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General information

The Oncology value management program is a utilization management program that requires providers to request prior authorization for therapeutic and supportive chemotherapy and immunotherapy. This program promotes optimal cancer care by enabling providers to compare planned cancer treatment regimens against evidence-based cancer care, and it ensures that prescribed regimens are aligned with Blue Cross Blue Shield of Michigan and Blue Care Network medical policy.

For Blue Cross commercial and BCN commercial members, some drugs also have site-of-care requirements.

Who administers the program?

Carelon Medical Benefits Management administers the program on behalf of Blue Cross and BCN.

Carelon manages oncology and supportive care drugs when they're prescribed for oncology diagnoses.

When prescribing medical oncology drugs for non-oncology diagnoses, don't submit prior authorization requests to Carelon. Instead:

- For Blue Cross commercial and BCN commercial members: Fax all clinical documentation to the Pharmacy Clinical Help Desk at 1-877-325-5979.
- For Medicare Plus Blue and BCN Advantage members, call the Pharmacy Clinical Help Desk at 1-800-437-3803.

How does the program benefit my practice and my patients?

The program will benefit your practice and your patients in the following ways:

- Enhanced reimbursement:** When your practice prescribes a cancer treatment regimen for a patient and submits it to Carelon for review, the regimen is compared against evidence-based Carelon Cancer Treatment Pathways. By choosing cancer treatment pathways when clinically appropriate, your practice may be eligible for enhanced reimbursement.¹ If your regimen isn't aligned with a Pathway, information on available Pathway regimens may be presented for your review.
- Synchronization with plan medical policy:** Prescribed regimens are reviewed in real time against Blue Cross and BCN medical policy.

¹For services to UAW Retiree Medical Benefits Trust members with Blue Cross non-Medicare plans, providers in Alabama, Arkansas, California, Colorado, Connecticut, Georgia, Indiana, Kentucky, Maine, Michigan, Missouri, Nevada, New Hampshire, New York, North Carolina, Ohio, Virginia or Wisconsin may be eligible to receive enhanced reimbursement. For services to BCN commercial members, only BCN-contracted providers may be eligible for enhanced reimbursement. Starting Jan. 1, 2020, Medicare Advantage reimbursement rules apply and may differ. For services to Blue Cross commercial fully insured and self-funded members, providers are not eligible for enhanced reimbursement. This does not affect services to UAW Retiree Medical Benefits Trust members with Blue Cross non-Medicare plans, or BCN commercial, Medicare Plus Blue or BCN Advantage members.

Is this program applicable to all members?

No. The Oncology value management program applies to select members as listed below.

Line of business	Effective date	Card image
UAW Retiree Medical Benefits Trust members with Blue Cross non-Medicare plans Exceptions: UAW Retiree Health Care Trust (group number 70605) and UAW International Union (group number 71714) do not participate in this program.	Jan. 1, 2019	

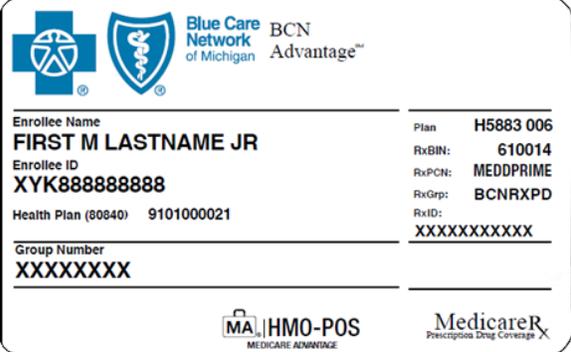
Oncology value management program

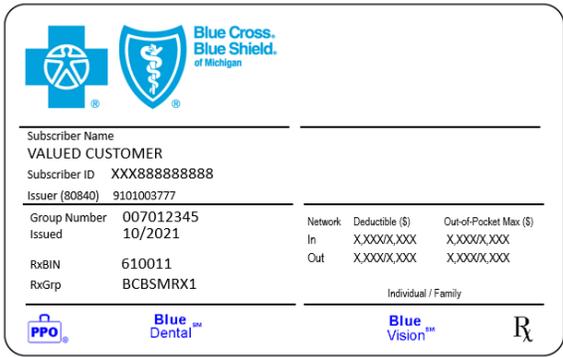
Frequently asked questions for providers

