Blue Cross complete of Michigan

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CONNECTIONS

March/April 2024

Contents

CAHPS survey going out to members

As a part of our NCQA* accreditation, Blue Cross Complete sends the Consumer Assessment of Healthcare Providers and Systems survey each year to randomly selected members. It asks them a series of questions about their experiences with their health plan and health care for the previous year. The survey was sent out in February 2024 and will also be distributed in March 2024.

See below for examples. Here are some of the questions in the CAHPS* survey:

- In the last six months, how often did your personal doctor explain things in a way that was easy to understand?
- In the last six months, how often did your personal doctor listen carefully to you?
- In the last six months, how often did your personal doctor show respect for what you had to say?
- In the last six months, how often did your personal doctor spend enough time with you?
- In the last six months, how often did you get an appointment to see a specialist as soon as you needed?
- In the last six months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?

Please encourage your patients to complete the survey, as it gives us a better understanding about where we perform satisfactorily and what areas that need improvement. If you have any questions about the CAHPS survey, contact your Blue Cross Complete provider account executive.

CAHPS®, which stands for Consumer Assessment of Healthcare Providers and Systems, is a registered trademark of the Agency for Healthcare Research and Quality.

*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.

The HEDIS Corner

It's HEDIS medical record review time: Guidelines to a successful review

The annual Healthcare Effectiveness Data and Information Set® reporting period is just around the corner, and we need your cooperation with our efforts to collect medical record data.

HEDIS is a performance measurement tool coordinated and administered by the National Committee for Quality Assurance and used by the Centers for Medicare & Medicaid Services for monitoring the performance of managed care organizations. Results are used to measure performance, identify quality initiatives, and provide educational programs for providers and members.

You play a central role in promoting the health of your patients, and you and your staff can help facilitate the HEDIS review process by:

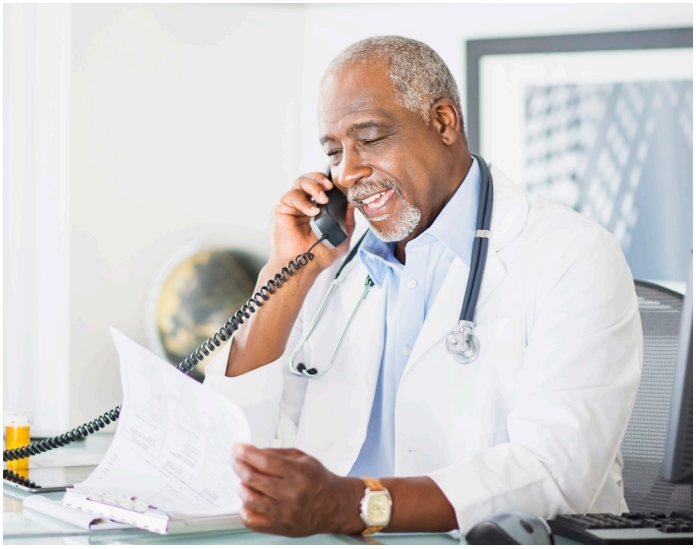
- Providing the appropriate care within the designated HEDIS time frames
- Documenting all care in the patient's medical record. Examples of medical record documentation to ensure HEDIS compliancy:
  - Documentation of a BMI for members 3-17 years of age must be documented as a distinct percentile (for example, 85th percentile) or on an age growth chart.
  - Documentation of a patient's A1c should include the date of service and the result.
  - Documentation of eye exams should include the date of service, results and the full name of the provider conducting the exam. Name of a vision care center alone is not acceptable for compliancy.
- Accurately coding all claims. Note: CPTII codes need to be billed based on resulted date of test
- Responding to our request for medical records in a timely manner

We have contracted with Inovalon® to assist with the annual medical record review process. Inovalon — trained in medical record retrieval for HEDIS, CMS and state quality reporting programs of managed care organizations — is required to comply with Health Insurance Portability and Accountability Act privacy requirements throughout the retrieval process. This data collection is permitted under HIPAA legislation.

Covered entities, including health plans and providers, are permitted to use and disclose protected health information to conduct treatment, payment or health care operations in accordance with HIPAA Privacy Rule (45 C.F.R. §164.502 (a)(1)(ii)), Uses and disclosures of protected health information: General rules.

As a Medicaid health plan, Blue Cross Complete doesn't reimburse providers for medical records.

We appreciate your cooperation with this important quality initiative. 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**.



