Blue Cross complete of Michigan

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CONNECTIONS

Contents

Stress management for healthcare providers

Healthcare providers are on the front lines of care and face daily challenges that can lead to high levels of stress, physical and emotional exhaustion, and burnout. The nature of the job, which includes providing lifesaving care, navigating complex medical situations and long work hours can place a unique demand on some provider's mental and physical well-bring.

While stress is a normal part of any profession, the healthcare industry is particularly vulnerable due to the intensity of the work and the stakes involved.

Effective stress management is crucial for healthcare providers, not only for their own health but also for the quality of care they deliver to patients, and the well-being of the people you care about outside of work.

According to the **Centers for Disease Control and Prevention**, the strategies below can help healthcare providers manage stress and maintain resilience:

1. Recognize the signs of stress: Many healthcare providers push through fatigue and stress without acknowledging its impact. However, long-term, unaddressed stress can lead to burnout, anxiety, depression and even physical health problems. Common signs of stress include:
    - Feeling tired, overwhelmed
    - Having trouble sleeping and concentrating
    - Feeling uncertain, nervous, anxious, irritated or angry
    - Feeling detached or disconnected from patients or a growing cynicism toward work
2. Strategies for managers and supervisors: CDC offers online training for public health supervisors and managers: **Understanding and Preventing Burnout among Public Health Workers**. Participants can learn strategies to prioritize employee health and well-being and reduce burnout.
3. Communicate with your coworkers, supervisors and employees about job stress.
    - Talk openly about how job stress affects your well-being.
    - Identify factors that cause stress and work together to identify solutions.
    - Ask about how to access mental health resources in your workplace.

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4. Prioritize self-care: Self-care is often neglected in the healthcare profession, where the focus is primarily on patients. Taking time for personal well-being is essential for healthcare providers to recharge and perform at their best. Key aspects of self-care include:
    - Regular exercise
    - Healthy eating
    - Sleep
    - Identifying and accepting those things you can't control.
    - Taking breaks during your shift to rest, stretch or check in with supportive colleagues, coworkers, friends and family.
    - Setting boundaries, which includes implementing a quality work-life balance plan.

Healthcare providers face an inherently stressful job, but effective stress management is crucial. By recognizing the signs of stress, practicing self-care, setting boundaries and seeking support, providers can protect themselves from burnout and continue providing high-quality care to their patients.

Know where to go if you need help

- Call or text **988 Suicide & Crisis Lifeline**. (formally known as the National Suicide Prevention Lifeline.
- If you need emergency care for a life-threatening conditionor if you're having thoughts of suicide or death, go to the nearest emergency room or call **911**.
- If you need to find treatment or mental health providers in your area:
    - **Sustance Abuse and Mental Health Services Administration Find Treatment**
    - SAMHSA Helpline: **1-800-662-HELP**

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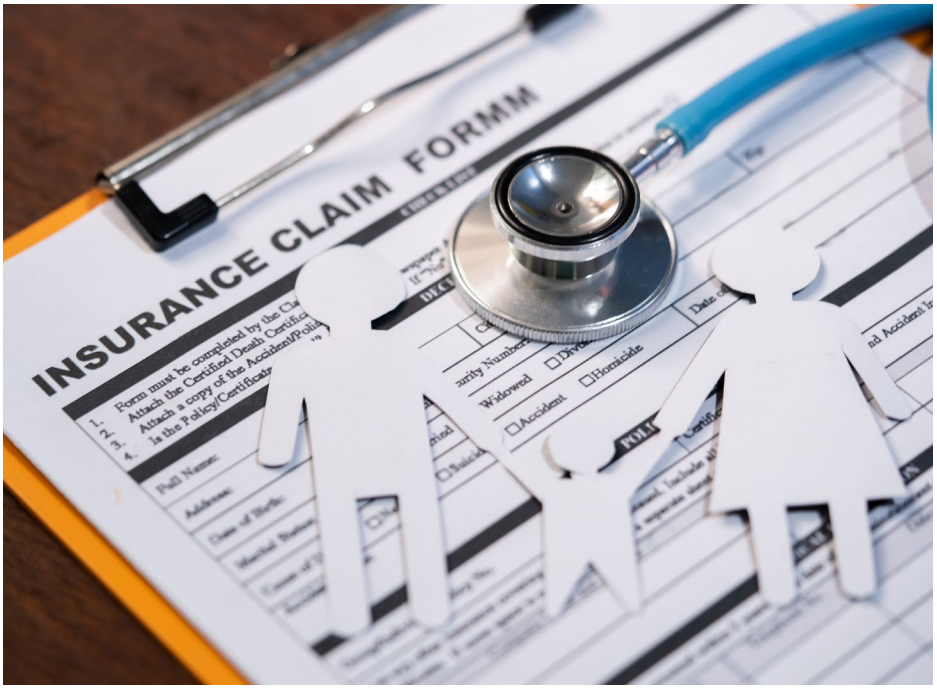
Help prevent claim denials and delays by confirming prior authorization dates



