Blue Cross complete of Michigan

Blue Cross Complete of Michigan

CONNECTIONS

January/February 2024

Contents

Winter months can cause increase in prior authorization requests

During the colder months, medical practices often see an increase in the number of prior authorization requests for cold and flu medications. This rise in authorizations is typically due to changes in prescription coverage, updates to drug lists and renewal criteria.

You can help ensure your patients receive the medicine they need in a timely manner by taking advantage of the NaviNet* platform, which is cost-free for health care providers and staff.

Through NaviNet, you can access and electronically submit:

- Prior authorizations
- Real-time clinical Healthcare Effectiveness Data and Information Set alerts
- Claims information and updates
- Member eligibility information
- Benefit information
- Drug authorizations

Health care providers can register for a NaviNet account at **https://register.navinet.net/**. If you have any questions, contact your Blue Cross Complete provider account executive, or call Blue Cross Complete's Provider Inquiry at **1-888-312-5713**.

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.

*Our website is **mibluecrosscomplete.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.

Medicaid coverage key in early detection of chronic kidney disease

As part of a Chronic Kidney Disease Prevention Strategy, the Michigan Department of Health and Human Services is encouraging Medicaid providers in Michigan to use laboratory tests to screen patients with diabetes or hypertension for chronic kidney disease. The department is also asking providers to consider the same screening for patients with other conditions that increase their risk of developing CKD. This initiative is being led by the MDHHS and the National Kidney Foundation of Michigan.

To help ensure health care providers are aware of included Medicaid services that are important in the identification of chronic kidney disease, the MDHHS issued **Letter 23-65** in October 2023. The goal is to help providers identify patients who may benefit from early diagnosis and treatment.

CKD is defined as kidney damage or a decrease in kidney function for three or more months, regardless of cause. Early detection of CKD holds the potential to slow or prevent progression to kidney failure and dialysis.

Chronic kidney disease overview

According to the MDHHS, CKD affects 15% of the United States population, including more than one million adults in Michigan age 20 and older. Unfortunately, fewer than 1 in 10 adults who have CKD are aware they have the disease.

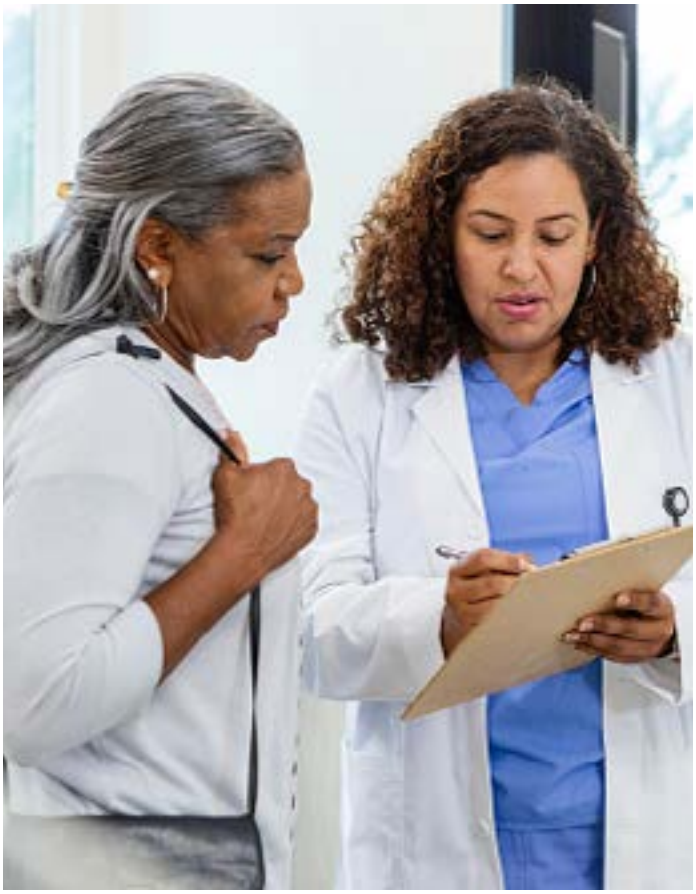
Health disparities are also significant when it comes to CKD. The MDHHS reports that communities of color are at a higher risk of developing end stage kidney disease compared to white individuals, with Black people being at four times higher risk. Native Americans and those in the Hispanic communities are at two times higher risk, while Asian communities are at 1.4 times higher risk. Even more, diabetes and high blood pressure are the main causes of end stage kidney disease, accounting for approximately 65% of reported causes among adults 18 or older in the U.S.

Health officials report that laboratory tests are an effective way to screen patients with diabetes or hypertension and identify those with CKD. Early detection of CKD can help slow down or prevent progression to kidney failure and dialysis by initiating timely medication, such as those recommended in the **Standards of Care in Diabetes**, avoiding others, targeting glucose and blood pressure goals and recognizing illnesses that can further harm kidneys. It's important to note that kidney disease is also a risk factor for cardiovascular disease, which can lead to serious complications like heart attack and heart disease, stroke, fluid buildup, anemia, gout and mineral bone disease among others serious complications.

Blue Cross Complete currently covers several laboratory services to help identify CKD when performed by an enrolled health care provider. Testing includes:

- Serum estimated glomerular filtration rate (eGFR).
- Urine albumin-creatinine ratio (uACR).
- Additional laboratory services determined clinically appropriate.

As always, refer to the **Prior Authorization Lookup Tool** to learn more about services that require prior authorization. If you have any questions, please contact your Blue Cross Complete provider account executive or Provider Inquiry at **1-888-312-5713**.



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Supporting mental well-being during pregnancy

The MC3 program offers psychiatry support to pediatric and perinatal providers in Michigan who are managing patients with behavioral health concerns. This includes children, adolescents, young adults through age 26, and women who are contemplating pregnancy, pregnant, or postpartum (up to one year).

The program was launched in 2012 through a partnership with the Michigan Department of Health and Human Services, Community Mental Health, primary care doctors and local physician champions to support child, young adults and maternal mental health challenges.