HEDIS is a registered trademark of the National Committee for Quality Assurance.

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Keep medical records up to date for your patients

Medical records are important and help facilitate good care. Clear and legible records allow subsequent caregivers to understand the patient's condition and the basis for current medical testing, investigations or treatments. Proper record maintenance helps ensure treatment is conducted properly and facilitates communication between team members within a patient's "medical home."

Providers are required to maintain accurate and timely medical records for Blue Cross Complete members for at least 10 years in accordance with National Committee for Quality Assurance requirements and state law. 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:

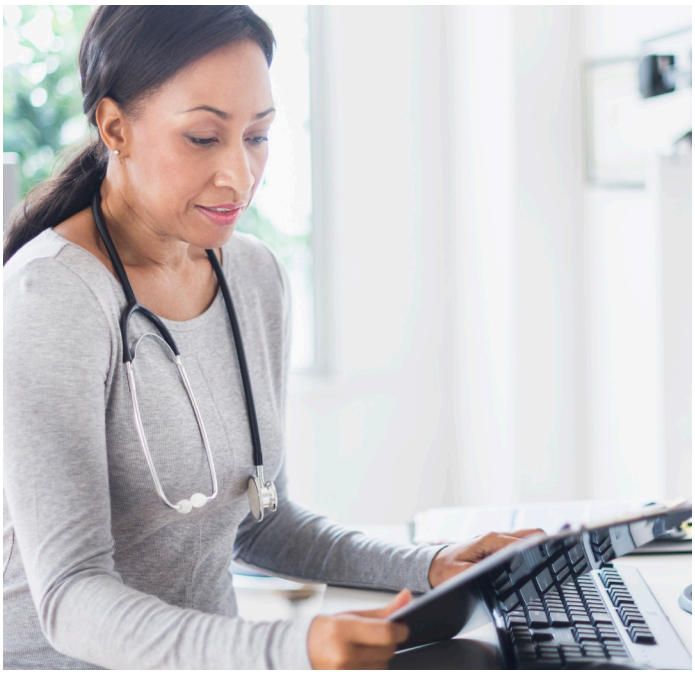
- A record of outpatient and emergency care
- Specialist referrals
- Ancillary care
- Diagnostic test findings, including all laboratory and radiology
- Therapeutic services
- Prescriptions for medications
- Inpatient discharge summaries
- Histories and physicals
- Allergies and adverse reactions
- Problem list
- Immunization records
- Documentation of clinical findings and evaluations for each visit
- Preventive services risk screening
- 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, contact your provider account executive or call Blue Cross Complete Provider Inquiry at **1-888-312-5713**.



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Steps to help avoid denied claims

In the complex world of health care billing, providers can face a myriad of challenges to help ensure timely and accurate reimbursement for the services they deliver. Among the key factors for denial of claims are invalid procedure or diagnosis codes, followed by not meeting the one-year filing limit requirement.

Time limit for filing claims:

To streamline claims processing, Blue Cross Complete emphasizes the importance of meeting filing limits. If this requirement isn't met, it can result in claim denial. Therefore, Blue Cross Complete enforces a one-year filing limit to encourage prompt and efficient claim submissions. Providers who exceed this time limit risk claims denial and potential financial losses. Providers can avoid overlooking the filing time limit requirements by implementing robust internal processes, including regular review of claims submission timelines.

Active diagnosis codes:

The use of correct procedure or diagnosis codes is another vital line of defense against claim denials. Diagnosis codes provide a standardized language for describing the patient's condition and helps payers understand the medical necessity of the services rendered. Accurate coding can help ensure proper reimbursement and reduce the likelihood of claim rejections. Claims must be billed with valid procedure or revenue codes, modifiers and diagnosis codes. If any are missing or invalid, the claim may be denied.

Physicians should ensure that any procedure codes and modifier combinations submitted are correct and that multiple modifiers are used when applicable. Providers must remain committed to accurate coding and timely claim submissions in the ever-evolving landscape of health care reimbursement. The proactive use of diagnosis codes, coupled with an awareness of filing limits, is instrumental in preventing denied claims. Regular training and education for billing staff can help maintain proficiency in claim submission accuracy.

For full details on claim submissions and processing, see Section 13 of the Blue Cross Complete **Provider Manual** at **mibluecrosscomplete.com** and Section 11 – Billing Requirements in the **Michigan Medicaid Provider Manual**,* 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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Syphilis testing becomes a high priority in Michigan

A concerning trend has emerged that demands urgent attention — the rise of syphilis among men, women and infants in Michigan.