To support timely claims processing, Blue Cross Complete reminds hospital providers that prior authorization requests must reflect the dates of service that will be billed on the claim.

To help prevent claim denials and payment delays, the authorized dates of services must match the dates submitted on the hospital claim. If a member's hospitalization stay is extended or the dates of services change after prior authorization is approved, providers are responsible for requesting an authorization update before submitting the claim.

Before submitting claims, providers should verify:

- The approved prior authorization covers all billed dates of services.
- The dates of service on the claim match the approved prior authorization.
- Any changes to an inpatient stay or approved services have been submitted to Blue Cross Complete for authorization updates, when required.
- Blue Cross Complete requires hospitals to submit all pertinent clinical information (history and physical, pertinent labs and imaging findings).

Reviewing authorizations for accuracy before claim submission helps ensure timely claims processing and reduces the need for claims corrections or resubmissions.

Blue Cross Complete recommends that providers use the NaviNet provider portal to submit plan notification and authorization requests. Providers are able to upload clinical information through the portal and view the status of requests they put in the portal. Providers may also check authorization requirements of specific codes at mibluecrosscomplete.com/providers/prior-authorization-resources/.

In addition, hospitals must notify Blue Cross Complete within 24 hours or one business day of an urgent or emergency admission. If the member is admitted on the weekend or a holiday, hospitals must notify Blue Cross Complete the next business day. Providers or specialists must submit an authorization request for planned inpatient admissions, certain outpatient procedures and durable medical equipment.

Refer to our Blue Cross Complete Provider Manual to learn more about services that require prior authorization, use the Prior Authorization LookUp Tool and for complete details on prior authorization requirements.

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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Ryan White HIV/AIDS Program offers comprehensive support for people living with HIV

Under the Michigan Department of Health and Human Services Bureau of HIV/STI Programs, a key resource to assist people with HIV in achieving viral suppression is the Ryan White HIV/AIDS Program. This program provides people with HIV with various clinical and non-clinical services.

The Ryan White HIV/AIDS Program helps ensure access to care for those who are uninsured, underinsured or facing other barriers to healthcare. Since its inception in 1990, the program has played a crucial role in enhancing the quality of life for countless people throughout the United States.

Named after Ryan White, a courageous teenager who became the face of the HIV/AIDS crisis in the 1980s, the program was established to address the unmet health needs of those who lacked sufficient resources and access to care. It provides high-quality medical treatment and support services, making it a cornerstone of the national response to the epidemic.

The program is administered by the U.S. Department of Health and Human Services Health Resources and Services Administration, HIV/AIDS Bureau and offers an extensive range of services tailored to meet the diverse needs of people with HIV/AIDS. These services include primary medical care, essential medications, mental health support, substance abuse counseling, housing assistance and support with obtaining health insurance coverage.

The Ryan White HIV/AIDS Program is distinguished by its commitment to providing culturally sensitive, patient-centered and community-driven care. Recognizing the unique challenges faced by individuals from marginalized communities, the program actively engages community-based organizations and local healthcare providers to fund and deliver services that are responsive to the needs of diverse populations.

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The MDHHS HIV Care Section is the Michigan grantee of the federal Ryan White HIV/AIDS Program. As the payor of last resort, these funds provide services to people with HIV who have no health insurance or insufficient healthcare coverage and lack the financial resources to access care.