Through the program, psychiatrists are available through same-day phone consultations to offer guidance on:

- Diagnostic questions
- Medication recommendations
- Appropriate psychotherapy
- Local resources

How does it work?

- The patient's primary care physician or clinic designee initiates a call to the behavioral health consultant or a local master's-level mental health professional.
- An MC3 behavioral health consultant plays an important role in triaging referrals and helping to ensure patients receive the appropriate level of service. In cases deemed urgent, the behavioral health consultant will suggest local resources for referral.
- The program integrates with the High Touch, High Tech (HT2) *Mommy Check-Up* smartphone application and offers access to additional, specially trained, regional behavioral health consultants.
  - What is HT2? High Touch, High Tech is a collaborative program pairing technology-based screening and brief intervention for pregnant women (*Mommy Check-Up* smartphone application) with same-day access to virtual counseling and care coordination through remote behavioral health consultants.
    - > High Tech. *The Mommy Check-Up* is an easy-to-use mobile app available to any clinic providing care to pregnant mothers in Michigan. Prior to a new intake appointment, the app screens patients for behavioral health risks. Those who screen positive are offered a brief motivational intervention provided directly by the application, and are then helped to get connected to services.
    - > High Touch. The *Mommy Check-Up* app can connect patients directly with the "high touch" element of behavioral health services by telecounseling, which can be provided either at home or in the waiting room.
- Upon completion of the consultation with an MC3 behavioral health consultant , a summary of the consultation is sent to the provider with local resources. In select regions, telepsychiatry evaluations may be available as an additional resource.
- As a follow-up to the phone consultation, telepsychiatry evaluations are available as a one-time consultation, based on insurance.

The MC3 Perinatal Program is funded by Healthy Moms, Healthy Babies through the MDHHS as a Michigan Medicine Program. University of Michigan psychiatrists and local behavioral health consultants are available by phone Monday through Friday from 9 a.m. to 5 p.m., excluding holidays. Extended hours are available on Mondays from 5 p.m. to 7 p.m. For more details, visit **mc3michigan.org** or call **1-844-828-9304**.

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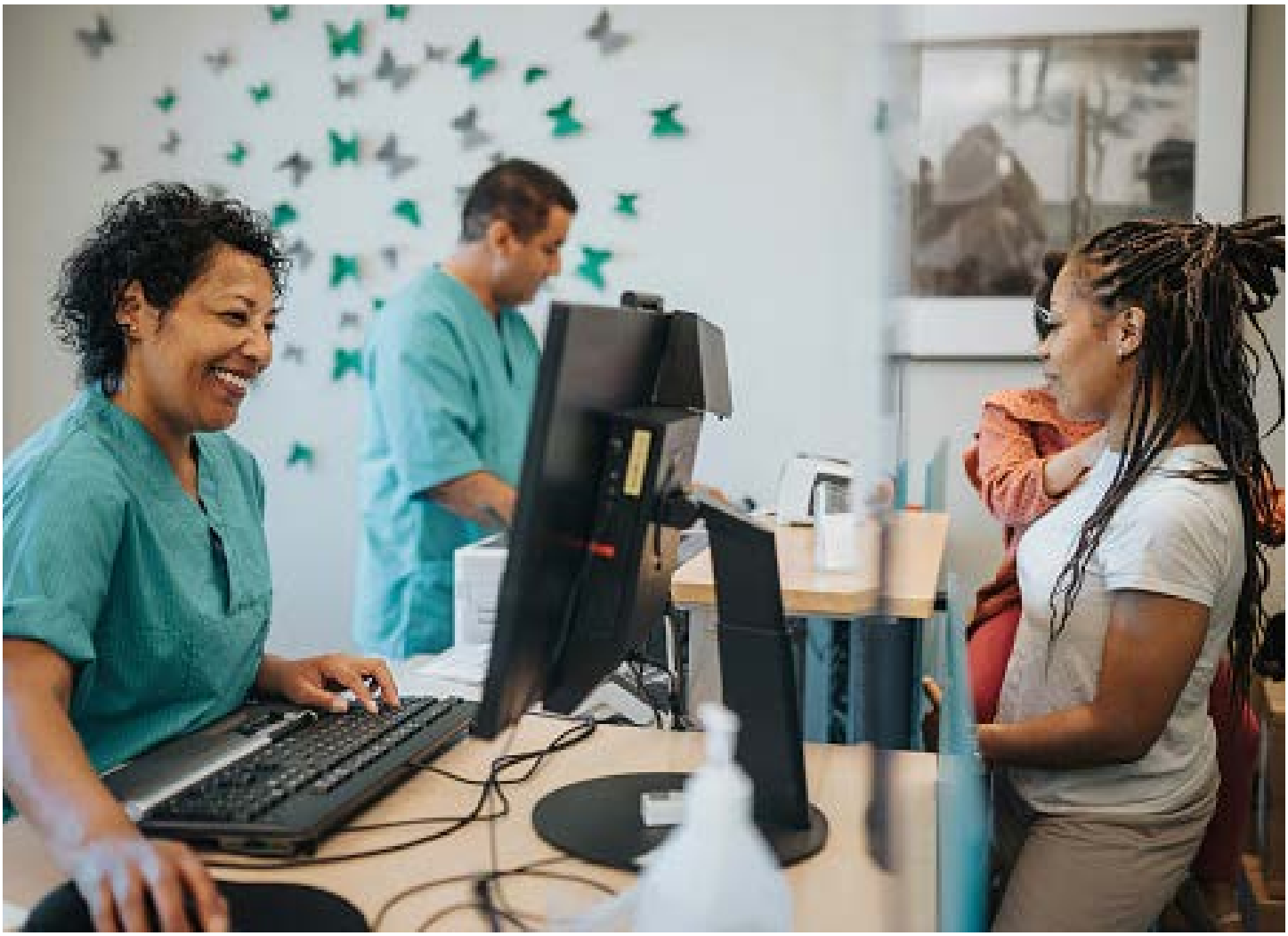

Blue Cross Complete prohibits balance billing members

As a reminder, claims for all billable and covered services must be submitted within 365 days of the service date. It is important to note that members cannot be balance billed for covered services under any circumstances.