For Blue Cross commercial, Medicare Plus BlueSM, Blue Care Network commercial and BCN AdvantageSM

Revised December 2023



Line of business	Effective date	Card image																									
BCN commercial members	Aug. 1, 2019	 <p>Subscriber Name VALUED CUSTOMER Subscriber ID XYH888888888 Issuer (80840) 9101000021</p> <table border="0"> <tr> <td>Group Number</td> <td>00123456</td> <td>Network</td> <td>Deductible (\$)</td> <td>Out-of-Pocket Max (\$)</td> </tr> <tr> <td>Issued</td> <td>10/2021</td> <td>In</td> <td>0,000/0,000</td> <td>0,000/0,000</td> </tr> <tr> <td>Plan</td> <td>HMO</td> <td>Out</td> <td>0,000/0,000</td> <td>0,000/0,000</td> </tr> <tr> <td>RxBIN</td> <td>610011</td> <td></td> <td></td> <td></td> </tr> <tr> <td>RxGrp</td> <td>MiBCNRX</td> <td></td> <td></td> <td></td> </tr> </table> <p>Individual / Family</p> <p> Blue DentalSM Rx</p>	Group Number	00123456	Network	Deductible (\$)	Out-of-Pocket Max (\$)	Issued	10/2021	In	0,000/0,000	0,000/0,000	Plan	HMO	Out	0,000/0,000	0,000/0,000	RxBIN	610011				RxGrp	MiBCNRX			
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Plan	HMO	Out	0,000/0,000	0,000/0,000																							
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Medicare Plus Blue members	Jan. 1, 2020	 <p>Blue Cross Blue Shield of Michigan Medicare PLUS BlueSM PPO</p> <table border="0"> <tr> <td>Enrollee Name VALUED CUSTOMER</td> <td>Plan XXXXX-XXX</td> </tr> <tr> <td>Enrollee ID XYL918888888</td> <td>RxBIN 610014</td> </tr> <tr> <td>Issuer (80840) 9101003777</td> <td>RxGRP MEDPRIME</td> </tr> <tr> <td>Group Number XXXXX</td> <td>RxGRP BCBSMAN</td> </tr> <tr> <td></td> <td>Issued 10/2018</td> </tr> </table> <p>DENTAL, VISION & HEARING  MedicareRxSM MEDICARE ADVANTAGE Prescription Drug Coverage</p>	Enrollee Name VALUED CUSTOMER	Plan XXXXX-XXX	Enrollee ID XYL918888888	RxBIN 610014	Issuer (80840) 9101003777	RxGRP MEDPRIME	Group Number XXXXX	RxGRP BCBSMAN		Issued 10/2018															
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	Issued 10/2018																										
BCN Advantage members	Jan. 1, 2020	 <p>Blue Care Network of Michigan BCN AdvantageSM</p> <table border="0"> <tr> <td>Enrollee Name FIRST M LASTNAME JR</td> <td>Plan H5883 006</td> </tr> <tr> <td>Enrollee ID XYK888888888</td> <td>RxBIN: 610014</td> </tr> <tr> <td>Health Plan (80840) 9101000021</td> <td>RxPCN: MEDDPRIME</td> </tr> <tr> <td>Group Number XXXXXXXXX</td> <td>RxGrp: BCNRXPD</td> </tr> <tr> <td></td> <td>RxID: XXXXXXXXXXXX</td> </tr> </table> <p> MedicareRxSM MEDICARE ADVANTAGE Prescription Drug Coverage</p>	Enrollee Name FIRST M LASTNAME JR	Plan H5883 006	Enrollee ID XYK888888888	RxBIN: 610014	Health Plan (80840) 9101000021	RxPCN: MEDDPRIME	Group Number XXXXXXXXX	RxGrp: BCNRXPD		RxID: XXXXXXXXXXXX															
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Line of business	Effective date	Card image
Blue Cross commercial fully insured members	Dec. 1, 2020 Note: MESSA members had requirements under this program for dates of service from Jan. 1, 2022, though Dec. 31, 2023.	
Blue Cross commercial select self-funded members ¹	Varies*	Member ID cards vary by group

¹To determine which groups have opted in and the date on which they opted in, see the document titled [Oncology value management program opt-in list for Blue Cross commercial self-funded groups](#).

