Complete Update

For Blues Medicaid providers

Feb. 2023



Remember to use the new online tool for prior authorizations

Blue Cross Complete has worked with NantHealth | NaviNet** to bring you Open Authorizations. Open Authorizations is a robust, intuitive and streamlined tool that supports the prior authorizations workflow.

Effective Dec. 1, 2022, the online Open Authorizations system replaced JIVA for prior authorizations.

Open Authorizations lets you submit prior authorization requests and inquire about existing prior authorizations. You'll also be able to:

- Verify if no prior authorization is required
- Receive auto approvals, in some circumstances
- Submit amended prior authorizations
- Attach supplemental documentation
- Sign up for in-app status change notifications directly from the health plan
- Access a multi-payer prior authorization log

If you want to learn more about Open Authorizations, video tutorials and step-by-step instructions are available in the NantHealth Help Center or on the Blue Cross Complete Plan Central page at <u>navinet.net</u>.*

If you're interested in one-on-one training, contact your Blue Cross Complete provider account executive.

Follow the updated process to access the Obstetric Needs Assessment Form

Blue Cross Complete has updated the way providers access the Obstetric Needs Assessment Form via NaviNet. To access the form:

- 1. Log in to NaviNet Plan Central.*
- 2. Go to Blue Cross Complete's plan page.
- 3. Go to the Workflows menu on the top left.
- 4. Click on the Notification of Pregnancy Submission link.

Has the ONAF completion process changed?

The only change to the ONAF completion process is how to navigate to the form via NaviNet. Once you reach the Notification of Pregnancy Submission link, follow the same process as before to complete the form.

Does this impact prior authorization submission unrelated to the ONAF?

The Notification of Pregnancy Submission link should only be used to complete ONAF submissions. You should continue to use the Medical Authorizations workflow to submit all other requests for prior authorization.

Questions

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

Earn incentives when you support the Condition Optimization Program

Blue Cross Complete has developed the Condition Optimization Program to support members with chronic or complex medical needs. Condition Optimization Program members are identified as those with claims history indicating chronic and comorbid conditions. The main purposes of the program are to:

- Help primary care providers identify members with chronic or complex medical needs
- Promote routine access to primary care for chronically ill members
- Increase member appointment compliance through
 outreach
- Improve accuracy and completeness of reporting to the Michigan Department of Health and Human Services regarding Blue Cross Complete member diagnosis information

The program also compensates providers who complete essential administrative activities that help validate encounter data and who encourage program members to routinely visit their primary care provider.

Program training is available to you and your team. To receive training, contact your Blue Cross Complete provider account executive.

*Our website is <u>mibluecrosscomplete.com</u>. 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.

**NaviNet is a contracted vendor that provides a payer-provider web portal on behalf of Blue Cross Complete through which member information can be accessed, including but not limited to tracking claims status.