Providers must accept all payments from Blue Cross Complete as payment in full for services rendered. Michigan Medicaid guidelines prohibit billing members for claims that have been denied or recovered. We encourage providers to use the claims inquiry process to resolve any outstanding claims payment issues. We appreciate your cooperation in submitting and processing claims correctly for members.

Blue Cross Complete processes claims according to Michigan Department of Health and Human Services guidelines. For more details, refer to the **Medicaid Provider Manual**, General Information for Providers, Section 10 – Billing Beneficiaries at **Michigan.gov**.* Also reference Section 13 of the **Blue Cross Complete Provider Manual** at **mibluecrosscomplete.com**.

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

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MDHHS to end health risk assessment program

Effective Dec. 31, 2023, the Michigan Department of Health and Human Services retired the Healthy Michigan Plan health risk assessment. This change is a part of the MDHHS's effort to promote consistent member incentive programs that encourage participation in health-promoting behaviors across Medicaid. The process for retiring the assessment will include the following changes for Medicaid health plans:

- Blue Cross Complete will no longer be required to send out HMP assessments to new HMP members as of Dec. 31, 2023.
- Blue Cross Complete will no longer contact members about annual HMP assessment completion.
- The MDHHS fax line will be turned off and providers will get a return message that the HMP assessment program has ended.
- Blue Cross Complete may continue to collect and use HMP assessment information from their members and provider networks, but it will no longer be required to send this information to MDHHS on the 5944 Healthy Behaviors file as of Dec. 31, 2023.
- Blue Cross Complete will no longer be required to offer a provider incentive for the HMP assessment.
- The review of claims for preventive services ended on Dec. 31, 2023.
- As HMP assessments stop being completed, CareConnect360, CHAMPS and all related files will gradually stop being updated.
- CHAMPS HRA systems and CC360 fields will be turned off at a future date. There is an Adult Medicaid health risk assessment available in the MyHealthButton/MyHealthPortal, which will also be made available to Healthy Michigan Plan members at this time. This will provide a consistent assessment tool to all Medicaid members.

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

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Prior Authorization Lookup tool available on Blue Cross Complete website

Confirming authorization requirements is as simple as entering a CPT code or HCPCS and clicking submit using Blue Cross Complete's Prior Authorization Lookup tool. This user-friendly resource allows users to enter a CPT or a HCPCS code to verify authorization requirements in real time before delivery of service.

The Prior Authorization Lookup tool was designed to help reduce the administrative burden of calling Provider Services to determine whether prior authorization is required. The tool is easy to use and offers general information for outpatient services performed by a participating provider.

To try the Prior Authorization Lookup tool, visit **mibluecrosscomplete.com** and go to the Providers tab.

1. Click on *Prior Authorization Resources*.
2. Scroll down to *Prior Authorization Lookup*.
3. Enter a CPT or HCPCS code in the space provided.
4. Click *Submit*.
5. The tool will tell you if that service needs prior authorization.

Prior authorization requests can't be submitted through the tool and should continue to be requested through your current process. You can submit your requests electronically through NaviNet. Through your single login to NaviNet, you can request prior authorization and view authorization history. If you aren't already a NaviNet user, visit **Navinet.net*** to register.

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

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Practitioner rights

Providers contracted with Blue Cross Complete have rights. Understanding these rights helps clarify roles and responsibilities. In accordance with legal requirements and upon written request, Blue Cross Complete practitioners or prospective practitioners are given the opportunity to:

- Review credentialing application forms from the practitioner requesting participation to Blue Cross Complete.
- Review Blue Cross Complete's credentialing policies and procedures
- Review information obtained through primary source verification for credentialing purposes. This includes information from malpractice insurance carriers and state licensing boards. This doesn't include information collected from references, recommendations and other peer-review protected information. Either attest to the accuracy of that information or correct the information, if erroneous.
- Be notified if any credential information is received that varies substantially from application information submitted by the practitioner: actions on license; malpractice claim history; suspension or termination of hospital privileges; or board-certification decisions with the exception of reference, recommendations or other peer-review protected information. The practitioner will have the right to correct erroneous information if the credentialing information received varies substantially from the information that was submitted on his or her application.
- Upon request, be informed of the status of the application — if application is current and complete, the applicant will be informed of the tentative date that his or her application will be presented to the credentialing committee for approval.

Practitioners or prospective practitioners must submit a written request to review information submitted in support of their credentialing or recredentialing application to:

Email: **bccproviderdata@mibluecrosscomplete.com**

Fax: **1-855-306-9762**

Mail: Blue Cross Complete of Michigan
Attn: Provider Network Operations
Suite 1300
4000 Town Center
Southfield, MI 48075

- A two-week notice is required for scheduling a review date and time.
- The practitioner is informed in writing of the dates and times available for the review.
- Upon receipt of the practitioner's response, the date and time of the scheduled review are confirmed in writing.

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

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Learn more about Blue Cross Complete member rights and responsibilities

Members of Blue Cross Complete have rights and responsibilities. Understanding these rights and responsibilities helps members get the most out of their health care benefits.

