

November/December 2022

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Quality Improvement program gives our members better care and service

Blue Cross Complete is committed to providing access to high quality health care in Michigan and has a 3.5-star rating from the National Committee for Quality Assurance. We also received the highest ranking possible, a score of 4 apples, in the Michigan Department of Health and Human Services 2022 Consumer Guide for the “Taking Care of Women” category.

NCQA rates health plans on the results of care people receive and what patients say about their care. These results are obtained through the NCQA Healthcare Effectiveness Data and Information Set, or HEDIS®, and the Consumer Assessment of Healthcare Providers and Systems, or CAHPS®, survey. We’ve maintained our accreditation with NCQA, which means we have well-established programs for service and clinical quality. These programs meet or exceed requirements for consumer protection and quality improvement.

Blue Cross Complete also continues to hold the Multicultural Health Care Distinction from NCQA. This distinction is awarded to organizations that engage in efforts to improve health care for all by making culturally and linguistically appropriate services available to members and reducing health care disparities.

Blue Cross Complete has an active community outreach program. To engage more with members, we supported more than 835 community events across Michigan in 2021. Community health navigators worked with members to screen for social determinant of health needs and schedule appointments with primary care providers, specialists and dentists to make sure their health needs were addressed.

Blue Cross Complete asked members if we could assist with a variety of other concerns, including childcare, clothing, hygiene supplies or household items, such as furniture and appliances. Some members needed assistance with access to food, housing, utilities, transportation, education and

literacy resources. We even saw members who needed access to a phone and basic medical supplies. Blue Cross Complete was able to provide resources to help members cope with personal and household safety concerns and address social needs to help reduce isolation and loneliness.

Each year, we also send the CAHPS survey to a random group of members asking them to rate their experience with Blue Cross Complete and their health care for the previous year.

For services in 2021, these CAHPS categories received the highest scores from our members:

- Getting Needed Care
- Getting Care Quickly
- Coordination of Care

Members lowered their ratings for Doctor’s Communication and Service in 2021, specifically regarding:

- How Well Doctors Communicate
- Advised to Quit Smoking
- Discussing Smoking Cessation Medications and Strategies

This represents an opportunity for providers in our network to improve communication with members during office visits, and around smoking. Members rate doctors on how often they explain things in a way that’s easy to understand, listen carefully, show respect for what the member has to say, and spend enough time with them. Members also rate doctors on advising smoking and tobacco users to quit and discussing cessation medications and strategies.

Full HEDIS and CAHPS survey results are available to providers by calling Blue Cross Complete at **1-888-312-5713** from 8 a.m. to 5 p.m. Monday through Friday. We can also mail this information to providers who don’t have fax, email or internet access.

