the guidelines indicated below:

- For paper claims submitted on the CMS 1500, enter the CLIA ID in in field 23 (prior authorization).
- For 837 professional electronic claim submissions, enter your CLIA ID number in Loop ID C2300, segment/data element REF02 where REF01 = X4.
- The CLIA number entered must be specific to the location where the provider is performing on-site lab testing.
- Claim payments can only be made for dates of service falling within the particular certification dates governing those services.
- Submit only one CLIA number per claim field
- Providers are reminded to add the QW modifier to the procedure code for CLIA waived tests **when required**. For a list of test that require QW modifier, you can confirm by visiting: https://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/Categorization_of_Tests.html

Denial reasons you may see on your remittance advice related to CLIA are associated to the following denial codes:

Industry Denial Code (CARC/RARC)	CLIA edit associated to Denial code
ZMD	Missing CLIA number on claim
ZME	Claim has multiple CLIA Numbers
ZMF	No CLIA Number on our File
ZMG	CPT Not Covered by CLIA Certificate Type
ZMH	CLIA Number does not cover DOS

All current and new Michigan Medicaid providers are now required to enroll in the Community Health Automated Medicaid Processing System.

Effective January 1, 2019, claims submitted by providers who have not fully completed the provider enrollment in Community Health Automated Medicaid Processing System will deny or not appear on a remittance advice.

To get the MDHHS log-in instructions, visit Michigan.gov.

For additional CHAMPS information and training, visit Michigan.gov/mdhhs.



Providers must submit written notice of changes to Blue Cross Complete at least 60 days in advance when possible.

Changes should be submitted on the “Blue Cross Complete Provider Change Form” located on the Blue Cross Complete website at mibluecrosscomplete.com/providers in the Provider Forms section.

[Provider Change Form](#)

Completed enrollment must be submitted by the following methods:

Email: bccproviderdata@mibluecrosscomplete.com

Fax: 855-306-9762

Mail attention: Blue Cross Complete of Michigan
Provider Network Management
100 Galleria Officentre, Suite 210
Southfield, MI 48034

- Electronic Funds Transfer is Blue Cross Complete recommended choice of payment
- Electronic remittance advices are available on the Change Healthcare website.
- If you are not enrolled with Change Healthcare, visit changehealthcare.com and select [EPayment Request Form](#)
- If you are enrolled with Change Healthcare through another health plan, you can access Change Healthcare and select Blue Cross Blue Shield of Michigan using Payer ID 32002
- By selecting BCBSM as your receiver, your electronic remittance advice will be available on WebDenis

Note: If you do not register with Change Healthcare for electronic payments, you will receive a paper check.

Provider Inquiry
1-888-312-5713

Claims Status
Requests

Claims Adjustment
Requests

Authorization
Requests or
Inquiries

Enrollment & Changes
BCCproviderdata@mibluccrosscomplete.com

Joining the Blue
Cross Complete
Provider Network

Provider Change
Requests

NaviNet and Provider
Change Form (PCF)

NaviNet® www.navinet.net

Provider portal to
verify eligibility,
status claims, Panel
Rosters, view Gaps
in Care reports

Jiva

- www.navinet.net
- Request and status
authorizations

webDENIS

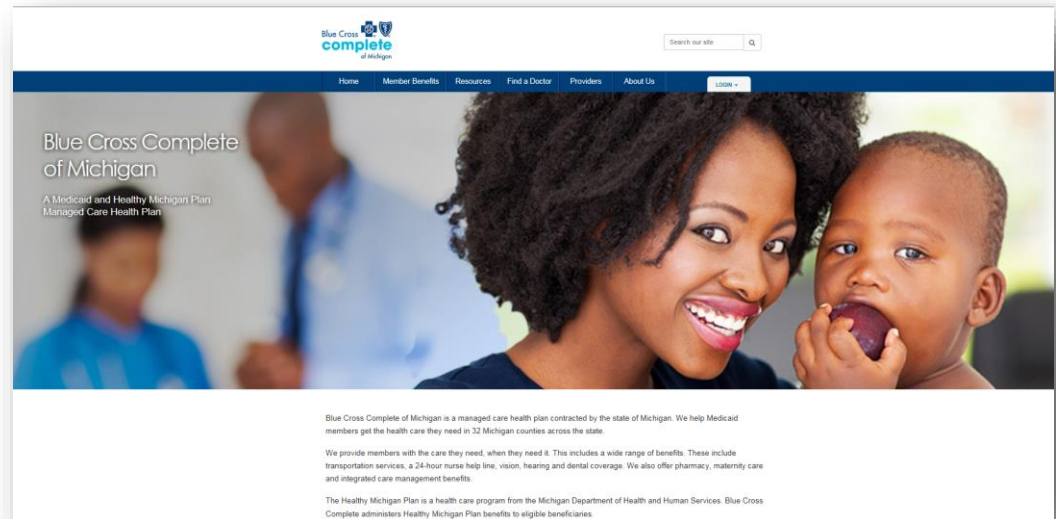
www.bcbsm.com/providers

Verify eligibility

Electronic
remittance advice

Blue Cross Complete resources – provider website

- For additional provider resources, visit our provider website at: mibluccrosscomplete.com
- **Provider publications**
- **Benefits, authorization and clinical resources**
- **Pharmacy**
- **Billing**
- **Change and enrollment forms**
- **Provider forms**
- **MDHHS resources**