What drugs are included in the Oncology value management program?

The program applies to medical oncology and supportive care drugs. Medical oncology drugs are medications covered under the medical benefit that require administration by a health care professional. Oncology drugs on the pharmacy benefit (for example, oral cancer drugs) may still require prior authorization from Blue Cross or BCN or from the member's pharmacy benefit manager.

Are drugs included in the Oncology value management program the same for all members?

No. While most drugs are the same for Blue Cross and BCN members, there are some differences. Complete drug lists are available on the following pages of the ereferrals.bcbsm.com website:

- [Blue Cross Medical Benefit Drugs](#)
- [BCN Medical Benefit Drugs](#)



How to submit a request

How do I participate in the program through Carelon?

The most efficient way to participate in the program is to use the Carelon ProviderPortal[®]. It's available 24/7 with the exception of Sundays for maintenance from 1:30 to 7 p.m. Eastern time. Through the portal, you can:

- Initiate new order requests
- Update existing order requests
- Identify Carelon Cancer Treatment Pathways
- Retrieve order summaries

If you need help using the Carelon ProviderPortal or need assistance with troubleshooting, call Carelon at 1-800-252-2021. You can also initiate or update requests by calling Carelon at 1-800-728-8008. Carelon is available Monday through Friday from 8 a.m. to 5 p.m. EST.

Important! [Michigan's prior authorization law](#)* requires health care providers to submit prior authorization requests electronically for commercial members. Alternate submission methods are allowed in the case of temporary technical problems, such as power or internet outages; see the information about submitting prior authorization requests through alternate methods below.

What can I do to speed up the review process for prior authorization requests?

To get the fastest response from Carelon, do the following:

- Gather all the pertinent information about the procedure and the patient's condition before submitting the request. For example, include information on tumor testing results, tumor staging and previous therapy for requests that involve oncology services.
- Submit the request with a complete set of clinical information that supports the rationale for the regimen of care you're planning. This will move the clinical review process along faster.
- Provide a phone number where the provider can be reached for a peer-to-peer discussion. This will help Carelon get answers to clinical questions so they can determine the medical necessity of the proposed services.



- Submit the request through the Carelon ProviderPortal. For more information, see the “How do I submit prior authorization requests to Carelon?” section below.

Note: If you need to request access to Blue Cross and BCN’s provider portal, see the [Register for web tools](#) webpage on bcbsm.com/providers.

How do I submit prior authorization requests to Carelon?

Submit prior authorization requests to Carelon as follows:

- For commercial members, [Michigan’s prior authorization law](#)* requires health care providers to submit prior authorization requests electronically. Alternate submission methods (phone or fax) are allowed in the case of temporary technical problems, such as power or internet outages.
- For Medicare Advantage members, submit requests using any of the methods outlined in this section.

Method of submission	Details
Through our provider portal — for Michigan providers	<ol style="list-style-type: none"> 1. Log in to our provider portal (availity.com*). 2. Click <i>Payer Spaces</i> in the menu bar and then click the BCBSM and BCN logo. 3. Click the <i>Carelon ProviderPortal</i> tile in the Applications tab. <p>If you’re having trouble accessing the eviCore Provider Portal using this process, contact Availity® Client Services at 1-800-AVAILITY (282-4548).</p>
Through our provider portal — for non-Michigan providers who are registered with Availity	<ol style="list-style-type: none"> 1. Log in to our provider portal (availity.com*). 2. Enter the member’s contract number from their ID card. Be sure to include the alpha prefix. Availity determines the member’s plan and takes you to the Pre-Service Review for Out-of-Area and Local Members screen. 3. Click the <i>Carelon Provider Portal</i> link.
Through our provider portal — for non-Michigan providers who aren’t registered with Availity	<ol style="list-style-type: none"> 1. Log in to your local plan’s website. 2. Select an ID card prefix for Michigan. The Pre-Service Review for Out-of-Area and Local Members screen opens. 3. Click the <i>Outpatient Authorization</i> link.
Direct log in	Go to providerportal.com *.