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

CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

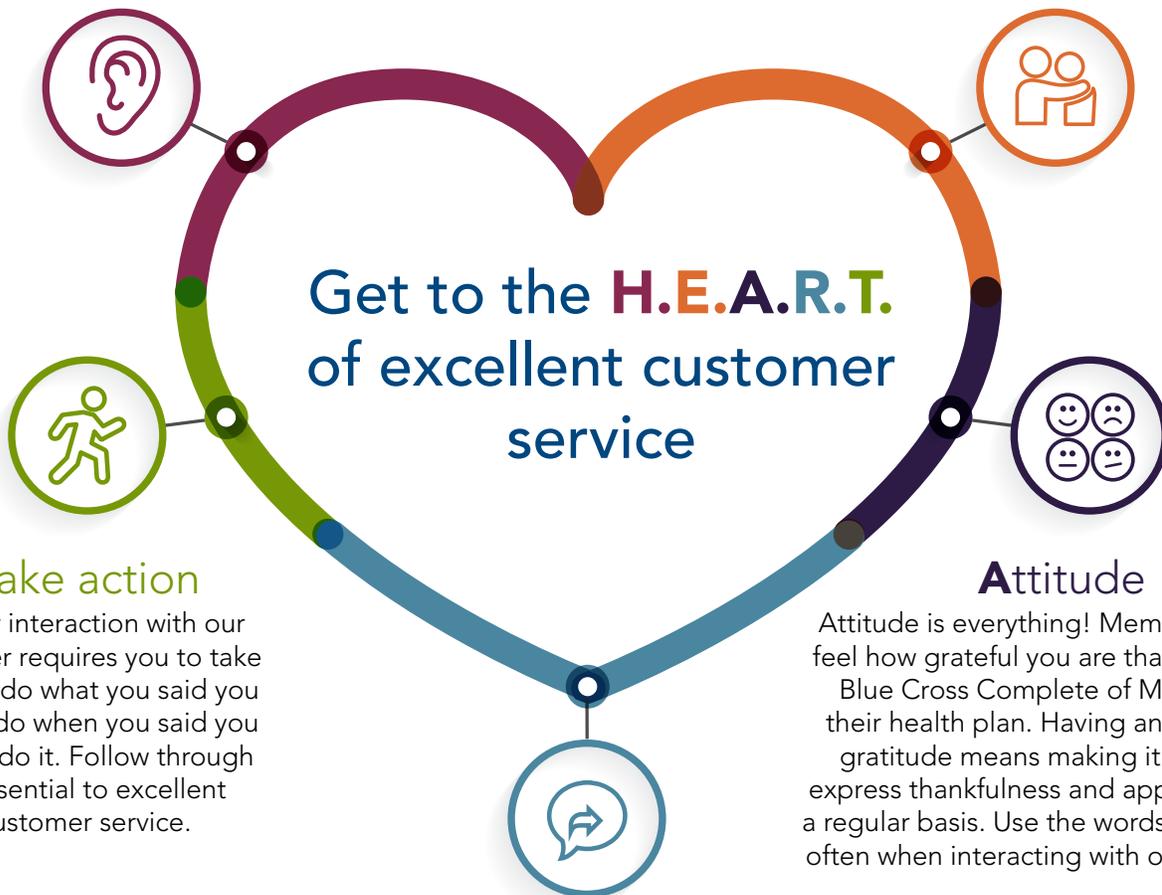
*Our website is mibluecrosscomplete.com. While website addresses for other organizations are provided for reference, Blue Cross Complete does not control these sites and is not responsible for their content.

Hear

Listen intently to what our member is saying and try not to interrupt or interject until she or he is finished talking. Take notes, so that you can repeat what you heard.

Empathize

Empathy allows you to feel what our member is experiencing from their perspective. It also shows that you're concerned about their situation and you care about the outcome. Showing empathy is saying things like, "that's awful, let me see how I can assist." Or, "I understand your frustration." Be upbeat and positive and most importantly, be sincere.



Take action

If your interaction with our member requires you to take action, do what you said you would do when you said you would do it. Follow through is essential to excellent customer service.

Attitude

Attitude is everything! Members should feel how grateful you are that they chose Blue Cross Complete of Michigan as their health plan. Having an attitude of gratitude means making it a habit to express thankfulness and appreciation on a regular basis. Use the words "thank you" often when interacting with our members.

Respond

Once you understand our member's need, respond promptly. Let our member know what your next steps are and when they can expect to hear from you, if necessary. Be sure to followup promptly at the agreed upon date and time.

Blue Cross
complete
of Michigan

Confidence comes with every card.®

Remember, any interaction, either positive or negative that a member has with Blue Cross Complete can enhance or alter their feelings about our health plan. We must commit to making every contact with our member a positive one.

The customer's perception is our reality.

Trauma-informed primary care

As part of our effort to improve mental health treatment for members, Blue Cross Complete follows The National Council for Wellbeing's guideline for trauma-informed primary care - [Fostering Resilience and Recovery: A Change Package for Advancing Trauma-Informed Primary Care](#).

Implementing trauma-informed approaches within primary care marks a fundamental shift in care delivery that supports improved utilization of services, improved patient outcomes, increased staff satisfaction and healthier work environments.

Trauma occurs in all populations regardless of socioeconomic status, race, ethnicity, gender and sexuality or geography. The impacts of trauma are often long-lasting and can adversely affect individual and community health. Trauma-informed primary care settings can help establish more appropriate and effective care utilization patterns among individuals with trauma histories.¹

There are effective strategies primary care providers can implement to improve the health and resiliency of individuals with histories of trauma resulting in better patient and provider outcomes. By addressing physical and psychological safety in the context of a patient-provider relationship, the risk of re-traumatization is lowered and pathways for resilience can emerge. Aside from enhancing outcomes, trauma-informed care practices also improve patient engagement with treatment.²

How do I practice trauma-informed care?