NaviNet is Blue Cross Complete's provider portal. The portal can be used to:

- Verify eligibility
 - Status claims
 - View gaps in care reports
 - Report closed gaps
 - Claims investigation (new)
 - NaviNet® - www.navinet.net
- If you are not already a NaviNet user, you can sign up at NaviNet.net.
- Click on **Sign up**

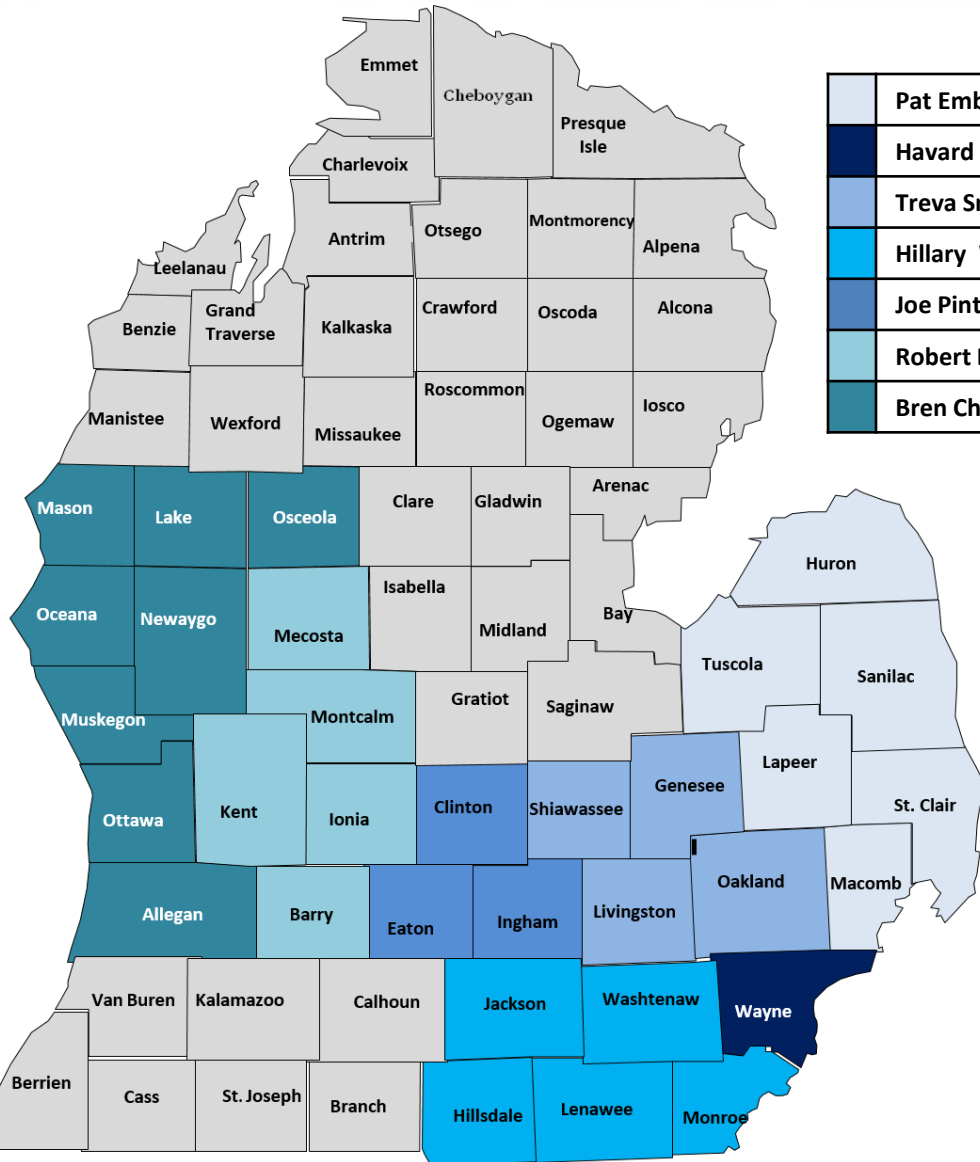
PROVIDERS: SIGN UP FOR NAVINET

Note: Must access using Internet Explorer® version 7.0 or later

- **Jiva™** – single sign on through www.navinet.net
 - On the Blue Cross Complete Plan Central toolbar (upper left) click **Pre-Authorization Management**

Contact your provider account executive for additional NaviNet training

Provider Network Management Account Executive Territory Assignments



	Pat Embry	(248)663-7341	pembry@mibluccrosscomplete.com
	Havard Cole	(248) 663-7457	hcolejr@mibluccrosscomplete.com
	Treva Smith	(248) 663-7488	tsmith5@mibluccrosscomplete.com
	Hillary Woodruff	(248) 663-7342	hwoodruff@mibluccrosscomplete.com
	Joe Pintar	(248)663-7919	jpintar@mibluccrosscomplete.com
	Robert Bush	(248) 663-7366	rbush@mibluccrosscomplete.com
	Bren Christner	(248) 663-7476	bchristner@mibluccrosscomplete.com

Thank you!