According to the MDHHS, as of January 2022, 17,870 people were living with HIV in Michigan. The MDHHS matched those enrolled in Medicaid to all people with HIV in the state as of Jan. 1, 2021. There were 6,058 matches identified. Of those 6,058 clients, about 1,300 — 21% — were enrolled in Blue Cross Complete. The MDHHS reports that 76% of people with HIV enrolled in Blue Cross Complete are achieving viral suppression under its MDHHS Bureau of HIV/STI Programs HIV Care Section Integrated Ryan White Parts B and D Clinical Quality Management Plan 2022-2023.

In accordance with the legislative mandate for quality management by the Ryan White HIV/AIDS Treatment Extension Act of 2009 and the 2022-2025 National HIV/AIDS Strategy, the MDHHS, Bureau of HIV/STI Programs and Field Services Division, HIV Care Section, Clinical Quality Management Program is committed to establishing and maintaining coordinated and comprehensive service delivery across the HIV treatment care continuum. The MDHHS quality improvement management plan reduces gaps and disparities and aims to increase medical retention, viral load suppression and health engagement for people with HIV in Michigan.

By providing comprehensive care and support, the Ryan White HIV/AIDS Program and MDHHS quality improvement management plan can improve health outcomes and contribute to the overall well-being of people living with HIV/AIDS and their families.

To learn more about how to support patients living with HIV, go to michigan.gov/mdhhs/keep-mi-healthy/chronicdiseases/hivsti/resources/ryan-white-hiv-aids-program-including-careware.

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HEDIS Corner: New Asthma Measure

At the beginning of this year, the National Committee for Quality Assurance, or NCQA, officially retired the **Asthma Medication Ratio** HEDIS measure and replaced it with a new measure: **Follow-Up After Acute and Urgent Care Visits for Asthma**.

NCQA found that the AMR measure didn't align with modern clinical guidelines, which increasingly favor combined maintenance and reliever therapy rather than separating controllers and relievers. The new HEDIS measure, AAF-E, will place more focus on tracking care continuity after an asthma attack or exacerbation as opposed to the prior focus of calculating medication adherence.

AAF-E assesses the percentage of people ages 5 to 64 who had an acute visit or urgent care or hospital discharge for an asthma exacerbation and received a corresponding follow-up visit with a clinician within 30 days.

The goal is to encourage patient-clinician relationships and make sure patients are receiving proper long-term care, asthma action plans and monitoring of symptoms after a major episode.

Sources

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Supporting health pregnancies: Centering Pregnancy®

Blue Cross Complete is committed to supporting the health and well-being of pregnant members through a comprehensive set of services designed to meet their physical, emotional and social needs during pregnancy and beyond.

One of the key benefits available to pregnant members is Centering Pregnancy, an evidence-based model of group prenatal care. This program brings together small groups of pregnant women with similar due dates to receive education on childbirth, nutrition, exercise, stress management, breastfeeding, parenting and contraception. Group sessions are 90 to 120 minutes long.

Members can attend up to 12 in-person group sessions per pregnancy. These sessions don't replace regular prenatal physical visits. Blue Cross Complete provides coverage for in-person, group prenatal care when delivered by accredited Centering Pregnancy providers. Services must be provided in accordance with the most current Centering Pregnancy model of care.

Blue Cross Complete promotes healthier pregnancies, improved birth outcomes and stronger family support systems. Providers are encouraged to refer eligible patients to beneficial programs earlier in their pregnancies to help ensure they receive the full range of available benefits.

To learn more or refer patients to maternity support services, providers can call Bright Start® at **1-888-288-1722** and select option 2 from 8 a.m. to 4:30 p.m. Monday through Friday or visit **mibluecrosscomplete.com/pregnancy**.

For full details on provider criteria, reimbursement guidelines and covered services, review the Michigan Department of Health Services Bulletin **MMP 24-45**, issued Sept. 27, 2024.

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Blue Cross Complete highlights clinical practice, preventive care guidelines

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

Blue Cross Complete adopts clinical practice guidelines that consider the needs of Blue Cross Complete members and may be related to applicable acute or chronic conditions, behavioral health-related issues and preventive or non-preventive guidelines. Guidelines are adopted in consultation with contracted healthcare professionals and are reviewed and updated at least every two years.