Trauma-informed care is encouraged as a universal precautionary measure to be used with all patients, all of the time. Organizational factors, workflow and setting contribute to practicing with a trauma-informed care approach as well.

Most importantly, trauma-informed care shifts the provider's perspective from "What's wrong with you?" to "What happened to you?" Practicing trauma-informed care means inquiring how past experiences may affect the patient with accessing, participating in and following through with their care. It doesn't mean asking for details of traumatic experiences, which can be a negative trigger. Asking, "Is there anything I can do to make this visit more comfortable for you?" will go a long way toward making patients feel safe and seen.

A trauma-informed approach provides a structure and treatment framework that embeds six principles of trauma-informed care (see National Council's table below) into practice and services.

Six principles of a trauma-informed approach		
Principle	Definition	Examples in practice
Safety	Ensuring physical and emotional safety among patients and staff.	<ul style="list-style-type: none">• Allow patients to define safety and ensure it's a high priority of the organization.• Create calm waiting areas and exam spaces that are safe and welcoming.• Respect privacy in all interactions.
Trustworthiness and transparency	Conduct operations and decisions with transparency with the goal of building and maintaining trust with patients, family members and staff.	<ul style="list-style-type: none">• Provide clear information on services.• Ensure informed consent.• Schedule appointments consistently.
Peer support and mutual self-help	Promote recovery and healing by valuing and applying lived experience of peers and individuals with trauma histories.	<ul style="list-style-type: none">• Facilitate group and partner interactions for sharing recovery and healing from lived experiences.• Include peer supporters in health teams as navigators.

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Six principles of a trauma-informed approach		
Principle	Definition	Examples in practice
Collaboration and mutuality	Make decisions in partnership with patients and encourage shared power between patient and provider.	<ul style="list-style-type: none"> • Give patients a significant role in planning and evaluating services.
Empowerment, voice and choice	Patients retain choice and control during decision-making and patient empowerment with a priority on skill building.	<ul style="list-style-type: none"> • Create an atmosphere that allows patients to feel validated and affirmed with each contact. • Provide clear and appropriate messages about patients' rights, responsibilities and service options.
Cultural, historical and gender issues	The organization embeds principles of diversity, equity and inclusion to deliberately move past cultural stereotypes and biases and incorporate policies, protocols and processes that are responsive to the racial, ethnic, cultural and gender needs of patients served.	<ul style="list-style-type: none"> • Ensure access to services that address specific needs of individuals from diverse cultural backgrounds. • Display messages in multiple languages to help ensure everyone feels welcome. • Provide gender responsive services. • View every policy, practice, procedure and interaction through a lens of diversity, equity and inclusion.

Additional trauma-informed care principles and tips:³

- Provide a respectful and accessible environment by using welcoming and multilingual language on all signage. Throughout the visit, ensure immediate basic needs are addressed. Orient patients to staff and their roles in your office. Keep noise levels low in waiting rooms or common shared spaces.
- Support patient understanding of the physical space. Provide information on where critical services are located: bathrooms, receptionists, etc. Keep parking lots, common areas, bathrooms, entrances and exits well lit. Offer guidance on exiting at the end of a visit.
- Offer responses that are consistent, respectful and maintain healthy boundaries. If changes or delays occur, provide sufficient information, notice and preparation.
- Speak with patients at eye level whenever possible. Crouch down or sit in a chair when appropriate.
- Be aware of your body language with a patient — don't tower over patients or visitors; allow a patient an option of where to sit in the room so they can see and access the door.
- Ask patients if they would like the door open or closed. Consider privacy when discussing care.
- Be aware that patients may not always be able to verbalize distress. Consider talking with a patient about different ways to let staff know if they are uncomfortable, scared, anxious, etc.
- Provide flexibility so staff members are able to interact with people in distress without telling them what to do or immediately giving consequences.
- Ask, and wait for, permission to touch the patient or move patient's belongings. Invite consent/autonomy.

