Blue Cross complete of Michigan

Blue Cross Complete of Michigan

CONNECTIONS

May/June 2023

Contents

Michigan Medicaid beneficiaries' eligibility requirements reset following recent federal legislation

During the COVID-19 Public Health Emergency, Congress enacted the Families First Coronavirus Response Act that required state Medicaid agencies to continue health care coverage for all medical assistance programs, even if a person's eligibility changed. As a result of the impending end of the pandemic, this requirement ended on December 29, 2022, under the federal Consolidated Appropriations Act of 2023.

On February 17, 2023, the Michigan Department of Health and Human Services announced that Michigan Medicaid beneficiaries will be required to renew their coverage this year. Renewals for traditional Medicaid and the Healthy Michigan Plan beneficiaries will begin in June 2023 and run through May 2024. Monthly renewal notices will be sent three months prior to a beneficiary's renewal date. Residents who no longer qualify for Medicaid will receive information about other affordable health coverage options.

For full details on the renewal process, including information on what Michigan Medicaid beneficiaries need to do to prepare, visit **Michigan.gov**.*

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**.

*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.

Blue Cross Complete updates to prior authorization

Blue Cross Complete is collaborating with eviCore Healthcare to provide prior authorization management services for members. eviCore, an Evernorth Health Services business, is a specialty medical benefits management company that provides utilization management services.

Effective May 1, 2023, Blue Cross Complete will require prior authorization from eviCore for the covered health care services listed below:

- Physical therapy
- Genetic testing
- Occupational therapy
- Joint and spine surgery
- Pain management
- Diagnostic sleep testing
- Radiology oncology

Services performed in conjunction with an inpatient stay, 23-hour observation or emergency room visit are not subject to prior authorization requirements. Additionally, services performed without following prior authorization requirements may not be reimbursed by the plan and you may not seek reimbursement from Blue Cross Complete.

To request prior authorization:

- Log in to **www.evicore.com/pages/ProviderLogin.aspx** (preferred).
- Call: **1-877-506-5193**
- Fax additional clinical information:
  - **1-800-540-2406:** joint and spine surgery, medical oncology, pain management and radiation oncology
  - **1-844-545-9213:** Genetic testing
  - **1-866-999-3510:** Diagnostic sleep testing
  - **1-855-774-1319:** Physical and Occupational Therapy

For urgent requests:

If services are required in less than 48 hours due to medical urgency, submit a request online at **www.evicore.com** and indicate that the procedure isn't routine or standard. You can also call **1-877-506-5193**. Be sure to tell the representative that the request is for medically urgent care.

We recommend that ordering physicians request prior authorization and pass the approval information to the rendering facility at the time of scheduling. Prior authorizations contain approval numbers and information detailing what services or treatments have been authorized. If the service provided is different from what was initially authorized, the rendering facility must contact eviCore to make revisions and obtain prior authorization. A claim submission without the appropriate authorization will result in a reimbursement denial.

Have questions about requesting prior authorizations? We recommend you attend an online orientation session. The orientation schedule and program training resources, including a list of CPT codes that require prior authorization from eviCore, are available at:

www.evicore.com/resources/healthplan/blue-cross-complete-of-michigan.

eviCore's Clinical Guidelines and request forms are available at **www.evicore.com**.

Call eviCore Client and Provider Services at **1-800-646-0418** (option 4) if you have any questions or need more information. Or contact your Blue Cross Complete provider account executive.

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MDHHS releases unwinding post public health emergency policies

As the U.S. Department of Health and Human Services plans to end the COVID-19 Public Health Emergency on May 1, 2023, the Michigan Department of Health and Human Services issued a bulletin on April 7, 2023, that included details on unwinding policies enacted during the COVID-19 PHE.

The bulletin listed unwinding on policies for the following:

- DME, prosthetics, orthotics and medical supplies
- Hospital transfers and nonemergency ambulance transports
- Pharmacy coverages
- Coverage of monoclonal antibody COVID-19 infusions by advanced life support EMS agencies
- Coverage of monoclonal antibody COVID-19 infusions by home health agencies
- COVID-19 vaccine services
- Additional vaccine services
- Care and recovery centers and COVID-19 relief facilities

Full details of the COVID-19 PHE unwinding policies are located in the Medicaid Bulletin **MMP 23-27**.*

If you have any questions, contact your Blue Cross Complete provider account executive.