Our quality improvement program encourages Blue Cross Complete's adherence to clinical practice and preventive care guidelines. Ongoing monitoring of compliance is conducted through medical record reviews and quality studies. Approved clinical practice guidelines are available on the Blue Cross Complete website for all Blue Cross Complete primary care providers, primary care groups and specialists. All guidelines are intended as a general resource to assist the practitioner and aren't meant as a substitute for the practitioner's medical judgment.

Guidelines and updates are accessible to all providers through a link in the Blue Cross Complete Provider Manual. Blue Cross Complete also distributes clinical practice guidelines to members and prospective members upon request. Blue Cross Complete will mail clinical practice guidelines to those who don't have access to fax, email or internet.

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Programs available to help decrease maternal smoking

Maternal smoking isn't only harmful to women, but also to their babies before, during and after birth.

Research by the Centers for Disease Control and Prevention* has shown that smoking while pregnant can increase the risk of premature birth, sudden infant death syndrome and various birth defects Exposure to second-hand smoke* can be harmful to mother and child. The risks of stillbirth and congenital malformation can increase due to second-hand smoke exposure during pregnancy. Moreover, babies exposed to second-hand smoke are more likely to die of sudden infant death syndrome than babies who aren't exposed.

According to the March of Dimes,* when women smoke during pregnancy, harmful chemicals, such as nicotine, carbon monoxide and tar, pass through the placenta and umbilical cord to the baby. These chemicals can decrease the amount of oxygen a baby gets, which can slow growth before birth. Other health problems* related to maternal smoking include poor lung and brain function, wheezing, asthma, visual difficulties, increased ear infections and pneumonia. The more cigarettes smoked per day, the greater a baby's chances of developing these and other health problems. It's important to understand that there is no safe level of smoking while pregnant, and quitting is the best option for both the mother and baby's health.

Blue Cross Complete members considering quitting tobacco have multiple resources available for support. The Michigan Tobacco Quitline offers free information, tobacco treatment referrals, an online program and text-messaging 24 hours a day, seven days a week at **1-800-QUIT-NOW (784-8669)**. All Quitline coaches have a minimum of a bachelor's degree and extensive training in tobacco dependence treatment. Many coaches are also certified tobacco dependence treatment specialists. You can refer patients to the program on the Make a Referral page at michigan.quitlogix.org.*

The Blue Cross Complete tobacco quit program is no cost and phone based. It helps members quit using tobacco and offers support and encouragement to help them stick to their plan.

Drug benefits include over-the-counter and prescription medicines. See the Pharmacy Services section of Blue Cross Complete's Provider Manual for additional coverage information. For more information, call Blue Cross Complete Provider Inquiry at **1-888-312-5713**.

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PrEP and African American women: Bridging the gap in HIV prevention

Pre-exposure prophylaxis, commonly known as PrEP, is a medication that can significantly reduce the risk of contracting HIV when taken as prescribed. Despite its effectiveness, many people who could benefit from its use remain unaware of its potential.

One group that has been particularly underrepresented in conversations about PrEP is African American women. While much of the HIV prevention messaging has focused on LGBTQ+ community, African American women in the United States continue to be disproportionately affected by HIV, and the role of PrEP in protecting them has often been overlooked.

According to research by KFF*, an independent source for health policy research, polling and journalism, in 2022 African American women account for the majority of new HIV diagnoses among women in the United States, as well as the largest share of all women living with HIV.

The Michigan Department of Health and Human Services introduced the "Mahogany Blue" campaign, an adaptation of the Centers for Disease Control and Prevention's "She's Well" campaign earlier this year. The "Mahogany Blue" initiative is dedicated to empowering African American women by recognizing the unique barriers they encounter in accessing HIV prevention tools such as PrEP.

PrEP can be taken by people who don't have HIV but are at high risk of being exposed to it through sex or injection drug use. It's available as a pill or an injectable medication. Blue Cross Complete provides coverage for this medication.

According to the MDHHS, from 2021 through 2023, nearly 8 out of 10 women diagnosed with HIV in Wayne County were African American. PrEP is safe and effective way for women to take to reduce the chance of getting HIV.

Mahogany Blue highlights the tools and resources African American women can use to take control of their sexual health by making informed decisions and take proactive steps to protect themselves from getting HIV.