According to the Michigan Department of Health and Human Services, chlamydia and gonorrhea remain the most common sexually transmitted infections, or STIs, in Michigan, while syphilis has been increasing at an alarming rate across all demographic groups throughout the state.

The MDHHS **reports*** that syphilis rates have doubled since 2013 and jumped 25% since 2020. In 2022, one out of every two new cases of syphilis was among heterosexuals, compared to one in five new transmissions among that group in 2013. The remaining 2013 cases were among men who have sex with men. With the increase in heterosexual cases, there also has been an increase in congenital syphilis, or babies born exposed to syphilis.

Syphilis during pregnancy can lead to stillbirth, miscarriage, development delays, organ damage, infant death and maternal and infant morbidity. These are preventable through early detection and treatment. The Centers for Disease Control and Prevention **reports** in 2022 that delayed testing and inadequate treatment has contributed to almost 90% of congenital syphilis cases in the United States.* Recent **data** from the CDC shows a concerning increase in cases of congenital syphilis not only in Michigan, but across the United States.*

Blue Cross Complete is hoping to help change that by emphasizing the need for early intervention. Health care providers are encouraged increase screening, testing and the treatment of syphilis. The CDC recommends that pregnant people be screened for syphilis during their first prenatal health visit or as soon as pregnancy is diagnosed. Testing should be repeated at 28 weeks gestation and at birth for pregnant people who live in communities with high rates of syphilis and who are at high risk of re-infection during pregnancy because of substance abuse or having a new sexual partner.

Blue Cross Complete covers many preventive and routine medical services and programs that can help

prevent and reduce the spread of STIs. Some of these services and programs include:

- Sexually transmitted disease testing and treatment
- HIV/AIDS testing and treatment
- Physical exams— routine or annual exams
- Pap tests
- Prenatal and postpartum care
- Family planning
- Pregnancy testing
- Maternal Infant Health Program
- Help with personal problems that may complicate pregnancy

As STIs continue to be a public health concern, raising awareness about prevention, testing and treatment is necessary in helping to mitigate their impact on individuals and communities. Providers can direct members to the Blue Cross Complete **Member Handbook** for covered testing and treatment of sexually transmitted diseases. 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**.

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STI Awareness Week Highlights Public Health Concern

In a proactive move to promote sexual health and well-being, health experts are encouraging Michigan residents to prioritize their health by getting tested during **Sexually Transmitted Infections Awareness Week** April 14-20, 2024*

STI Awareness Week provides an opportunity to raise awareness about STIs and how they can impact our lives. The goal of this national awareness program is to help reduce STI-related stigma, fear and discrimination, and help ensure people have the tools and knowledge for prevention, testing and treatment.

The **Centers for Disease Control and Prevention estimates** that about 20% of the U.S. population — approximately one in five people in the U.S. — had an STI on any given day in 2018.* STIs acquired that year cost the American health care system nearly $16 billion in health care costs alone.

During STI Awareness Month, sexually active individuals are urged to incorporate discussions about sexual health and regular STI testing into their regular health care routine. Blue Cross Complete covers many preventive and routine medical services and programs that can help prevent and reduce the spread of STIs. More information about these medical services can be found in the ***Blue Cross Complete Provider Manual.***

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Kidney care organization to offer additional support to members

Blue Cross Complete began working with **Somatus**, a value-based kidney care organization, in February 2024, to help support members with or at risk of developing chronic or end stage kidney disease.

The Somatus team works with health care providers to give members the additional support they may need to manage their kidney disease and follow treatment plans. The program is available to all eligible members at no extra cost.

The Somatus team can provide patients with chronic kidney disease or end-stage kidney disease with:

- One-on-one care to help manage their kidney disease and comorbidities, and address social determinants of health
- Personal health coaching that is based on their condition, treatment options and diet
- Assistance to transition safely from hospital to home
- Guidance exploring transplant options, if appropriate.
- A 24/7 Somatus Care Hotline: **1-855-851-8354, ext. 9**

A Somatus representative will contact health care providers to schedule an on-site visit to review the program. If you have questions, call Somatus at **1-855-851-8354** from 8 a.m. to 8 p.m. Monday through Friday or email **provider@somatus.com**. If you have any questions, contact your provider account executive or the Blue Cross Complete Provider Inquiry at **1-888-312-5713**.