Method of submission	Details
By phone	<ul style="list-style-type: none"> For Blue Cross commercial and Medicare Plus Blue members, call 1-800-728-8008. For BCN commercial and BCN Advantage members, call 1-844-377-1278.

If Carelon is unable to accept requests through the portal or by phone due to technical problems, submit the request to Blue Cross or BCN using one of the following methods:

- For Blue Cross commercial members, fax to 1-877-325-5979.
- For Medicare Plus Blue members, fax to 1-866-392-6465.
- Call the Blue Cross and BCN Pharmacy Clinical Help Desk at 1-800-437-3803.
- For Blue Cross commercial members only, mail the request to:

Blue Cross Blue Shield of Michigan, Pharmacy Services
Mail Code 512B
600 E. Lafayette Blvd.
Detroit, MI 48226-2998

What if the servicing provider I want isn't available in the Carelon ProviderPortal?

Contact Carelon ProviderPortal support at 1-800-252-2021.

Will I be required to provide medical records or other clinical documents?

Medical records are required only if requested by a Carelon clinician.

What happens if I provided a service, but I didn't request prior authorization through Carelon?

If you don't get authorization from Carelon for the oncology treatment or supportive drugs you prescribe, your related claims will be denied. We encourage you to obtain authorization prior to the start of services.

Here's what you need to know about the requirements for retroactive authorizations:

Line of business	Submitting retroactive authorizations to Carelon
Blue Cross commercial — All fully insured members and select self-funded groups	You have one calendar year after the start of the services to submit retroactive requests.
UAW Retiree Medical Benefits Trust members with Blue Cross non-Medicare plans	You have up to two business days after the start of the services to submit retroactive authorizations. After two days, Blue Cross will process requests for up to two calendar years. You can fax requests to the Blue Cross Pharmacy Help Desk at 1-866-915-9187.
Medicare Plus Blue	You have 90 days after the start of the services to submit retroactive requests.
BCN commercial	You have up to one calendar year after the start of the services to submit retroactive requests.
BCN Advantage	You have one calendar year after the start of the services to submit retroactive requests.

How long will it take Carelon to respond to my prior authorization request?

Requests that meet criteria receive a response instantly either on the Carelon ProviderPortal or by phone with the Carelon contact center.

When a request can't be approved immediately, it will be transferred to an oncology nurse for further review. No adverse determination is made until the ordering provider has an opportunity to discuss the request with a Carelon physician.

Carelon will review cases and provide responses within the following time frames. The time frame begins when Carelon receives the request.

	Blue Cross commercial fully insured members and select self-funded groups	UAW Retiree Medical Benefits Trust members with Blue Cross non-Medicare plans	Medicare Plus Blue members	BCN commercial members	BCN Advantage members
Standard requests	3 business days	3 business days	72 hours (calendar)	3 business days	72 hours (calendar)
Urgent requests	72 hours (calendar)	72 hours (calendar)	24 hours (calendar)	72 hours (calendar)	24 hours (calendar)

How does Carelon communicate prior authorizations?

Carelon will include an order ID for authorized drugs on an order summary in the ProviderPortal, regardless of submission method. Order summaries may also include an order ID for each drug within a requested regimen that isn't subject to prior authorization.

Can both the ordering and servicing providers view required prior authorizations for patients (when the ordering and servicing providers are different for a member)?

Yes, both ordering providers and servicing providers can view prior authorizations on the Carelon ProviderPortal.

Note: For Medicare Plus Blue and BCN Advantage, Carelon will also send a determination letter to ordering and servicing providers.

Will all Carelon prior authorization cases show in the Blue Cross/BCN e-referral system?

Yes.

How can providers appeal?