Member rights

Member rights will be honored by all Blue Cross Complete staff and affiliated providers. Members have the right to:

- Understand information about their health care
- Get required care as described in the **member handbook**
- Be treated with dignity and respect
- Receive culturally and linguistically appropriate services, or CLAS
- Privacy of their health care information, as outlined in the **member handbook**
- Treatment choices, regardless of cost or benefit coverage
- Full participation in making decisions about their health care
- Refuse treatment
- Voice complaints, grievances or appeals about Blue Cross Complete and its services, benefits, providers and care
- Get clear and easy-to-understand written information about Blue Cross Complete's services, practitioners, providers and rights and responsibilities
- Review their medical records and ask that they be corrected or amended
- Make suggestions about Blue Cross Complete's rights and responsibilities policies
- Be free from any form of abuse, being restrained or secluded, as a means of coercion, discipline, convenience or retaliation when receiving services
- Receive information on available treatment options and alternatives presented in a manner appropriate to the enrollee's condition and ability to understand
- Request and receive:
  - The **Blue Cross Complete provider directory**
  - The professional education of their providers, including those who are board certified in the specialty of pain medicine for evaluation and treatment
  - The names of hospitals where their physicians are able to treat them
  - The contact information for the state agency that oversees complaints or corrective actions against a provider
  - Any authorization, requirements, restrictions or exclusions by service, benefit or a specific drug
  - The information about the financial agreements between Blue Cross Complete and a participating provider

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Learn more about Blue Cross Complete member rights and responsibilities

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Member responsibilities

Members have the responsibility to:

- Know their Certificate of Coverage from Blue Cross Complete
- Know the contents of the **member handbook** and all other provided materials
- Call Customer Service with any questions at **1-800-228-8554**
- Seek services for all non-emergency care through their primary care provider
- Use the Blue Cross Complete provider network
- Make and keep appointments with their primary care provider
- Contact their doctor's office if they need to cancel an appointment
- Be involved in decisions about their health
- Behave in a proper and considerate manner toward providers, their staff, other patients and Blue Cross Complete staff
- Tell Blue Cross Complete of address changes, and any other changes for their dependent coverage
- Protect their ID card against misuse
- Call Customer Service right away if their card is lost or stolen
- Follow their doctor's instructions regarding care
- Make treatment goals with their physician
- Contact the Blue Cross Complete anti-fraud unit if they suspect fraud

Additional rights and responsibilities

- In addition to these rights and responsibilities, members also have the right to:
- Ask for and get information about how our company is structured and operated
- Have their health information stay confidential
- Use their rights without changing the way they're treated by us, health care providers or the state of Michigan
- Ask for the professional credentials of their provider
- Ask for any prior authorization requirements, limits, restrictions or exclusions
- Ask about the financial responsibility between Blue Cross Complete and any network provider
- Know if there are any provider incentives, such as pay for performance
- Ask about stop-loss coverage

Members also have the responsibility to tell their doctor and Blue Cross Complete about their health and health history.

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

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Blue Cross Complete offers language assistance

Blue Cross Complete serves a diverse population. As a result, providers may see patients who don't speak English or have limited English proficiency. Almost 7% of our members speak a different language, such as Spanish, Arabic, Chinese, Bengali or other less common languages. To help ensure information is accurately reported and understood, Blue Cross Complete offers certified translation and interpretive services in more than 200 languages.

These services include:

- Interpreting conversations with providers or health care staff
- Translating health care plan documents
- Getting plan documents in different formats

For language assistance, providers and members can call Customer Service at **1-800-228-8554**.

To learn more about the culture and demographics in Michigan, visit **Data USA***, then click Cities & Places.

- In the search bar, type in "Michigan."
- In the results, select Michigan (state).

Categories include:

- Diversity
- COVID-19
- Economy
- Civics
- Education
- Housing & Living
- Health

Continuous cultural competency training and education is a critical component in helping providers reduce health disparities. Blue Cross Complete understands the importance of enhancing awareness of social and cultural factors that influence the delivery of care. For more resources, visit **mibluecrosscomplete.com**:

- Click the Providers tab.
- Click Training.
- Scroll down to Cultural diversity training.
  - Cultural awareness and responsiveness training opportunities
  - Blue Cross Complete's Culturally and Linguistically Appropriate Services training
  - Lesbian, gay, bisexual, transgender, queer, intersex, asexual cultural competency training opportunities

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

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Refer patients to our Integrated Health Care Management program

Blue Cross Complete offers an Integrated Health Care Management program that provides a population health strategy for comprehensive disease management and complex case management. These services focus on proactive medical care coordination, support and assistance to members with medical, behavioral and social issues that affect their quality of life and their health outcomes.

Blue Cross Complete members are eligible for the program if they have specific health risks due to complex health conditions, require a high level of care coordination and typically access medical services from multiple providers' sites. Members with the following identified issues or diagnoses may be referred to the program:

- Asthma
- Cancer
- Chronic obstructive pulmonary disease
- Congestive heart failure
- Depression management
- Diabetes
- Ischemic heart disease
- Kidney management
- Pregnancy – high risk
- Sickle cell anemia
- Transplants – bone marrow and human organ

Note: This list isn't all-inclusive.

Both adult and pediatric members are eligible for IHCM and are automatically enrolled unless they choose to opt out. The program helps members understand their condition, and achieve and maintain control of their disease. Collaboration is an essential component of process, as success increases when everyone involved is in agreement. Our care managers will seek input from you for the care plan, potential interventions and goals. We'll also contact other appropriate members of the treatment team, including behavioral health providers, if applicable.

The following specific objectives direct our activities:

- Ensure members have access to the appropriate health care services, health plan benefits and community resources
- Improve the health outcome measures of our members (as reflected by the HEDIS®* scores)
- Decrease the burden of disease complication through early identification and intervention
- Improve member self-management by providing education and self-management tools
- Increase member compliance with treatment plans through education about the disease process through self-monitoring interventions
- Improve the member's functional status and quality of life
- Coordinate and facilitate health care services
- Assist in communication with the member's primary care provider
- Promote evidence-based treatment guidelines
- Encourage participation in our **Tobacco Quit Program**, as applicable, at no cost to the member

Some of the interventions provided by our nurse case managers include:

- **Coordination of care:** We help make sure the member is seeing his or her primary care provider. We also assist with referrals to specialists and make sure the primary care provider is aware of other care the member is receiving (for example, specialists or emergency room).
- **Patient education:** We make sure the member understands the disease and treatment regimen.
- **Self-management:** We provide guidance that motivates the member toward compliance and self-management.

How to refer members to the Integrated Health Care Management program

Providers can directly refer members that agree to ICHM for disease, case and complex case management services by calling **1-888-288-1722**.