Medication also can be taken to prevent HIV after a possible exposure to help prevent transmission of the virus. This medication is called post-exposure prophylaxis. PEP can be prescribed by a doctor, physician assistant or nurse practitioner.

Providers should remind their patients that PrEP is a vital tool in HIV prevention, and is a great tool for African American women, who face a disproportionately high risk of HIV.

Health care providers are encouraged to discuss HIV prevention with their patients, which includes providing information about PrEP and using the MDHHS resource finder to get a list of services and providers that best fit their needs. Providers can refer their patients to mibluecrosscomplete.com to learn more about PrEP.

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Building Trust to Strengthen Well-Child Visits

Well-child visits serve as a fundamental component of pediatric care, providing health care providers with essential opportunities to monitor children's growth and development, deliver preventive services and foster trusted relationships with families.

These visits are particularly significant for addressing disparities in preventive care. A 2020 study within a large health care system found that 71% of white children were up to date with their well-child visits, compared to only 64% of Hispanic and Latino children and 59% of Black children.[1] For Black children, well-child visits also present critical moments to address disparities in timely immunizations and other preventive screenings. By prioritizing culturally responsive communication and patient-centered care, providers can help improve adherence to recommended visits, reduce health inequities and support healthier futures.[2]

Challenges and barriers to preventive care

Preventive care in childhood is essential for encouraging healthy growth, facilitating early screenings and ensuring children receive timely immunizations consistent with national recommendations.[3] Yet, racial and ethnic disparities in preventive care persist. Black children are less likely to be fully immunized by age 2, compared with their white and Latino peers.[4,5] This gap may be caused by mistrust of the healthcare system, transportation issues and scheduling problems, which can lead to vaccine delays and missed well-child visits.[6] Each visit becomes more than just a routine checkup. It's an opportunity for providers to build trust, address family concerns and equip parents with information to support their child's health.[7]

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Five strategies for building trust and strengthening well-child visits

1. **Review care gaps by race and ethnicity.** Examine your practice data by race and ethnicity to identify missed visits, incomplete vaccinations or other disparities. Pay particular attention to vaccines, such as DTaP and flu, as these often reflect broader gaps in preventive care.[5]

2. **Acknowledge mistrust.** Recognize that families may have concerns rooted in historical and ongoing inequalities. Responding with empathy and clear explanations can help build trust.[8]

3. **Connect preventive care to family priorities.** Go beyond simply saying vaccines are "safe and effective." Frame the benefits in ways that resonate with parents. For example, "This helps keep your child healthy in school and protected from serious illnesses."[7]

4. **Address practical barriers.** Engage families in conversations about challenges they encounter with transportation, time off work or scheduling. Providing solutions such as flexible hours, reminders and connections to ride assistance programs can make a significant impact.[6]

5. **Create space for open dialogue.** Encourage questions and listen closely to family concerns about vaccines, nutrition or development. Dialogue, instead of one-way information, helps build confidence and makes guidance more meaningful.[7]

Well-child visits provide essential opportunities to build trust, overcome barriers and fill care gaps. By communicating clearly and remaining attentive to the unique challenges faced by Black families, providers can help ensure every child has the chance to grow up healthy and supported.

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Promote National Suicide Prevention Month

We can all help prevent suicide. Every year, the 988 Suicide & Crisis Lifeline and other mental health organizations and individuals across the U.S. and around the world raise awareness of suicide prevention during September, National Suicide Prevention Month.

Physicians, nurses, social workers, mental health professionals, school counselors and other providers routinely care for patients who may be at risk for suicide. Despite this, some providers may lack training on how to support suicide prevention when working with patients or clients.

#BeThe1To is the 988 Suicide & Crisis Lifeline's message for National Suicide Prevention Month and beyond, which helps spread the word about actions we can take to prevent suicide. The Lifeline network and its partners are working to change the conversation from suicide to suicide prevention, and actions that can promote healing, help and give hope.

Supported by evidence in suicide prevention, using the key points below can help when communicating with someone who may be suicidal.