For more information, see the mibluecrosscomplete.com provider [Resource](#) page or visit the National Council for Mental Wellbeing to access the [guideline/Change Package](#).

¹Substance Abuse and Mental Health Services Administration, "SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach," [samhsa.gov](https://www.samhsa.gov), (2014).

²Christopher Menschner and Alexandra Maul, Center for Health Care Strategies, "Key Ingredients for Successful Trauma-Informed Care Implementation," [chcs.org](https://www.chcs.org), (2016).

³American Institutes for Research's National Center on Family Homelessness, "Trauma-Informed Care | Our Services," [Trauma-Informed Organizational Toolkit, air.org](https://www.air.org), (2021).

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Electronic prescribing

Beginning January 1, 2023, Michigan prescribers will be required to electronically transmit all prescriptions for controlled and non-controlled substance medications to pharmacies. Originally set for October 1, 2021, the Michigan Department of Licensing and Regulatory Affairs moved the deadline to align the state's e-prescribing requirement with the Centers for Medicare & Medicaid Services' similar requirement, pursuant to authority provided in [MCL 333.17754a](#) and per Public Acts [134](#), [135](#) and [136](#) of 2020.

Although October 1, 2021, marked the implementation date for the federal requirement, CMS didn't begin enforcing compliance until January 1, 2022. As of this date, prescribers who aren't in compliance will be penalized. For more specific information about the Michigan EPCS ruling, see [Section 17754a of the Public Health Code](#), as well as [Senate Bill 248](#) and [Senate Bill 254](#) from the Michigan Legislature, which detail the electronic prescribing requirements and exemptions.

The Michigan Bureau of Professional Licensing developed a form that can be used by prescribers who may fall into one of the narrow categories in the law and wish to apply for a waiver of the electronic prescribing requirements of [MCL 333.17754a](#). The form can be found on [Michigan.gov](#). If applying for a waiver, complete the form and email it to bpldata@michigan.gov or mail it to P.O. Box 30670, Lansing, MI 48909. Requests sent by postal mail will take longer to process than emailed requests.

As a reminder, LARA has a frequently asked questions document about electronic prescribing on [Michigan.gov](#). If you have any questions, email bpplhelp@michigan.gov or visit [Michigan.gov](#).

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Helping patients make sense of asthma

Asthma is a treatable, manageable condition that affects more than 25 million people in the United States, according to the National Committee for Quality Assurance. The prevalence and costs of this lifelong, or chronic, breathing problem have increased over the past decade, demonstrating a need for better access to care and medications. Appropriate medication management for patients with asthma may reduce the need for rescue medication — as well as the costs associated with emergency room visits, inpatient admissions and missed days of work or school.

Caused by swelling (inflammation) of the airways in the lungs, asthma can't be cured, but symptoms can be prevented and controlled. All members should have an initial severity assessment based on measures of current impairment and future risk to determine type and level of initial therapy, if needed.

At planned follow-up visits, patients diagnosed with asthma should review control levels with their provider and develop a mutually agreed upon asthma action plan designed to guide decisions on maintaining or adjusting therapy. Every patient who has asthma should be taught to recognize unique symptom patterns that indicate inadequate asthma control and how to identify the need for treatment changes.

Patients should be routinely monitored to assess whether or not the goals of therapy are being met and to assess whether impairments and risks are being reduced. Routine monitoring of the patient's level of asthma control also helps indicate whether or not any therapy adjustments may be needed.

All people who have asthma should receive a written asthma action plan to guide their self-management efforts. The asthma action plan helps spell out which asthma medicines are needed and when. Each action plan should include instructions for daily treatment (including medications and environmental controls), and how to recognize and handle worsening asthma. For more information on the diagnosis, treatment, management and other patient resources for asthma, visit [getastmahelp.org](https://www.getastmahelp.org).

Although there are many types of medications used to treat asthma, there are two main types. When used



effectively, they can help your patient live a healthy, active life with few symptoms.

1. Long-term controllers used daily to help keep asthma under control, even when there are no symptoms. The most common long-term control medicines are inhaled corticosteroids, which reduce swelling in the airways.