MDHHS provides direction to post public health emergency telemedicine policies

On March 2, 2023, the Michigan Department of Health and Human Services released the final **Medicaid Bulletin MMP 23-10 – Telemedicine*** to provide updates on program coverage of telemedicine services after the conclusion of the federal COVID-19 PHE.

MDHHS reminded Medicaid providers that all services provided by telemedicine must meet the same quality standards and specifications as an in-person visit. Additionally, providers must ensure that the privacy of the beneficiary and the security of any information shared is in accordance with the Health Insurance Portability and Accountability Act of 1996 and other privacy and security regulations.

As the bulletin listed several updates to telemedicine policies for services, billing modifiers were also included as a critical point in billing and reimbursement. Because the list of policy updates was extensive, Blue Cross Complete created a **Blue Cross Complete Telemedicine Quick Reference Guide** for providers.

For details, visit **michigan.gov**. If you have any questions, contact your Blue Cross Complete provider account executive or call Blue Cross Complete Provider Services at **1-888-312-5713**.

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MDHHS announces new dental service delivery model

The Michigan Department of Health and Human Services has implemented a new service delivery model for adult dental benefits. The March 2, 2023, bulletin indicated that:

- Medicaid beneficiaries 21 years and older, including Health Michigan Plan beneficiaries and pregnant women enrolled in an MHP, ICO or PACE, will receive dental benefits through the health plan.
- Dental services for Healthy Michigan Plan beneficiaries ages 19 and 20, including pregnant women, will be provided by the health plan.
- Healthy Kids Dental will provide dental services for beneficiaries under 21 years, including pregnant women.

Eligible Blue Cross Complete members can locate a dentist by visiting **mibluecrosscomplete.com** and selecting *Find a Doctor*, and then *Find a dentist*. Members may also call Dental Customer Service at **1-844-320-8465** (**TTY: 711**) Monday through Friday from 9 a.m. to 5 p.m.

Refer to the Dental section of the **MDHHS Medicaid Provider Manual*** for additional coverage information, including the Medicaid Code and Rate Reference tool.

For full details of changes to the Medicaid Dental coverage, visit **michigan.gov**.* If you have 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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MDHHS Doula Initiative underway

Effective January 1, 2023, the Michigan Department of Health and Human Services started reimbursement for doula services provided to Medicaid members. MDHHS released a bulletin on February 13, 2023, that stated, doula providers seeking reimbursement for providing services to Medicaid beneficiaries are required to be registered and approved on the MDHHS Doula Registry and enrolled in CHAMPS.

MDHHS also indicated that qualified individuals, at least 18 years old, who possess a high school diploma or equivalent, can be certified by the state pending training provided by an MDHHS-approved doula training program or organization.

For additional resources on the Doula Initiative, visit the **MDHHS Doula Initiative website.**

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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On the road to achieving diabetic health equity

At Blue Cross Complete, our performance targets are based on improving member outcomes, strengthening our business and deepening our community outreach.

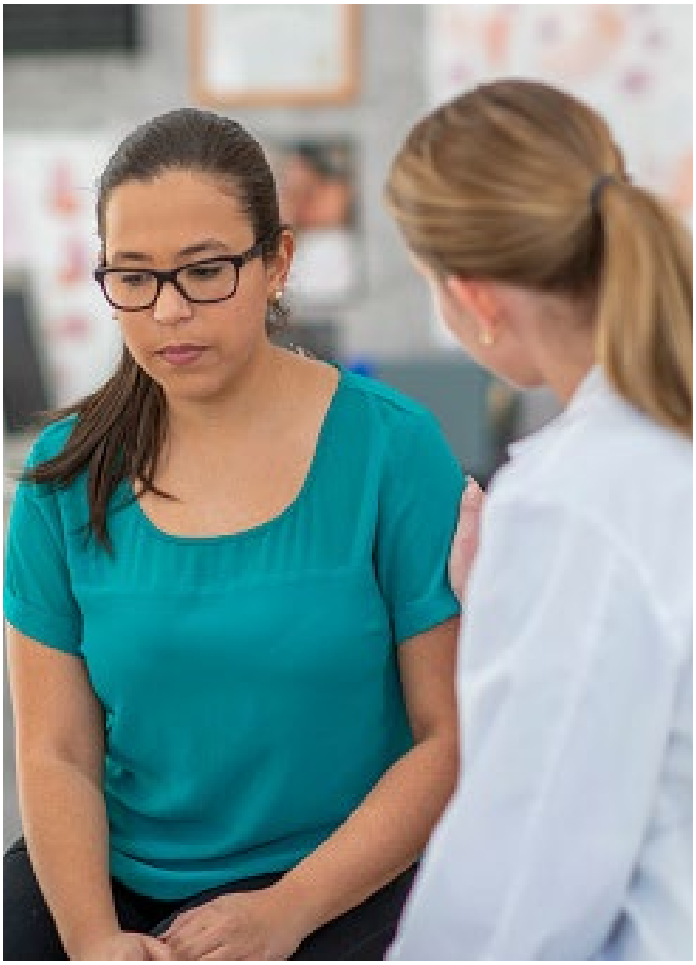
Our 2022 Enterprise Business Incentive Plan has financial and nonfinancial performance targets aligned with our mission and strategic priorities. We believe every member deserves the opportunity to achieve optimal health regardless of race, gender identity, sexual orientation, level of education, ZIP code and other social factors that often play a role in health inequities.