1. Research in suicide prevention presented by the 988 Suicide & Crisis Lifeline organization finds people who are having thoughts of suicide feel relief when someone asks after them in a caring way. Findings suggest acknowledging and talking about suicide may reduce rather than increase suicidal ideation.
2. Individuals are more likely to feel less depressed, less suicidal, less overwhelmed and more hopeful after speaking to someone who listens without judgment.
3. A number of studies have indicated that when lethal means are made less available, suicide rates by that method decline, and frequently suicide rates overall decline.
4. According to the 988 Suicide & Crisis Lifeline, studies show that helping someone at risk creates a network of resources and individuals for support, and safety can help them take positive action and reduce feelings of hopelessness.

5. Studies have also shown that brief, low-cost intervention and supportive, ongoing contact may be an important part of suicide prevention, especially for individuals after they have been discharged from hospitals or care services.

Learn more

Spread the word about suicide prevention and show how we can all act and make an impact in someone's life. Visit the National Action Alliance for Suicide Prevention's website at theactionalliance.org for a core set of clinical training guidelines aimed at ensuring healthcare providers are adequately prepared to treat patients at risk. The guidelines serve as the foundation for suicide prevention training programs in many areas, including nursing, social work, medicine, school counseling and the full range of behavioral health and primary care disciplines.

Use the hashtag #BeThe1To or #BeThere to educate social media followers about the many actions one can take to support a person who is struggling. Share #BeThe1To's 5 action steps, as well as resources, tips and messages throughout National Suicide Prevention Month and beyond. Get message kits, resources, events and more at the official website, BeThe1To.com.

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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 healthcare in Michigan and has a 3.5 Star Rating from the National Committee for Quality Assurance, or NCQA. We also received the highest ranking possible, a score of 4 apples, in the Michigan Department of Health and Human Services 2024 Consumer Guide for the "Taking Care of Women" and "Keeping Kids Healthy" categories.

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 have 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 has held the Multicultural Healthcare Distinction from NCQA since 2017 and was granted NCQA's new Health Equity Accreditation in 2024. This accreditation is awarded to organizations that engage in efforts to improve healthcare for all by making culturally and linguistically appropriate services available to members and reducing healthcare disparities.

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Blue Cross Complete has an active community outreach program. To engage more with members, we supported more than 987 community events across Michigan in 2023. Community health navigators worked with members to screen for social determinants of health needs and schedule appointments with primary care providers, specialists and dentists to make sure their health needs were addressed.

Members are also asked if Blue Cross Complete can assist with a variety of other concerns, including childcare and clothing. We ask if we can help with hygiene supplies or household items, such as furniture and appliances. Sometimes members need assistance with access to food, housing, utilities, transportation, education and literacy resources. We saw members with needs that included access to a phone and basic medical supplies. Blue Cross Complete was also able to provide resources to members to cope with personal and household safety concerns and address social needs to help reduce isolation and loneliness. Starting in 2023, community health navigators also began assisting our members and members of our community complete needed paperwork for Medicaid redetermination. These efforts were at community locations, including weekly sessions at our Detroit Community Wellness Center at the Durfee Innovation Society.

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

For services provided in 2023, these CAHPS categories received the highest scores from our members:

- How Well Doctors Communicate
- Customer Service
- Getting Care Quickly

Members lowered their ratings for:

- Getting Needed Care
- Discussing Smoking and Tobacco Use Cessation Medications
- Discussing Smoking and Tobacco Use Cessation Strategies

This represents an opportunity for doctors and specialists in our network to improve member ratings by enhancing the ease of getting necessary care, tests or treatment as needed, and assisting members with getting appointments with specialists as soon as they are needed. Providers can also improve their scores by advising smoking and tobacco users to quit and discussing tobacco cessation medications and strategies. Tobacco cessation discussions represent a continuing opportunity to improve health outcomes for members.

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.

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Blue Cross Complete does not apply gender edits

Blue Cross Complete is committed to providing inclusive and accessible health care to all members, regardless of gender identity. One important aspect of this commitment is helping to ensure there are no gender-related barriers that affect access to necessary medications and care.

In February 2017, Blue Cross Complete made an important decision to remove gender edits from its formulary system. This means medications aren't restricted based on a member's recorded gender in the system. This decision was made before the Michigan Department of Health and Human Services changed its policies. This proactive decision helped make healthcare fairer and more accessible for everyone, no matter their gender identity. By doing this, Blue Cross Complete not only followed the law, including Section 1557 of the Affordable Care Act, but also showed leadership in creating a more inclusive healthcare system.