2. Quick-relief medicines, also called “rescue” medicines, are often used when asthma symptoms are present and relieve them quickly when they flare up. Patients who use this type of medication too often may not have their asthma under control. The most common types of these medicines are short-acting beta2-agonists, or SABAs. Taken by inhaler, SABAs rapidly relax tight muscles around the airways so that more air can get through, making it easier to breathe.

NCQA supports the broad use of HEDIS® measure specifications to evaluate and drive health care quality. The HEDIS measure for asthma, also known as the Asthma Medication Ratio or AMR, assesses adults and children ages 5 to 64 identified as having persistent asthma and the ratio of rescue inhaler use versus long-term controller inhaler use.

Blue Cross Complete covers inhalers and spacers for members. We appreciate the quality care and access you provide to our members. To discuss additional strategies for asthma management or if you have questions about this benefit, contact your Blue Cross Complete provider account executive or call Provider Inquiry at **1-888-312-5713**.

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Health equity and home air quality

Health equity is defined as the state in which everyone has the opportunity to attain full health potential, and no one is disadvantaged from achieving this potential. Environmental factors, such as air and water quality, play a role in achieving health equity and are fundamental determinants of health and well-being. Environmental health disparities exist when communities exposed to a combination of poor environmental quality and social inequities have more sickness and disease than wealthier, less polluted communities. Environmental factors can lead to disease and health disparities when the places where people live, work, learn and play are burdened by social inequities. These social inequities, often referred to as social determinants of health, include differences in individual behaviors, cultural influences, access to health services, economic status and literacy levels.

Communities of color face higher asthma rates, compared to white Americans, due to environmental differences. For example, living in high-traffic areas near busy roads, also known as urban air pollution, compared to rural areas puts individuals at risk for harmful environmental exposures, causing asthma and allergies. Populations at risk for asthma include children, elderly, people with disabilities, individuals with low economic status or obesity, and those with preexisting heart and lung conditions. Indoor air pollution plays a huge role in aggravating health risks and asthma management.

Cooking appliances can also be associated with adverse health effects. Cooking inside with a gas stove may worsen respiratory conditions due to the pollutants released. Studies have shown Black, Latinx, and low-income communities bear a disproportionately larger burden of gas stove pollution. Gas stoves affect the air quality inside and

outside of homes, circulating irritants that increase risk for asthma and other respiratory illnesses.

Gas stoves release dangerous air pollutants, including nitrogen dioxide, carbon monoxide and particulate matter (both PM_{2.5} and PM_{0.1}). Unventilated gas stoves produce high concentrations of these pollutants that exceed EPA ambient air standards. Children are among the most vulnerable to these health effects due to having higher lung-to-body ratio and developing immune and respiratory systems.

Start the conversation by asking members what type of cooking appliances they use in their homes, and direct them with provider knowledge. This can motivate them to take independent actions to monitor and manage their own health and environment.

Here are some strategies and solutions you can share with your patients to help build awareness of air quality in the home and reduce their risks of exposure:

1. Open a window while using the gas stove, if possible.
2. Cook on the back burners.
3. Install and maintain a carbon monoxide detector in the home.
4. Use an exhaust hood, if available.
5. Use electric appliances, such as a toaster oven or kettle, instead of the gas stove when possible.
6. Try a plug-in induction burner.
7. Switch to an electric, induction stove if possible.

The health of our members is important to Blue Cross Complete and we appreciate the dedication of our providers. Thank you for your support and efforts to promote the health and well-being of members who have and are at-risk for respiratory conditions.



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MDHHS urges Michiganders to continue routine screenings

Cancer is the second leading cause of death in Michigan and heart disease remains the leader, according to the Michigan Department of Health and Human Services. Since the start of the COVID-19 pandemic in April 2020, the Centers for Disease Control and Prevention noticed an 87% drop in breast cancer screenings and an 84% decrease in cervical cancer screenings nationally compared to the previous five years.

Screening tests are proactive measures that can detect cancer at an early stage before symptoms appear. When found earlier, it's typically easier to treat. Health screenings are also important in identifying risk factors a person may have for chronic conditions such as heart disease or sexually transmitted infections, including gonorrhea, chlamydia and syphilis.