The nonfinancial targets include diversity, inclusion, helping our members address social determinants of health, achievement of health equity and community investment. These multifaceted strategies help lessen the burden of poverty through innovation and partnerships with members and providers. We want to give our members access to health care, so performance incentives focus on reducing health disparities and the social and racial inequities that create barriers to a person's overall quality of life. Additionally, we will measure our success by the participation rate of associates in diversity, equity and inclusion programs to help ensure we achieve high levels of cultural responsiveness.

A recent internal comparison and analysis of compliance data trends for diabetes by race showed that members who are African American had a much lower percentage than those who are Caucasian. Blue Cross Complete has implemented a multi-faceted approach to determine interventions that will focus on the individual, improve internal processes and help improve compliance. Most importantly, we want to develop best practices for outreach to African American members with diabetes and at risk of developing diabetes to narrow the gap between both populations. The focus will be on these specific areas: HbA1c above 8, blood pressure control and promoting regular eye exams.

Provider involvement

Blue Cross Complete has also collaborated with the National Kidney Foundation of Michigan to offer a version of its evidence-based lifestyle change diabetic prevention program to members in the African American population who are at risk. We'll invite



members to participate in the 16-week program, which will be held virtually and in-person.

Focused on a specialized population, members enrolled in the NKFM Diabetic Prevention Program will be referred for diabetic tests and appointments, such as HbA1c, blood pressure control and eye exams, which may also increase the plan compliance rate on the HEDIS Comprehensive Diabetic Care measure for 2023. Although Blue Cross Complete encourages enrollment and referrals of members to the program, participation isn't mandatory. After members are referred, the NKFM integrates activities with your practice to perform outreach, guide patients through the registration process and provide your practice with aggregate or individualized feedback on your patients' health outcomes. More information on the Diabetes Prevention Program is available at **readysetprevent.org**.

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On the road to achieving diabetic health equity

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As a provider, you play a critical role in addressing and achieving diabetic equity. Providers receive incentives when meeting HEDIS metrics for HbA1c, blood pressure control and diabetic eye exams. Blue Cross Complete also offers gift card incentives to members for completing routine appointments for breast cancer screens and other preventive measures. Mentioning incentives to members may help motivate them to make healthy decisions.

Member referrals to case management is another way providers and Blue Cross Complete nurses can work together to develop specific treatment plans and resources for members in their community. Treatment decisions should be timely, rely on evidence-based guidelines and be made collaboratively with patients based on individual preferences, prognoses and comorbidities.

Providers are also encouraged to consider the burden of treatment and self-efficacy of patients when making recommendations. Treatment plans should align with the Chronic Care Model, emphasizing productive interactions between a prepared proactive practice team and an informed activated patient. When feasible, care systems should support team-based care, community involvement, patient registries and decision support tools to meet member needs. Team-based health care can help people with diabetes prevent or manage complications and improve their quality of life. At every health care visit, primary care providers and all members of a patient's health care team can encourage members to take their medication as prescribed and keep up with regular appointments. Together, we can help ensure our diabetic population receives the best care through collaboration and consistent messaging.

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

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Blue Cross Complete performs annual access and availability study

Blue Cross Complete conducts an annual study that measures provider compliance with health care access and availability standards set by Blue Cross Complete and the National Committee for Quality Assurance.