What Are Gender Edits?

Gender edits are rules in health care systems that decide whether someone can get certain medications based on the gender listed in their medical records. For example, a person's gender might be recorded as male or female, but these edits don't account for people who are transgender, non-binary or don't fit into traditional gender categories. This means people who need treatments such as hormone therapy or specific medications might get denied just because their treatment doesn't match the gender listed in their records.

Why removing gender edits is important?

Blue Cross Complete removed these gender edits for several important reasons:

- **Better access to care:** Many transgender and non-binary people face problems when trying to get health care. Gender edits blocked them from getting medications or treatments such as hormone therapy. By removing these edits, Blue Cross Complete made sure everyone could access the right care without any delays or issues.
- **Complying with the law:** Section 1557 of the ACA prohibits discrimination based on race, color, national origin, sex (including gender identity), age or disability. Gender edits can be considered a form of discrimination because they prevent people from getting the care they need based on their gender identity. By removing these edits, Blue Cross Complete followed the law and helped protect patients' rights.

- **Reduce health disparities**: Transgender and gender-diverse people often face bigger health challenges than others, including trouble getting the right care. Getting rid of gender edits helps reduce these health inequalities and helps to ensure everyone can get the treatment they need.

Benefits of removing gender edits

By removing gender edits from the formulary, Blue Cross Complete created many positive outcomes:

- Patients no longer worry about being denied treatments or medications because of gender restrictions. This allows them to get the care they need faster and without hassle.
- Doctors and health care workers don't have to go through extra steps to get medications approved. This makes it easier for medical professionals to focus on patients instead of dealing with unnecessary paperwork.
- Following legal guidelines: By removing gender edits, Blue Cross Complete helps ensure that it complies with Section 1557 of the ACA, which protects people from discrimination in healthcare.

Removing gender edits from Blue Cross Complete formulary in 2017 was a major step toward providing fair and equal healthcare for everyone. By making sure all members could access the treatments they need, regardless of their gender identity, Blue Cross Complete set an example for other healthcare organizations to follow. This decision not only follows the law, but also makes health care easier and more inclusive for patients, proving that Blue Cross Complete is a leader in equitable health care for all.

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Providing quality and equitable care to limited-English proficiency patients

Health care providers often care for patients who come from diverse ethnic backgrounds and may be limited-English proficient. To provide quality and equitable care, it's essential for practitioners to appropriately interact and communicate with their LEP patients. Eliminating language barriers is key to increasing access to coverage and care. To better understand the challenges and health disparities LEP communities face, this article will explore common terms, challenges and barriers, as well as provide tips and resources to better serve LEP patients.

LEP definition

"Limited English proficiency" is a term used in the United States that refers to a person who is not fluent in the English language, often because it isn't their native language. Both "LEP" and "English-language learner" are terms used by the Office for Civil Rights. Additionally, the acronym LEP is used to refer to an individual who is unable to speak English as their primary language and has limited ability to read, write, speak or understand English.[1]

LEP population in Michigan

In 2015, it was reported that 350 languages were spoken in the United States and that over 25 million individuals reported needing language assistance.1 Overall, the LEP population in Michigan is steadily increasing. In 2023, AmeriHealth Caritas found that about 9.7% of Michiganders age 5 and older speak a language other than English at home and, of those, 3.4% indicate that they either don't speak English very well or don't speak English at all.[2]

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Language access requirements

Title VI of the Civil Rights Act of 1964 specifies that healthcare providers, organizations and agencies receiving federal funds must make language services available for individuals who don't speak or understand English.[3] In 2013, the federal Office of Minority Health issued an enhanced version of standards for Culturally and Linguistically Appropriate Services aimed at addressing health disparities and improving health outcomes. The federal government has mandated states that receive federal funds must meet four out of 15 CLAS standards, which include offering free language assistance, ensuring patients receive language assistance in their preferred language, providing certified interpreters and distributing materials and signs in languages most spoken by patients.[4]