When calling to make a referral, providers should have the following information available:

- Member's name, date of birth and enrollee ID number
- Member's address and current phone number
- Reason for member referral
- Name of contact person at the provider's office
- Provider phone and fax numbers

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Refer patients to our Integrated Health Care Management programs

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- Specify if provider's office prefers to be contacted by phone or fax with follow-up on member outreach activities

Disease management programs

Blue Cross Complete also offers several disease-specific management programs with interventions ranging from one-on-one nurse interaction for high-risk members to periodic educational mailings for low-risk members. The goal of our disease-specific management programs is to improve the quality of life for members by providing risk-appropriate case management and education services with a special emphasis on promoting self-management.

- Asthma: The asthma management program is for members of all ages. We especially promote member compliance with controller medications. Our program is based on current asthma practice guidelines from the National Heart Lung and Blood Institute.*
- Diabetes: The diabetes management program is for members of all ages. The goal is to prevent or reduce long-term complications. Our program is based on current diabetes practice guidelines from the American Diabetes Association.*
- Cardiovascular disease: The heart failure management program emphasizes self-management interventions, such as daily weight measurements and medication compliance. Our program is based on current heart failure guidelines from the American College of Cardiology Foundation and the American Heart Association.*

Note: This list isn't all-inclusive.

Complex care management

This program targets members with complex medical conditions that could include multiple comorbidities or a single serious diagnosis, such as HIV or cancer. Our nurses work one on one with these patients to meet their care needs.

Maternity management (Bright Start®)

This program targets pregnant members who have high-risk medical or social determinants of health needs.

We welcome your referrals of members with Blue Cross Complete that you feel would benefit from our programs. Call us at **1-888-288-1722**, and we'll reach out to the member to design a specific care plan.

Provider rights and responsibilities when members receive complex case management services

Providers treating members who are participating in Blue Cross Complete's Integrated Health Care Management program have the right to:

- Obtain information about Blue Cross Complete, including its programs and services, its staff and its staff qualifications
- Be informed about how Blue Cross Complete coordinates the interventions and plan of care for individual members
- Know how to contact the care manager responsible for managing the case and for communicating with the provider's patients
- Be supported by Blue Cross Complete and work collaboratively in decision-making with members regarding their plan of care
- Receive courteous and respectful treatment from Blue Cross Complete staff and know how to communicate complaints to Blue Cross Complete

Providers are responsible for participating in a member's integrated care management program by:

- Providing relevant clinical information as requested
- Taking action to follow up on reported information
- Participating in the member's plan of care

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Transition of care

Members receiving services from a provider prior to enrollment with Blue Cross Complete are able to continue receiving services for 90 days. This may also include certain prescriptions without prior authorizations. Members must have a relationship with a specialist, primary care provider or other covered provider prior to enrolling with Blue Cross Complete to establish continuity of care. For more information, view Blue Cross Complete's Transition of care requirements at mibluecrosscomplete.com.

Clinical practice and preventive care guidelines

Blue Cross Complete promotes the development, approval, implementation, monitoring and revision of uniform evidence-based clinical practice and preventive care guidelines for practitioners. Such guidelines promote the delivery of quality care and reduce variability in physician practice.

Evidence-based guidelines are nationally known to be effective in improving health care outcomes. Blue Cross Complete endorses the clinical proactive and preventive care guidelines developed by the Michigan Quality Improvement Consortium and uses Change Healthcare's InterQual® criteria to make utilization management determinations about bariatric surgery.

Our quality improvement program encourages Blue Cross Complete's adherence to clinical practice and preventive care guidelines. Ongoing monitoring of compliance is conducted through medical record reviews and quality studies. Approved clinical practice guidelines are available to all Blue Cross Complete primary care providers, primary care groups and specialists.

Guidelines and updates are accessible to all providers at **mibluecrosscomplete.com** in the provider section under *Resources*. Blue Cross Complete also distributes clinical practice guidelines to members and prospective members upon request. Blue Cross Complete will mail clinical practice guidelines to those who don't have fax, email or internet access. The MQIC guidelines can be accessed by visiting **mqic.org*** and clicking on *Current guidelines*.

In addition to the MQIC and InterQual guidelines, Blue Cross Complete maintains internal guidelines about the diagnosis and management of the following:

- Abdominoplasty
- Anesthesia services for gastrointestinal endoscopy
- Chronic obstructive pulmonary disease or COPD
- Orthognathic surgery

These guidelines can be accessed at **mibluecrosscomplete.com**; go to *Providers,* click *Resources* and scroll down and click *Clinical resources*.

More information about the guidelines can be found in Section 3 of **Blue Cross Complete's Provider Manual**. At **mibluecrosscomplete.com**, click *Providers* and then *Provider Programs*.

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

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Importance of reducing low birth weight

For a newborn, every ounce of weight matters. According to the March of Dimes*, weighing less than 5 pounds, 8 ounces at birth may lead to a lifetime of health complications. A low birth weight baby may have difficulty breathing or fighting off infections. Later in life, they're also more likely to have intellectual and developmental disabilities and long-term health problems, such as diabetes and heart disease. Communities of color disproportionately affected by racism are at increased risk of pregnancy complications. The Michigan Department of Health and Human Services has identified low birth weight as a statewide **health disparity**.* Black women living in **Detroit*** have higher rates for low birth weight than state and **national averages**.*

Blue Cross Complete reminds OB-GYN providers who serve Michigan women they can help improve low birth weight outcomes and eliminate health disparities in maternal and infant health. Encourage members who are or may be pregnant to **schedule a prenatal visit during their first three months of pregnancy**, or within 42 days of enrolling with Blue Cross Complete.

Once the baby arrives, members **should schedule their postpartum visit within seven to 84 days after delivery**. If members need a ride to appointments, they can make arrangements with Blue Cross Complete's transportation provider, ModivCare, at **1-888-803-4947**. TTY users should call **711**.

