



Complete Update

for Blues Medicaid providers



October 2020

MDHHS COVID-19 response: Rescission of portions of MSA Bulletin 20-28

On August 12, 2020, the Michigan Department of Health and Human Services issued bulletin [MSA 20-56*](#) to rescind portions of [MSA 20-28*](#) specific to provisions of Executive Order 2020-61.

The following sections are canceled for effective dates of service on or after July 13, 2020:

- **Out-of-state licensed providers** - Provisions that temporarily suspended portions of Article 15 of the Public Health Code, Public Act 368 related to out-of-state licensure requirements in response to the COVID-19 public health emergency.
- **Enrollment of ordering providers** - The temporary coverage of COVID-19 diagnostic laboratory tests ordered by nonenrolled registered nurses and licensed practical nurses working in designated health care facilities.
- **Supervision, delegation, practice agreements** - The temporary suspension of certain provider scope of practice, supervision and delegation in designated health care facilities described by the executive order.

Related Medicaid Practitioner policy is reinstated.

All other provisions of Bulletin [MSA 20-28*](#) remain in effect until further notice. Go to [Michigan.gov*](#) for full details.

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

MDHHS extends the dental benefit for pregnant women

Members who delivered a baby, were still pregnant or postpartum March through July 2020 are now eligible for dental services through Dec. 31, 2020, or until they are three months postpartum, whichever comes later. In light of the pandemic, the Michigan Department of Health and Human Services is giving members more time to see their dental care provider. Typically, dental coverage lasts for three months after the member's delivery date.

To receive expanded managed care dental services, beneficiaries must inform their Medicaid health plan and MDHHS of their pregnancy status. The benefit begins the first day of the month in which the MHP is made aware of the beneficiary's pregnancy. Dental services will be provided for the duration of the beneficiary's pregnancy and three months postpartum. MHPs will provide beneficiary eligibility information to the dental benefit manager. Providers must verify eligibility for managed care dental services with the MHP's dental benefit manager.

For more information about Blue Cross Complete's dental benefits for pregnant women, direct members to [mblucrosscomplete.com > Members > Maternity Care](#). Scroll down to *Dental benefit for pregnant women*. You can also direct them to [mblucrosscomplete.com > Members > Dental benefits](#) for additional valuable information.

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

Prior authorization reduction notification

Effective October 1, 2020, Blue Cross Complete has removed the prior authorization requirements for a select set of procedure codes and changed the requirements for others. For the list of changes, go to [mblucrosscomplete.com](#).

Prior authorization isn't a guarantee of payment. Blue Cross Complete reserves the right to adjust any payment made following a review of the medical records or other documentation or determination of the medical necessity of the services provided. Additionally, payment may also be adjusted if the member's eligibility changes between when the authorization was issued and the service was provided.

If you have any questions, contact your Blue Cross Complete provider account executive or call Blue Cross Complete Provider Inquiry at **1-888-217-5713**.

NaviNet facilitates prior authorizations

The prior authorization management portal at [navinet.net**](#) allows you to submit electronic requests for prior authorization of services or check the status of a previously submitted request.

This portal allows you to:

- Request prior authorization for select services, including inpatient, outpatient, home care, durable medical equipment, personal care, hospice, behavioral health and residential.
- Verify elective admission authorization status.
- Receive admission notifications and view authorization history.
- Submit extension-of-service requests.

We encourage your office to enroll on [navinet.net**](#) to get immediate access to your Blue Cross Complete members. If you have any questions, contact your Blue Cross Complete account executive.

*Our website is [mblucrosscomplete.com](#). While website addresses for other organizations are provided for reference, Blue Cross Complete does not control these sites and is not 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.