The information about how providers can appeal is in the provider manuals. To access the manuals, complete these steps:

1. Log in to our provider portal (availity.com*)
2. Click *Payer Spaces* on the menu bar and then click the BCBSM and BCN logo.

3. Click the *Resources* tab.
4. Scroll down and click *Secure Provider Resources (Blue Cross and BCN)*.
5. Click *Provider manuals*.
6. Access the pertinent manual as follows.

For Blue Cross commercial members who have requirements under this program, the information is in the *Blue Cross Commercial Provider Manual*.

- a. Click *Blue Cross commercial*.
- b. Do one of the following:
 - For facilities, scroll down to “Services – Hospitals and Facilities” and click the *Hospital* chapter.
 - For professional providers, scroll down to “Services – Physicians and Professionals” and click *Medical-Surgical*. Scroll down to the “Pharmaceuticals – specialty” section in the table of contents and click the *Medical Oncology Management Program* link.

For Medicare Plus Blue members, the information is in the *Medicare Plus Blue PPO Provider Manual*.

- a. Click *Medicare Plus Blue*.
- b. Scroll down to locate the “Utilization Management” section in the table of contents and click the *Prior authorization of Prescription Drugs Covered under the Medical Benefit – Medicare Part B* link.

For BCN commercial and BCN Advantage members, the information is in the *BCN Provider Manual*.

- a. Click *BCN commercial and BCN Advantage*.
- b. Click the *Pharmacy* chapter in the list of chapters.
- c. Scroll down to locate “Drugs covered under the medical benefit” in the table of contents and click the *Appealing determinations made on authorization requests* link.

About Carelon Cancer Treatment Pathways

What are Carelon Cancer Treatment Pathways?

Carelon Cancer Treatment Pathways are developed by Carelon oncologists and pharmacists in consultation with a panel of academic and community-based oncologists. Together they apply a rigorous process to evaluate regimens supported by national guidelines, such as National Comprehensive Cancer Network guidelines and oncology professional society practice guidelines and peer-reviewed, published data. Factors considered include:

- Clinical benefit (efficacy)
- Side effects (toxicity) — especially those that lead to hospitalizations or impact quality of life
- When efficacy and toxicity are equal, cost

Because standards of oncologic care evolve rapidly, Carelon Pathways are updated through a systematic review of medical evidence at least quarterly, and more often when new data emerges, or national guidelines change.

Where can I find a copy of the Carelon Cancer Treatment Pathways?

The Pathways are posted on Carelon's [Oncology Management Program for Blue Cross Blue Shield of Michigan and Blue Care Network](#)* webpage.

What should I consider when selecting a Pathway?

Selecting a Pathway depends upon a number of factors, including the type of cancer, the stage of disease and the biomarkers or specific genetic profile of the patient's cancer. Within each cancer type, separate Pathways are usually available for early stage through advanced cancer, subtypes of cancer (for example, HER2 positive) and different lines of therapy.

What if a Pathway regimen isn't available for my patient?

Carelon Cancer Treatment Pathways include multiple regimens for different clinical situations. However, if a Pathway regimen isn't available for a particular type of cancer or line of therapy, you must still enter the prescribed regimen in the Carelon ProviderPortal to ensure alignment with Blue Cross and BCN medical policy.

Do Pathways apply to pediatric patients?

Carelon Cancer Treatment Pathways exist for cancers observed most often — but not exclusively — in adults; these pathways can be considered for any relevant patient regardless of age. If a Pathway regimen isn't available for a particular type of cancer or line of therapy for a pediatric or adult patient, you must still enter the prescribed regimen into the Carelon ProviderPortal to ensure alignment with Blue Cross and BCN medical policy.

What happens if I don't select a treatment regimen designated as an Carelon Cancer Treatment Pathway?

The requested treatment regimen will be reviewed for alignment with Blue Cross and BCN medical policy. A regimen that isn't a Pathway regimen may still be authorized. Blue Cross will pay the claim for that regimen, but enhanced reimbursement won't be available.

How often are the Carelon Cancer Treatment Pathways updated?

Carelon Cancer Treatment Pathways are reviewed at least quarterly or more frequently, as needed.

Are supportive care drugs included in the Pathways?