Smoking

If you have a patient who smokes, quitting will help no matter what stage of family planning a member is in. Blue Cross Complete has a confidential, no-cost Tobacco Quit program with special resources for pregnant women. This includes nine counseling calls, a dedicated female quit coach and rewards for sticking with smoking cessation appointments. Encourage eligible members to enroll by calling the Tobacco Quitline at **1-800-QUIT-NOW (784-8669)**, 24 hours day, seven days a week.

For more information, call Blue Cross Complete's Provider Inquiry department at **1-888-312-5713**.

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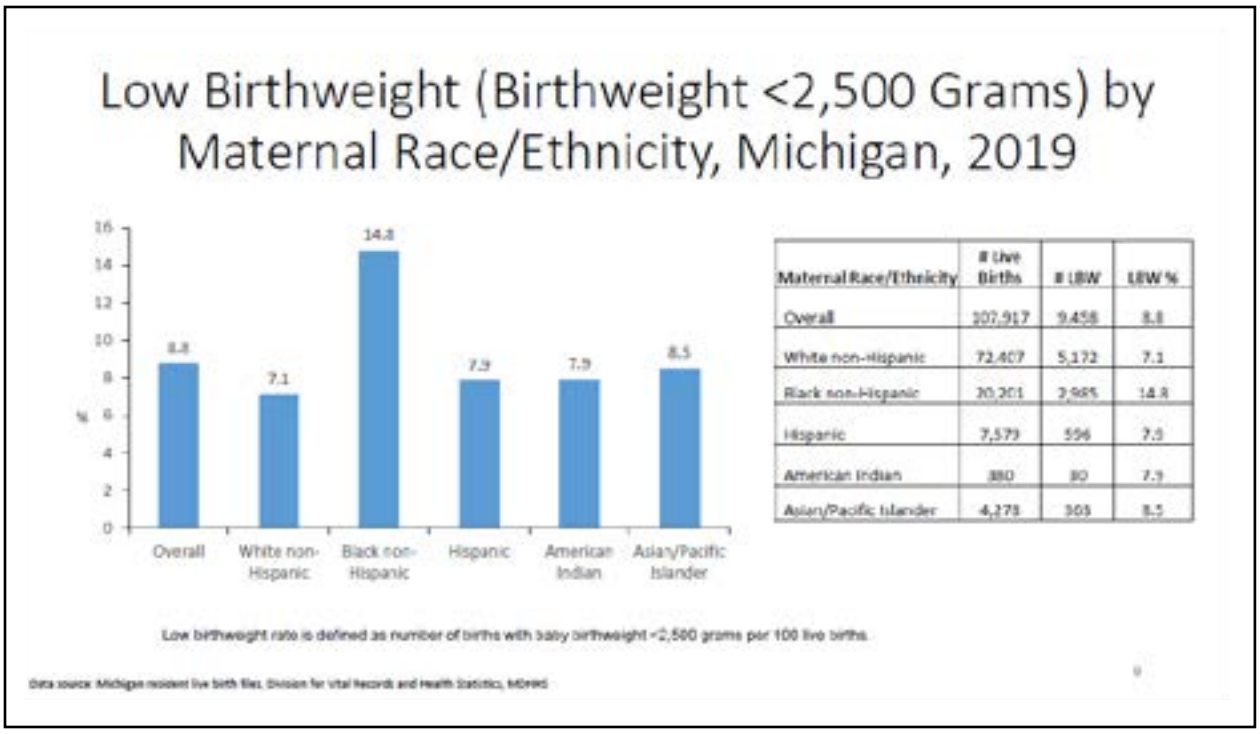
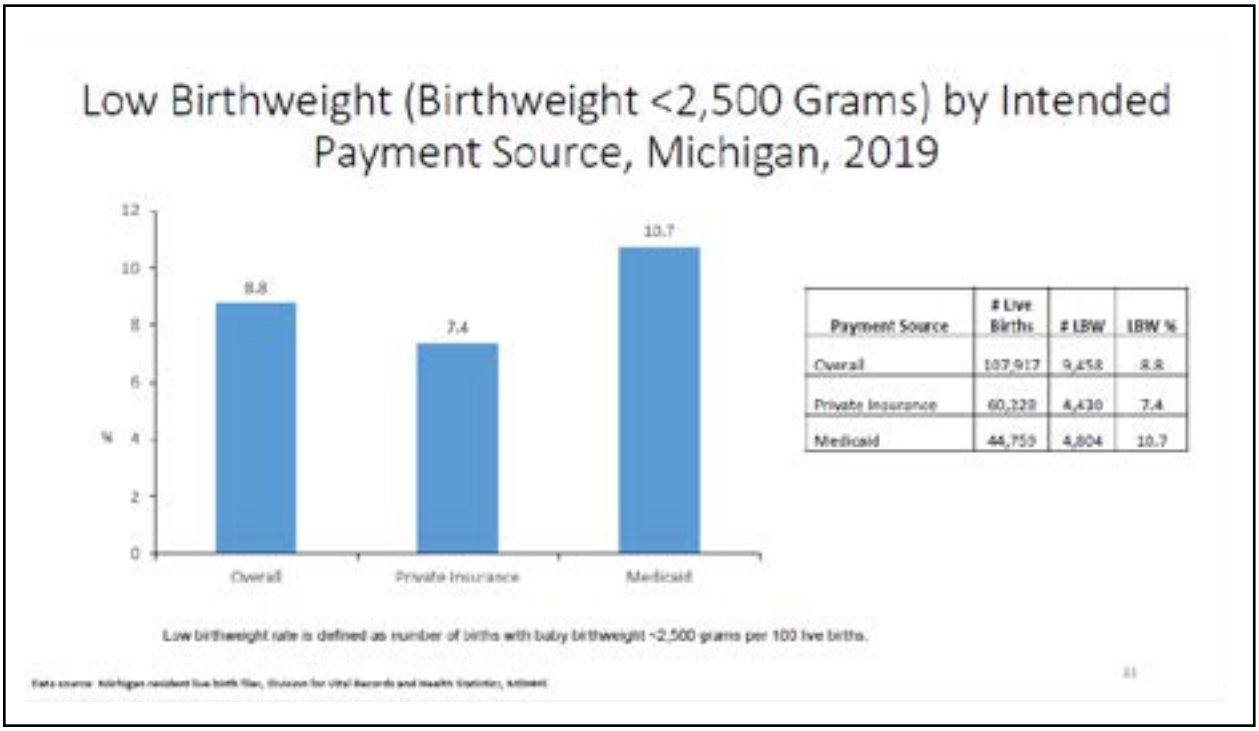
Importance of reducing low birth weight (continued from page 15)