Screening disparities among low-income minority women were already evident prior to COVID-19 and the pandemic has only intensified them. MDHHS is urging Michigan women to resume these routine screenings. Patients in need of screenings can call MDHHS at **1-844-446-8727** to speak with a program specialist.

Women in Michigan can take charge of their health by working with a health coach and making healthy lifestyle choices. They can also take advantage of free support services to maintain their health. MDHHS has openings for program-eligible women to receive free

cancer and health screenings through these resources and programs:

- [The Breast and Cervical Cancer Control Navigation Program](#) provides free breast and cervical cancer screening services, statewide, to low-income women.
- The [WISEWOMAN Program](#), available in select areas, helps participants understand chronic disease risk factors and make healthy lifestyle choices.
- The [Michigan STI Clinical Services Locations Directory](#) provides information on local health departments that offer STI screening, clinical services, as well as organizations that offer STI specialty services.
- CDC 2021 [Sexually transmitted infections treatment guidelines](#).

To learn more about these MDHHS programs, call **1-844-446-8727** or visit Michigan.gov/cancer. Providers are encouraged to utilize [NaviNet](#) to determine which Blue Cross Complete members are due for routine screenings and conduct outreach to schedule any appointments for services they may need. We appreciate the care and access you provide to our members. 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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Great American Smokeout® Health Improvement Challenge

For more than 40 years, the American Cancer Society has hosted the Great American Smokeout on the third Thursday of November. Every year, smokers across the nation are encouraged to participate by smoking less or quitting for the day. The event challenges people to stop using tobacco and raises awareness of the many effective ways to quit for good.

Mark your calendar for November 17, 2022, and encourage your patients to commit to taking that first, small step by participating in the Great American Smokeout as an investment in their long-term health. When trying to quit smoking, support can make all the difference!

If your medical practice is already providing smoking cessation counseling and treatment, you can bill and get reimbursed for your services. At each visit, continue advising smokers to quit. Offer smoking cessation strategies and medical assistance with smoking cessation, including prescription medications and nicotine patches. Document member consultations in the medical record and report counseling using these CPT codes on claims submitted to Blue Cross Complete:

- 99406 – Smoking and tobacco use cessation counseling; intermediate, greater than 3 minutes, up to 10 minutes
- 99407 – Smoking and tobacco use cessation counseling; intensive, greater than 10 minutes

Note: A modifier 25 may be appropriate to append the primary E/M visit code.

Members considering quitting tobacco have several resources available for support. The Michigan Tobacco Quitline offers free information, tobacco treatment referral, online programs and text-messaging 24 hours a day, seven days a week at **1-800-QUIT-NOW (784-8669)**. Visit the Make a Referral page at michigan.quitlogix.org to refer patients to the program. The American Cancer Society also offers [resources](#) that can increase the chances of quitting successfully. To learn more about available tools, call the American Cancer Society at **1-800-227-2345**.

Another option is the no-cost, phonebased Blue Cross Complete tobacco quit program. It helps members make a plan to quit using tobacco and offers encouragement to help them stick to their plans. Members interested in smoking cessation can call **1-800-QUIT-NOW (784-8669)**, 24 hours a day, seven days a week. Drug benefits include over-the-counter items such as nicotine patches and gum, and prescription medicines at no cost to the member with no prior authorization requirements.

See the Pharmacy Services section of the [Blue Cross Complete Provider Manual](#) for additional coverage information. For more information, call Blue Cross Complete Provider Inquiry at **1-888-312-5713**.

CPT codes, descriptions and two-digit numeric modifiers only are copyright 2022 American Medical Association. All rights reserved. © 2022 American Cancer Society, Inc. All rights reserved.

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Developmental screenings

It's important to identify development delays early so that the child and family can receive needed intervention services and support. Health care providers play a critical role in monitoring children's growth and development and identifying problems as early as possible. Developmental screening examines how a child is developing in certain areas such as language, movement, thinking, behavior and emotions. It's recommended all children complete developmental screenings even if there isn't a known concern.