Supportive care drugs, such as those that manage side effects of chemotherapy, aren't included in the Carelon Cancer Treatment Pathways. However, you should include the entire cancer treatment drug regimen, including supportive care drugs, in the order request. This is because certain supportive care drugs may be on the list of drugs that require review against applicable Blue Cross and BCN medical policies or clinical guidelines.

About pharmacy benefit programs

What should I do if the drugs I'm ordering require prior authorization through the health plan or a pharmacy benefit manager?

Some drugs used to treat cancer may require prior authorization through the health plan or a pharmacy benefit manager. Include all drugs when submitting an order request to the program to determine if the regimen is on a Pathway, and see which drugs, if any, need prior authorization. The Carelon ProviderPortal will direct you as needed to the appropriate management channel.



About enhanced reimbursement

What is enhanced reimbursement?

Carelon Cancer Treatment Pathways support high-quality, high-value cancer treatment. By choosing designated Carelon Cancer Treatment Pathway regimens when clinically appropriate, the ordering provider may be eligible for enhanced reimbursement.¹ Refer to Blue Cross and BCN provider fee schedules.

¹For services to UAW Retiree Medical Benefits Trust members with Blue Cross non-Medicare plans, providers in Alabama, Arkansas, California, Colorado, Connecticut, Georgia, Indiana, Kentucky, Maine, Michigan, Missouri, Nevada, New Hampshire, New York, North Carolina, Ohio, Virginia or Wisconsin may be eligible to receive enhanced reimbursement. For services to BCN commercial members, only BCN-contracted providers may be eligible for enhanced reimbursement. Starting Jan. 1, 2020, Medicare Advantage reimbursement rules apply and may differ. For services to Blue Cross commercial fully insured and select-self-funded members, providers are not eligible for enhanced reimbursement. This does not affect services to UAW Retiree Medical Benefits Trust members with Blue Cross non-Medicare plans, or BCN commercial, Medicare Plus Blue or BCN Advantage members.

Am I eligible for enhanced reimbursement?

Only the ordering provider can bill S-codes to the health plan and receive the enhanced reimbursement. S-codes should be submitted through professional claims. S-codes submitted on a facility claim aren't eligible. If S-codes aren't billed to the health plan, you won't receive the enhanced reimbursement. To see your reimbursement level, refer to your Blue Cross or BCN fee schedule.

The Carelon ProviderPortal will display S-codes on the order summary page for ordering providers with instructions for billing S-codes to Blue Cross or BCN. If processing an order request by phone, S-code information will be provided verbally. We don't send letters about S-code eligibility; therefore, we recommend that you save the summary page.

How often can S-codes be billed?

S0353 can be reimbursed only once per patient, at the onset of treatment, unless this treatment is changed, and a new Pathway is ordered.

Thirty days after onset of treatment, S0354 can be reimbursed for each subsequent treatment, up to the maximum number of months as specified in the order summary.¹ S0354 can't be reimbursed within 30 days of being reimbursed for S0353. S0354 will be reimbursed no more than every 30 days. Any treatment extended beyond the maximum number of months on the order summary requires a new request. S0354 reimbursement is applicable only if the patient continues to be treated with the Pathway for which the S0354 was awarded.

Any changes in treatment require that you submit a new order request to Carelon through the ProviderPortal or by phone. We recommend that the practice save the approved order summary in the patient medical record. Order summaries are on the Carelon ProviderPortal.

¹S0354 is approved for up to five months, as specified when the code is issued. This reflects the expected duration of treatment.

How will the enhanced reimbursement be paid and when will I receive it?

If you submitted the claim electronically, it will be paid by electronic funds transfer, following standard Blue Cross and BCN claims processing time frames. In rare cases, we'll process paper checks when EFT isn't possible.

*Clicking this link means that you're leaving the Blue Cross Blue Shield of Michigan and Blue Care Network website. While we recommend this site, we're not responsible for its content.

Carelon Medical Benefits Management is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to manage authorizations for select services. For more information, go to our ereferrals.bcbsm.com website.

Availity is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to offer provider portal and electronic data interchange services.