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Primary care physicians key to delivering high-quality patient care

In the ever-evolving landscape of health care, Blue Cross Complete believes the role of primary care physicians remains integral to the well-being of individuals and communities.

These frontline health care professionals serve as the first point of contact for patients, playing a pivotal role in disease prevention, health promotion, reducing health disparities and the management of various medical conditions. The importance of PCPs providing high-quality care can't be overstated, as it contributes significantly to improved patient health outcomes, health care cost efficiencies and overall community health.

PCPs are the cornerstone of the health care system, offering comprehensive and continuous care to patients of all ages and backgrounds. By establishing long-term relationships with patients, PCPs gain a deeper understanding of individual medical histories, family dynamics and social determinants of health.

This personalized approach enables them to deliver patient-centered care that addresses not only immediate health concerns but also focuses on preventive measures. An important key benefit of high-quality primary care is the early detection and management of health-related issues and concerns. PCPs can identify risk factors, recognize symptoms, review and investigate patient health concerns and initiate timely interventions. This proactive approach can help to prevent and reduce the progression of diseases, improve health outcomes and reduce the burden on more specialized and costly health care services.

The economic impact to investing in high-quality primary care practices can be substantial. Research consistently shows that communities with robust primary care systems experience lower health care costs, fewer hospitalizations and improved overall health outcomes.[1] By focusing on preventive care and early intervention, PCPs contribute to a reduction in the need for expensive emergency room visits and hospitalization, ultimately saving both patients and the health care system significant financial resources.

In addition to the tangible benefits, the intangible value of the patient-physician relationship should not be underestimated. According to the National Institutes of Health, patients who received care from PCPs they trust are more likely to adhere to treatment plans, engage in healthy behaviors and actively participate in shared decision-making. This strong doctor-patient relationship can foster a sense of security and empowerment, promoting better mental and emotional well-being.

As we continue to navigate the complexities of modern health care systems, it's imperative to recognize and prioritize the role of PCPs in delivering high-quality care. At Blue Cross Complete, investing in the education, training and support of these frontline professionals is a commitment to high quality patient care and a strategic investment in the overall well-being of communities. By reinforcing the importance of primary care, we pave the way for a healthier, more resilient society where individuals thrive and health care resources are utilized efficiently.

Source:
[1] The Impact of Primary Care: A Focused Review, National Institutes of Health.

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Doula services now eligible for reimbursement under Michigan Medicaid

Michigan has now become one of a handful of states to cover doula services under Medicaid. Gov. Gretchen Whitmer spearheaded this expansion as a part of her Healthy Moms Healthy Babies initiative. The extension of maternal services has the potential to yield groundbreaking results. According to the Center for Disease Control and Prevention, Michigan is on the top 10 list for infant mortality rates.[1] It is also reported that 50% of maternal deaths in Michigan can be prevented.[2] The implementation of doula services increases support for mothers both during pregnancy and postpartum.

The scope of doulas is wide-ranging and inclusive to a variety of birthing plans. Perinatal education, care coordination, emotional support, health advocacy and breastfeeding assistance can all fall under the duties of a doula. The presence of a doula during childbirth has been shown to have an outstanding impact. Klaus, et al, (2002) found that the presence of a doula led to:[3]

- 50% reduction in the cesarean rate (varied among birthing centers)
- 25% shorter labor
- 60% reduction in epidural requests
- 40% reduction in oxytocin (Pitocin®) use
- 30% reduction in analgesia use
- 40% reduction in forceps delivery

From a health equity perspective, the use of doulas may help address disparities that minority mothers face during childbirth. Currently, African American, American Indian and Alaska Native mothers in Michigan are two to three times more likely to die during childbirth, compared to their white counterparts.[4] The majority of African American and AIAN births are covered by Medicaid. While there is still much work to be done, including maintaining Culturally Linguistically and Services and Health Equity Accreditation standards, encouraging expectant members to enlist the services of a doula may prove to be beneficial.