The study includes primary care providers, pediatricians, specialists, behavioral health prescribers and behavioral health non-prescribers. The study also measures wait times for various types of appointments and access to providers outside normal business hours.

Below is a summary of the 2022 overall compliance summary by appointment type:

Appointment availability — overall compliance				
	Providers	Compliant	Non-compliant	% Compliant
Total	731	541	190	74%
Primary care providers	174	107	67	61%
Pediatricians	55	40	15	73%
High volume	334	318	16	95%
High impact	211	195	16	95%
Prescribers	17	1	16	6%
Non-prescribers	126	56	70	44%

Appointment availability behavioral health summary:

Appointment availability — compliance summary by appointment type				
	2020 Total behavioral health	2021		
		Total behavioral health	Prescribers	Non-prescribers
Overall compliance	54%	38%	35%	39%
Urgent care	84%	72%	60%	73%
Initial visit routine care (BH)	78%	81%	60%	84%
Follow-up routine care (BH)	99%	98%	81%	100%
Emergency care	91%	91%	88%	91%
Non-life threatening emergency care	88%	71%	100%	67%
Wait time	98%	96%	100%	96%

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Blue Cross Complete performs annual access and availability study

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Appointment availability specialist summary:

Appointment availability — compliance summary by specialist type				
	2021 Total	2022 Total	High volume specialists	High impact specialists
Specialist appointment	94%	94%	95%	92%

2021/2022 overall compliance summary by appointment type comparison:

Appointment availability — compliance summary by appointment type				
	2021 Total primary care providers	2021		
		Total primary care providers	Primary care providers	Pediatricians
Urgent care	99%	99%	99%	98%
Routine care	99%	99%	99%	100%
Preventive care	92%	92%	91%	94%
Emergency care	78%	80%	78%	86%
Wait time	86%	86%	85%	89%

After-hours availability summary:

After hours — overall compliance				
	Providers	Compliant	Non-compliant	Compliant
Total sample	282	171	111	61%

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Blue Cross Complete performs annual access and availability study

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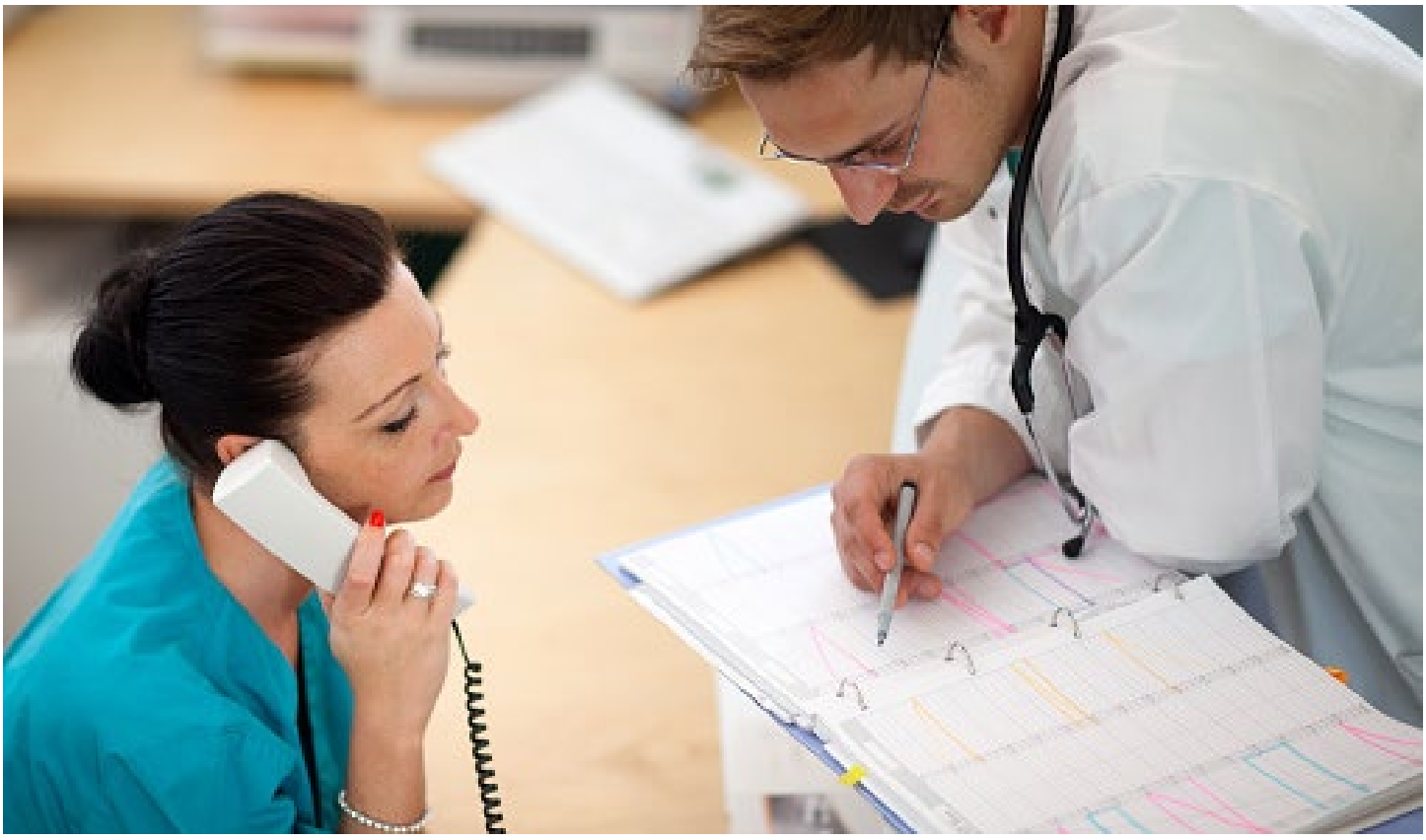
Improving member access to care and availability:

We're aware that each provider office is unique and faces its own challenges. That's why we've provided a list of strategies to improve overall access to care and availability:

- Implement same-day appointments for certain patient types.
- Allow walk-in appointments.
- Offer telehealth appointments.
- Leave appointment slots open daily.
- Train office staff to identify emergency situations and triage the call with a provider so the patient can be seen immediately or directed to the emergency room.
- Identify patterns of care in office; if more urgent or sick-care appointments are needed earlier in the week, schedule routine-care appointments for later in the week.
- Extend office hours.
- Educate members on appropriate use of after-hours services to manage utilization:
  - What symptoms require after-hours advice?
  - Use urgent care versus emergency room for low acuity illnesses or symptoms after hours.
  - Emphasize importance of after-hours advice to prevent emergency room visits.

We appreciate the quality care and access you provide to our members. To discuss additional strategies, contact your Blue Cross Complete provider account executive or call Blue Cross Complete Provider Inquiry at **1-888-312-5713.**



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Study shows providers are satisfied with Blue Cross Complete

Blue Cross Complete conducts an annual survey with contracted providers to assess their overall satisfaction with our health plan. The 2022 survey results indicated that 77% of providers rated Blue Cross Complete as excellent, very good or good. Within the overall satisfaction rating, 20% of providers rated Blue Cross Complete as excellent. And, 85% gave a positive response when asked if Blue Cross Complete takes physician input and recommendations seriously.

The survey also identified Blue Cross Complete's key areas of strengths:

- Accuracy of claims processing
- Timeliness of information exchanged
- Process of obtaining your provider specific HEDIS results
- Timeliness of claims
- Degree to which the plan promotes and encourages preventive care and wellness program
- Information received is sufficient to coordinate care between practitioners
- Responsiveness and timeliness of written communications, policy bulletins and manuals
- Responsiveness and courtesy of network account executives
- Clarity of information exchanged
- Access to UM staff

Your ability to provide quality care to our members helps us with the success of our commitment to offer quality access to health care coverage to everyone regardless of circumstance. We appreciate the care and service you and your staff provide our members.

For full details of the 2022 provider satisfaction survey, contact your Blue Cross Complete provider account executive.

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How members access specialty care

Blue Cross Complete members can access specialty care services without an authorization through our comprehensive network of affiliated providers. Services rendered by providers not affiliated with Blue Cross Complete, including those outside the state of Michigan, must get prior authorization by calling **1-888-312-5713** (press 1).

When an in-network specialist isn't available, providers can request member referrals to a specialty care provider affiliated with one of the public entities Blue Cross Complete doesn't contract with (Central Michigan University and Western Michigan University). This table shows the hospital systems that require authorization before a member is seen there.