Community Resource Hub

Blue Cross Complete can connect pregnant members to food, housing, utilities, clothing, behavioral health services, ride services, resources for alcohol misuse and more. If your patient needs immediate assistance, call our Rapid Response and Outreach Team at **1-888-288-1722**. TTY users should call **1-888-987-5832**. RROT is available from 8 a.m. to 5:30 p.m. Monday through Friday. More resources are available through our Community Resource Hub at mibluecrosscomplete.com/resources. Users can enter a ZIP code and select the category that fits their needs.



Maternal Race/Ethnicity	# Live Births	# LBW	LBW %
Overall	107,917	9,458	8.8
White non-Hispanic	72,407	5,172	7.1
Black non-Hispanic	20,201	2,985	14.8
Hispanic	7,579	596	7.9
American Indian	880	80	7.9
Asian/Pacific Islander	4,278	365	8.5



Payment Source	# Live Births	# LBW	LBW %
Overall	107,917	9,458	8.8
Private Insurance	60,220	4,430	7.4
Medicaid	44,759	4,804	10.7

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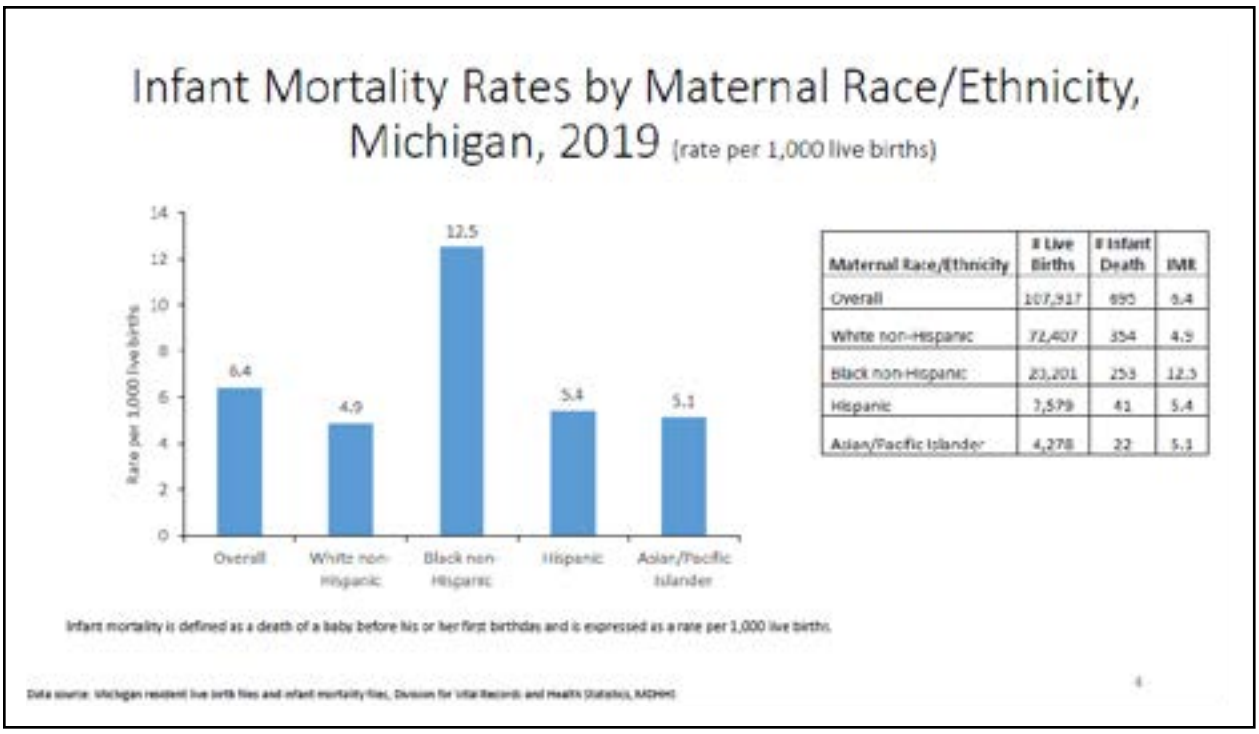
Importance of reducing low birth weight (continued from page 16)



Maternal Race/Ethnicity	# Live Births	# Infant Death	IMR
Overall	107,917	690	6.4
White non-Hispanic	72,407	354	4.9
Black non-Hispanic	20,201	253	12.5
Hispanic	7,579	41	5.4
Asian/Pacific Islander	4,278	22	5.1

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Utilization management

Blue Cross Complete utilization management contact information

Providers and members can contact Blue Cross Complete about utilization management issues, such as plan notification or authorization requests, using one of the following methods.

- Call utilization management at **1-888-312-5713** (press 1, then 4) from 8 a.m. to 5 p.m. Monday through Friday.
- For urgent or emergency requests outside of the above listed normal business hours and on weekends and holidays, call **1-888-312-5713** (press 1, then 4) but request an urgent review with the reviewer on call.
- Telecommunications devices for the hard of hearing/text telephone services are available for the hearing impaired by calling **1-888-765-9586**.

Certified translation services are available to all Blue Cross Complete providers and eligible members whose primary language isn't English or who have limited English proficiency or low literacy proficiency.

Translation and interpretive services are available in more than 200 languages. Call **1-800-228-8554** to:

- Obtain immediate services over the phone.
- Schedule an appointment for services to be delivered. Let our staff know if you need the services over the phone or in person.
- For TTY services, call **1-888-987-5832**.