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

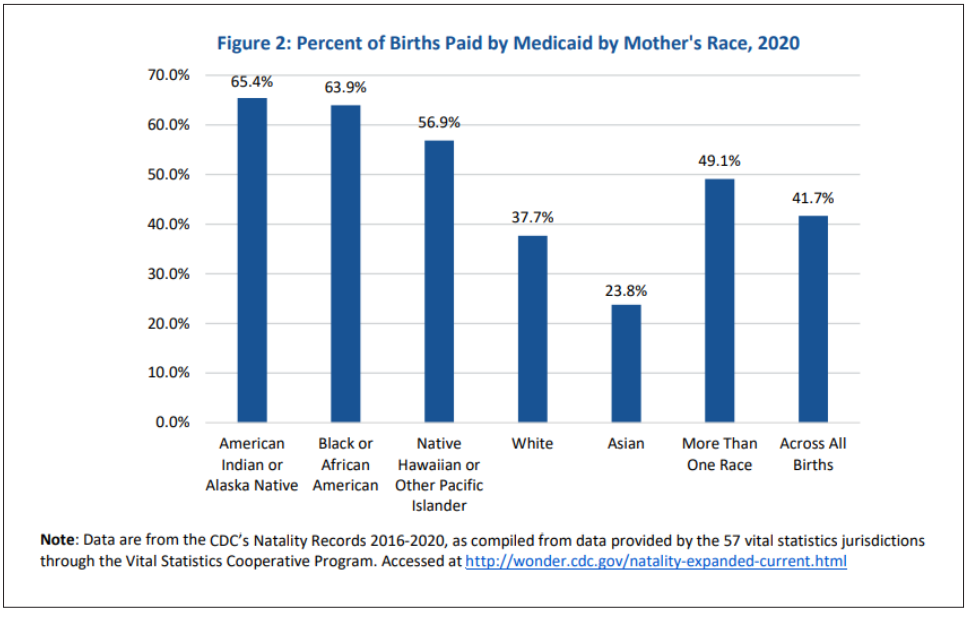
Sources:

1 Infant Mortality Rates by State. National health statistics reports; 2022. Hyattsville, MD: National Center for Health Statistics.

2 Quick Facts. Michigan Maternal Mortality Surveillance (MMMS) Program Data.2022. Lansing, MI: Michigan Department of Health and Human Services.

3 Klaus, M.H.; Kennell, J.H.; Klaus, P.H. Mothering the Mother: How a doula can help you have a shorter, easier and healthier birth. Addison Wesley Publishing Company. 1993. Updated in 2002 and renamed The Doula Book: How a trained labor companion can help you have a shorter, easier and healthier birth. Perseus Books Group.

4 Hoyert DL. Maternal mortality rates in the United States, 2020. NCHS Health E-Stats. 2022. DOI: **https://dx.doi.org/10.15620/cdc:113967**.



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Blue Cross Complete Updates Prior Authorization Requirements

Beginning June 1, 2024, Blue Cross Complete is removing or reducing prior authorization requirements in several categories. Below is a summary of these changes by category, totaling of 250 codes impacted by these changes.

Prior Authorization Reduction Summary	
Benefit Category	**Number of codes impacted**
Ambulance-Transportation Services	4
Systems (CV, GI, Opthalmology)	12
Diagnostic Services/Radiology	18
DME	19
Evaluation & Management (E&M)	5
Home Health Care Services	18
Laboratory Services	26
Pain Management	16
Pharmacy	2
Surgery	106
Therapies	24
TOTAL	250

Removal of the prior authorization and medical necessity review for these services is part of Blue Cross Complete Prior Authorization Reduction's continued dedication to supporting providers in our shared commitment to high quality health care for our participants.

As a reminder, when you need to verify whether a service requires prior authorization, use the **Prior Authorization Lookup Tool** at **mibluecrosscomplete.com**. Remember, the results of this tool are not a guarantee of coverage or authorization.

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

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Providers can receive support with hepatitis C cases

The Midwest AIDs Education & Training Center, or MAETC, has partnered with the Wayne State University School of Medicine to provide hepatitis C case consultations. Providers will receive expert, timely responses to clinical questions related to the prevention and treatment of hepatitis C and other co-occurring conditions.

Consultation calls are held from 8:30 a.m. to 10:30 a.m. on the 4th Tuesday of every month. The next meeting will be held March 26, 2024. To register and join the meetings, go to **https://wayne-edu.zoom.us/meeting/register/tJEtdOmspz4vHdcYvkOCbLgWVh78oGSjfdS6#/registration***.

Providers can listen in on the calls or discuss a hepatitis C case. In addition, providers can reach out to MATEC with questions. Providers will be connected to an infectious disease specialist for support. For phone consultations, call **313-962-2000** Monday through Friday during normal business hours. For evening or weekend consultations, call **313-408-2483**.