Public entity	Hospital system
Central Michigan University	Covenant HealthCare Ascension St. Mary's of Michigan
Western Michigan University	Ascension Borgess

For help with prior authorizations, providers can contact Blue Cross Complete's Utilization Management department at **1-888-312-5713** (press 1).

Blue Cross Complete also covers services provided by unique providers, such as for services from federally qualified health centers, rural health clinics, local health departments, family planning clinics and child-adolescent health center services (immunizations, etc.).

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

Tips for prior authorization

Inpatient admissions and certain outpatient procedures require prior authorization from Blue Cross Complete's Utilization Management department. The ordering provider or specialist should contact UM prior to the scheduled admission or procedure to confirm member eligibility.

All emergency or urgent inpatient admissions should be reported to UM by the next business day following an admission.

To prevent a delay in processing an authorization of inpatient hospital services, submit the following documents at the time of the request, if applicable:

- History and physical exam
- Pertinent labs
- Imaging findings

To submit a request with supporting documentation:

- Call **1-888-312-5713** (press 1, then 4 to request authorization).
- Fax **1-888-989-0019**.
- Visit the **NaviNet provider portal**.

For more information, refer to Section 10 (Managing Utilization) of the **Blue Cross Complete Provider Manual**.

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

Eliminating preventable maternal mortality

According to the Centers for Disease Control and Prevention, more than 700 women nationwide die every year due to pregnancy-related complications. Although rare, these deaths are particularly tragic because about two in three could be prevented. Health care providers play a role in eliminating preventable maternal mortality.

To help reduce pregnancy-related deaths, the CDC recently updated its website with resources for health care professionals related to the ***Hear Her*** campaign. The website contains information for specialty providers focused on obstetrics, pediatrics and other fields of medicine.

- Obstetric professionals, such as OB-GYNs, obstetric nurses, midwives, women's health nurse practitioners and doulas, have an opportunity to provide important education to pregnant and postpartum patients about the urgent maternal warning signs. It's important to build trust with patients when prenatal care begins and encourage them to share their concerns.
- Pediatricians, pediatric nurses and other pediatric staff can be an important connection to care for postpartum patients. Women can suffer from pregnancy-related complications up to a year after birth. When doing infant checkups, pediatric staff can ask moms how they are feeling and listen for urgent maternal warning signs.
- Emergency department staff, paramedics, urgent care staff, primary care providers, mental health professionals and others have an important role to play in asking about recent pregnancy status and recognizing the signs and symptoms of pregnancy-related complications. It's critical for providers to ask if patients are pregnant or were pregnant in the last year.
- **Hear Her campaign** materials for providers include posters, palm cards, shareable graphics and sample social media content in English and Spanish. **Clinical resources** and health equity, implicit bias awareness and other educational tools from a variety of organizations are also available at **cdc.gov**.

How you can promote

Post *Hear Her* campaign information in your office or publish content in your newsletter, if applicable.

Post on your social media channel using images and text found at **https://www.cdc.gov/hearher/resources/social-media.html**. Label your message with #HearHer.

Embed one of the shareable graphics on your webpage. Shareable graphics are found at https://**www.cdc.gov/hearher/resources/download-share.html**.

Thank you for your support and work to promote the health and well-being of pregnant and postpartum members.

Blue Cross Complete behavioral health toolkit

Blue Cross Complete offers a Behavioral Health Provider Toolkit to help primary care providers identify conditions such as attention deficit hyperactivity disorder, anxiety, depression and substance use disorders. Materials include screenings and medication management options, and resources to help your practice manage our members.

To get the toolkit, visit **mibluecrosscomplete.com/provider**. 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**.

Remind your patients about effective treatments for ADHD

Blue Cross Complete encourages you to remind patients diagnosed with attention deficit hyperactivity disorder, and their families, that they can receive medicine and behavioral health therapy to help with behavior changes. Children who get a prescription for ADHD medicine should see their doctor for a follow-up visit within 30 days. Your patient may need a second and third follow-up visit to make sure the medicine is working. With treatment, ADHD can be managed well. If your patient has been diagnosed with ADHD, it's important that they get the right treatment.

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**.

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

Accurate provider directory information ensures members can easily access their health care services. Confirm the accuracy of your information in our online provider directory so our members have up-to-date resources. Some of the items in the directory are:

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

To view your provider information, visit **mibluecrosscomplete.com**, then click the **Find a doctor** tab and search your provider name. If 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

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@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

Reports can be made anonymously.

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 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**.

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

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