For more information, contact your Blue Cross Complete provider account executive or call Provider Inquiry at **1-888-312-5713**.

Availability of criteria for Blue Cross Complete utilization management determinations

Criteria used for utilization management determinations are available upon request to all Blue Cross Complete practitioners, providers and members free of charge.

Members, practitioners and providers are made aware of the availability of review criteria and how to obtain clinical criteria used for a utilization management determination through the Provider Manual and member handbook, and written utilization management determination letters. Upon request, Blue Cross Complete personnel will fax a copy of the criteria used in the review. Blue Cross Complete will mail criteria to those who don't have fax, email or internet access.

To request criteria, contact Blue Cross Complete at **1-888-312-5713**. TTY users should call **1-888-765-9586**.

Providers can request criteria for utilization management decisions

Blue Cross Complete's utilization management department responds to authorization requests in accordance with the following guidelines:

- Decision-making related to authorization requests is based only on the existence of coverage and appropriateness of the care and service.
- Practitioners and other individuals aren't rewarded for issuing denials of coverage.
- Decision-makers for authorization requests don't receive financial incentives for decisions that result in underutilization.

Providers have the right to request the information used to make a decision. This includes benefit guidelines and other criteria. Blue Cross Complete will mail guidelines and criteria to those who don't have fax, email or internet access. To request this information, providers should call utilization management or write the appeals coordinator at the following address:

Appeals coordinator
Blue Cross Complete of Michigan
P.O. Box 41789
Charleston, SC 29423

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

*Our website is **mibluecrosscomplete.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.

Help us keep the Blue Cross Complete provider directory up to date

Accurate provider directory information is critical to helping ensure members can easily access their health care services. Please confirm the accuracy of your information in our online provider directory so our members have up-to-date resources. Some of the key items in the directory are:

- Provider name
- Phone number
- Office hours
- Hospital affiliations
- Address
- Fax number
- Open status
- Multiple locations

To view your provider information, visit **mibluecrosscomplete.com**, then click the *Find a doctor* tab and search your provider name. If any changes are necessary, you must submit them in writing using *Blue Cross Complete's Provider Change Form* also at **mibluecrosscomplete.com**. Go to the *Providers* tab, click *Change and Enrollment Forms*.

Send completed forms by:

Email: **bccproviderdata@mibluecrosscomplete.com**

Fax: **1-855-306-9762**

Mail: -Blue Cross Complete of Michigan
Provider Network Operations
Suite 1300
4000 Town Center
Southfield, MI 48075

You must also make these changes with NaviNet. Call NaviNet at **1-888-482-8057** or email **support@navinet.net.** If you have any questions, contact your Blue Cross Complete provider account executive.

Note: You must also make these changes with NaviNet.* Call NaviNet at **1-888-482-8057** or email **support@navinet.net.** If you have any questions, contact your Blue Cross Complete provider account executive.

Review criteria used for Blue Cross Complete utilization management determinations

Criteria used for utilization management determinations are available upon request to all Blue Cross Complete practitioners, providers and members free of charge. Members, practitioners and providers are made aware of the availability of review criteria and how to obtain clinical criteria used for a utilization management determination through the Provider Manual and member handbooks and written utilization management determination letters.

Upon request, Blue Cross Complete personnel will fax a copy of the criteria used in the review. Blue Cross Complete will mail guidelines and criteria to those who don't have fax, email or internet access. To request criteria, contact Blue Cross Complete at **1-800-228-8554**. TTY users should call **1-888-987-5832**.

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.

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Reporting suspected fraud to Blue Cross Complete

If you suspect another Blue Cross Complete provider, employee or member is committing fraud, notify Blue Cross Complete's Special Investigations Unit:

Phone: **1-855-232-7640 (TTY 711)**

Fax: **1-215-937-5303**

Email: **fraudtip@mibluecrosscomplete.com**

Mail: Blue Cross Complete
Special Investigations Unit
P.O. Box 018
Essington, PA 19029

Blue Cross Complete's Special Investigations Unit supports local and state authorities in investigating and prosecuting fraud. You can also report suspected fraud related to Blue Cross Complete to the Michigan Department of Health and Human Services Office of Inspector General in one of the following ways:

Website: **michigan.gov/fraud**

Phone: **1-855-643-7283**

Mail: Office of Inspector General
P.O. Box 30062
Lansing, MI 48909

You can make reports anonymously.

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Keep medical records up to date for your patients

Providers are required to maintain accurate and timely medical records for Blue Cross Complete members for at least 10 years in accordance with all federal and state laws. Providers must also ensure the confidentiality of those records and allow access to medical records by authorized Blue Cross Complete representatives, peer reviewers and government representatives within 30 business days of the request at no charge.

As a reminder, medical records must include, at a minimum:

A. A record of outpatient and emergency care

B. Specialist referrals

C. Ancillary care

D. Diagnostic test findings, including all laboratory and radiology

E. Therapeutic services

F. Prescriptions for medications

G. Inpatient discharge summaries

H. Histories and physicals

I. Allergies and adverse reactions

J. Problem list

K. Immunization records

L. Documentation of clinical findings and evaluations for each visit

M. Preventive services-risk screening

N. Other documentation sufficient to fully disclose the quantity, quality, appropriateness and timeliness of services provided

Medical records must be signed, dated and maintained in a detailed, comprehensive manner that conforms to professional medical practice, permits effective medical review and medical audit processes, and facilitates an organized system for coordinated care and follow-up treatment.

Providers must store medical records securely and maintain written policies and procedures to:

- Allow access to authorized personnel only.
- Maintain the confidentiality of all medical records.
- Maintain medical records so that records are documented accurately and in a timely manner, are readily accessible and permit prompt and systematic retrieval of information.
- Train staff periodically on proper maintenance of member information confidentiality.

Blue Cross Complete provides training and evaluates providers' compliance with these standards. If you have any questions, call your provider account executive or Blue Cross Complete's Provider Inquiry at **1-888-312-5713**.

Blue Cross Complete of Michigan LLC is an independent licensee of the Blue Cross and Blue Shield Association.

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