The American Academy of Pediatrics recommends developmental and behavioral screening for all children during regular well-child visits at these ages: 9 months, 18 months and 30 months. Health care providers are encouraged to do the following:

- Monitor the child's development during regular well-child visits.
- Periodically screen children with validated tools at recommended ages to identify any areas of

concern that may require a further examination or evaluation.

- Ensure that more comprehensive developmental evaluations are completed if risks are identified.

Developmental monitoring and screening can be done by a number of professionals in health care, community and school settings in collaboration with parents and caregivers. It provides early detection if a child needs additional help developing language, movement, thinking, behavior and emotions. Pediatric primary care providers are in a unique position to promote children's healthy development due to regular contact with them before they reach school age. The AAP encourages pediatric care providers to offer **family-centered**, comprehensive and coordinated care. Remind your patients to schedule an appointment to address any questions or concerns about developmental screenings.

Source: <https://www.cdc.gov/ncbddd/childdevelopment/screening-hcp.html>

Recommendations for well-child visits and developmental screening

The Centers for Medicare & Medicaid Services and Bright Futures/American Academy of Pediatrics recommend that children be screened for risk of developmental, behavioral and social delays using a standardized screening tool in the 12 months preceding or on their first, second or third birthday to assess how a child is developing in key areas.

The Michigan Department of Health and Human Services requires Blue Cross Complete to report on developmental screenings during the first three years of a child's life, with the minimum standard of:

- First year of life – at or above 31%
- Second year of life – at or above 40%
- Third year of life – at or above 31%

Example of developmental screening tools that meet criteria for the measure

The following tools meet the above criteria and are included in the Bright Futures/AAP 2022 Recommendations for Preventive Pediatric Health Care at aap.org:

- Ages and Stages Questionnaire - 3rd Edition (ASQ-3)

- Parents' Evaluation of Developmental Status (PEDS) - Birth to age 8
- Parent's Evaluation of Developmental Status - Developmental Milestones (PEDS-DM)
- Survey of Well-Being in Young Children (SWYC)

As a reminder, Blue Cross Complete reimburses developmental screenings separately from early and periodic screening, diagnostic and treatment or EPSDT visits. Blue Cross Complete [Claims filing instructions](#) are at mibluccrosscomplete.com on the provider **Resources page**. Scroll down to the **Administrative** tab and see **Claims filing instructions**.

Developmental screenings can be billed using the following codes:

- 96110 with U1 modifier for autism screening
- 96110 without U1 modifier for a developmental screening

Claims must also include an appropriate diagnosis code, procedure code and EPSDT modifier.

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Reporting child and adult immunizations

Blue Cross Complete requires practitioners to participate in the Michigan Care Improvement Registry, a nationally recognized electronic statewide immunization archive that collects reliable immunization information in Michigan and makes it accessible to authorized users online. Specifically:

- Practitioners are required to report childhood immunizations for children from birth through 19 years of age to the MCIR within 72 hours of administration.
- Blue Cross Complete practitioners are highly encouraged, but not required, to report adult immunizations to the MCIR.

Accessing information and other benefits of reporting to the MCIR

Providers can take advantage of the many benefits that accompany reporting to the MCIR. Among them, access to up-to-date information on their patients' immunization histories. Other advantages of reporting immunizations to the MCIR include the following:

- Notifications of immunizations that are coming due and recommendations for future dose dates

- Reminders and recall notices for due or overdue immunizations
- Help with tracking and managing office vaccine supplies, including simplification of the complex immunization requirements and schedules of different manufacturers and combination vaccines
- Official, printer-friendly immunization records for childcare and school requirements
- Profiles of practice and patient immunization coverage
- Access to lead screening results and support
- Opportunities for influenza vaccine exchange
- Tracking for immunization hazards and emergency preparedness
- Access to body mass index information

How to register for the MCIR

To access information through the MCIR, a practitioner must contact their MCIR regional office to register as an authorized user. To find location of the MCIR regional office and view training materials on how to use the MCIR, visit mcir.org.



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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. Confirm the accuracy of your information in our online provider directory so our members have the most 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 mibluccrosscomplete.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 mibluccrosscomplete.com Go to the **Providers** tab, click **Forms** and then click **Provider Change Form**.