Blue Cross Complete contracts with OptumInsight Inc. for payment integrity services

Starting April 1, 2024, Blue Cross Complete will contract with OptumInsight Inc. to help ensure claims are paid accurately. Optum will perform periodic reviews of claims and related documentation to validate coding practices, payment accuracy, regulatory compliance and adherence to Blue Cross Complete's payment policies, utilization standards and provider contract requirements.

If there are any irregularities, coding errors or billing issues, claims may be denied. In such cases, a request to validate billed services may be made, which may require providing medical records to Optum. If the medical record supports the claim, the claim will automatically be processed for payment without requiring resubmission by the provider.

OptumInsight Inc. can request, receive, document and discuss protected health information of Blue Cross Complete's members. If you have any questions, you can contact your Blue Cross Complete provider account executive or Provider Inquiry at **1-888-312-5713**.

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. Members can't 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. According to Michigan Medicaid guidelines, it's prohibited to bill members for claims that have been denied or recovered. We encourage providers to utilize 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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Help us keep the Blue Cross Complete provider directory up to date

Accurate provider directory information is critical to ensuring 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. Items in the directory include:

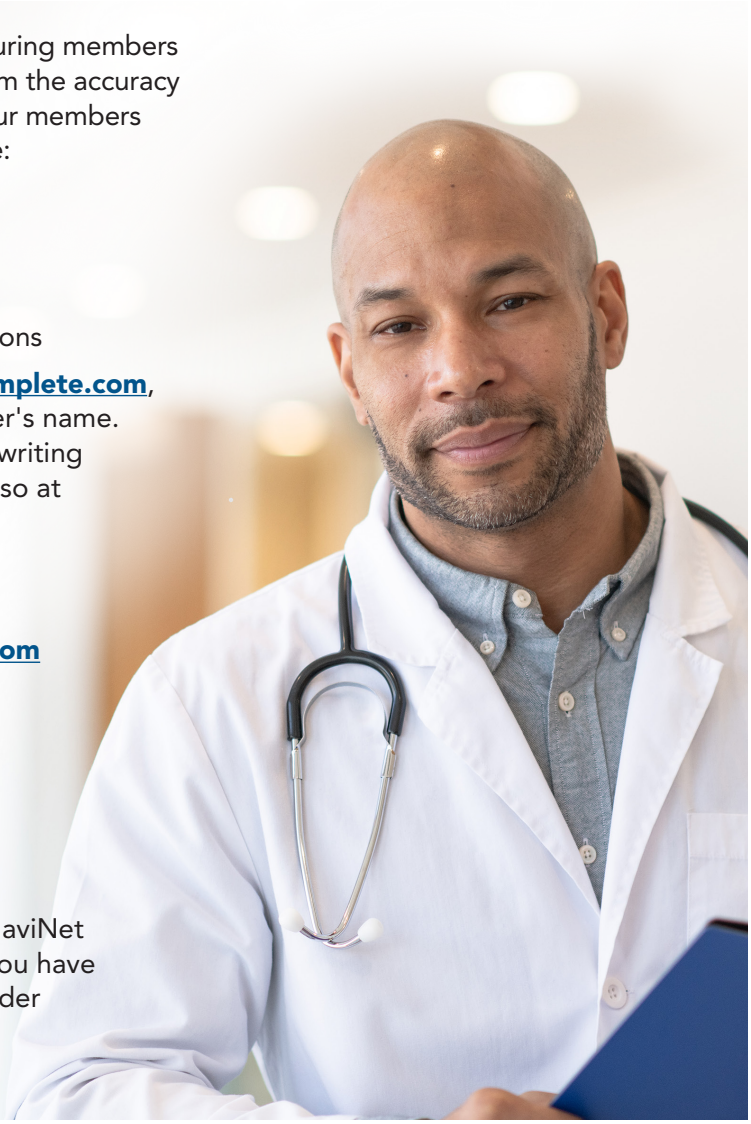
- Provider name
- Phone number
- Office hours
- Hospital affiliations
- Address
- Fax number
- Open status
- Multiple locations

To view your provider information, visit **mibluecrosscomplete.com**, then click the ***Find a doctor*** tab and search the provider's 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 ***Forms*** and then click ***Provider Change Form***.

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.



**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**
- Online form: **michigan.gov**
- 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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