Send completed forms by:

- Email: bccproviderdata@mibluccrosscomplete.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

Health care fraud affects everyone. It significantly impacts the Medicaid program by squandering valuable public funds needed to help vulnerable children and adults access health care.

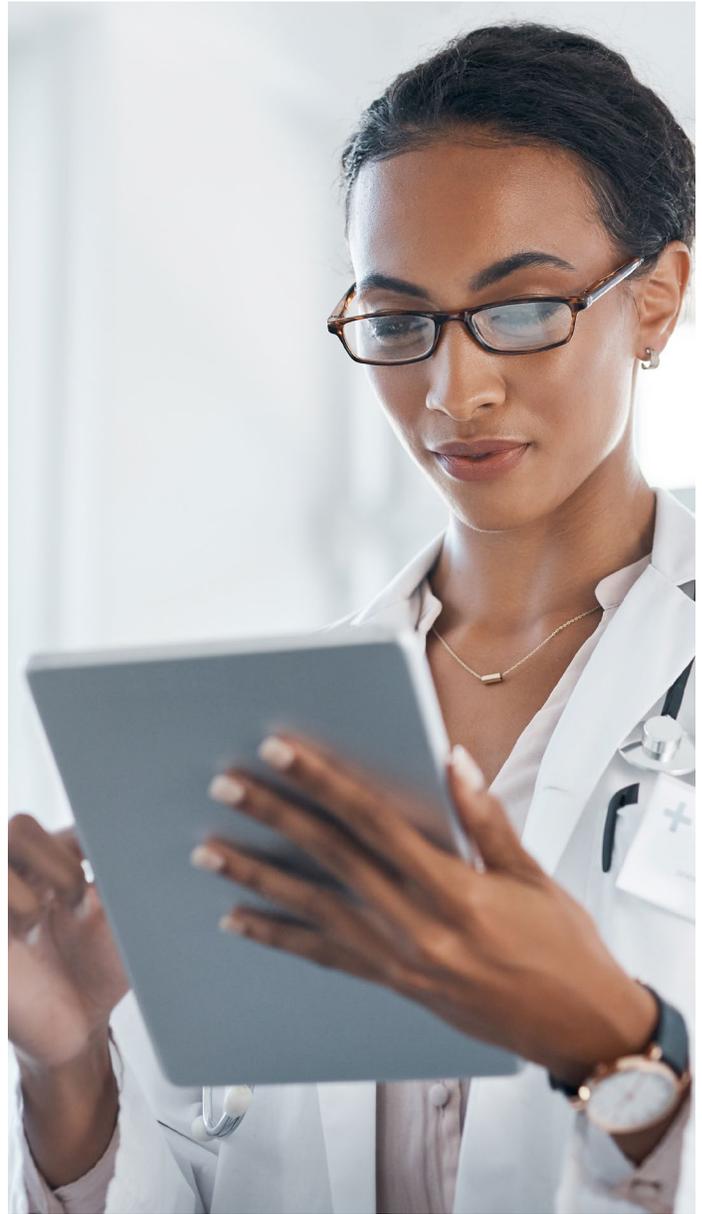
If you or any entity with which you contract to provide health care services suspect another Blue Cross Complete provider, employee or member is committing fraud, notify Blue Cross Complete's Special Investigations Unit:

- Phone: **1-855-232-7640 (TTY 711)**
- Fax: **1-215-937-5303**
- Email: fraudtip@mibluccrosscomplete.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

Reports can be made anonymously.



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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 carried out 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. A record of outpatient and emergency care | I. Allergies and adverse reactions |
| B. Specialist referrals | J. Problem list |
| C. Ancillary care | K. Immunization records |
| D. Diagnostic test findings, including all laboratory and radiology | L. Documentation of clinical findings and evaluations for each visit |
| E. Therapeutic services | M. Preventive services-risk screening |
| F. Prescriptions for medications | N. Other documentation sufficient to fully disclose the quantity, quality, appropriateness and timeliness of services provided |
| G. Inpatient discharge summaries | |
| H. Histories and physicals | |

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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