How language barriers can affect quality of care and patient safety

Even with federal mandates, LEP patients still face disproportionate barriers in communicating critical health information to providers. Research shows more than half of adverse events for LEP can be attributed to failures of communication.[5] Health care barriers and adverse impacts include, but are not limited to, health care access, risk of misdiagnosis, medical errors, lack of informed consent, higher rates of readmissions and low quality of care.[6, 7, 8]

Additionally, LEP patients often are left with the limited choice of using poorly trained, inexperienced or unsuitable ad hoc interpreters, which results in inadequate and distorted communication.[8, 9, 10] Therefore, language barriers can lead to inefficient and inferior care, as providers are unable to assess patient needs and symptoms, and develop effective treatment plans.

Types of language services

Language interpretation and translation are two different services. Language interpretation refers to the spoken word, where a trained and certified interpreter facilitates communication between two people who speak different languages. Language translation is the process of converting the written word from one language into another in a way that is culturally and linguistically appropriate.[11]

Language access services within a health care setting can include telephonic interpretation services; face-to-face interpretation services; and translation of written material, including translation of forms and basic signage. Additionally, it's important that when utilizing interpreters in a healthcare setting, the interpreters are trained in medical interpretation. Trained medical interpreters are individuals who have received professional instruction in medical concepts and terminology, interpretation skills and processes, communication skills, ethics, confidentiality and cultural issues.[12]

Below are useful tips from the American Medical Association providers can use to better communicate with LEP patients[12].

1. Develop policies and strategies to identify and address patients' needs for language assistance for both commonly and rarely encountered languages.
2. Inform LEP patients of their rights to interpretation and translation services.
3. Assign responsibility to a staff member for arranging interpretation services when needed. Designate another staff member to take the lead in incorporating language assistance services into continuous quality improvement activities.
4. Implement a system to track patient needs for language assistance services.
5. Reserve blocks of time for LEP patients to schedule appointments and arrange for interpreters to be available during these times.
6. Ensure all signs are understandable (for example, multilingual or symbol based).
7. Provide vital documents and patient education materials in English and in the language of patients (translated by certified translators). Even though your patients may not read English, someone at home may.

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8. Utilize professional interpreters.
    a. Providers can contract with interpreters through a language service vendor (such as Language Service Associates).

    b. Providers can utilize bilingual healthcare providers and staff by getting them appropriately certified to offer language interpretation within a medical setting.

9. It isn't recommended to utilize family members and other ad hoc individuals as language interpreters. However, in cases where these individuals are the only option to communicate with LEP patients, providers should never ask children to serve as interpreters for their parents.

10. Train clinical and nonclinical staff members on how to work with interpreters.

Language and translation services

Blue Cross Complete provides free language services to members who do not speak or understand English or who are deaf or have difficulty hearing.

To help ensure our members continue to have access to the best possible healthcare and services in their preferred language, Blue Cross Complete is extending the opportunity for network providers to contract with Language Services Associates at Blue Cross Complete's corporate telephonic rates.

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Virtual Diabetes Prevention Program available to qualified patients

Those with prediabetes may be more likely to get diabetes. The Diabetes Prevention Program can help members manage symptoms of diabetes.

Diabetes Prevention Program

The Diabetes Prevention Program can help your patients learn how to make healthy changes and stick to them. In a small group, led by a trained lifestyle coach, participants learn healthier ways to eat, how to be more active and other lifestyle changes during 16 weekly one-hour virtual sessions.The group will then meet online monthly for up to a year.

Topics include:

- Reducing fat and calories
- Four keys to healthy eating out
- Being active: a way of life
- Managing stress

How can your patients join?

The National Kidney Foundation of Michigan host classes online for participants to join by computer or smart device (cellphone or tablet). Those interested in joining will need to attend an online information session before enrolling in a class. The program team will follow up with your patients by phone to provide additional information For more information, go to **readysetprevent.org**.*

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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 2 in 3 could be prevented, healthcare providers play a crucial role in eliminating preventable maternal mortality.

To help reduce pregnancy-related deaths, the CDC has resources for health care professionals as part of 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 crucial 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.*

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Collaborating to Enhance Population Health

Providing care for our shared members requires teamwork, communication and a unified dedication to improving outcomes. Population health management aims to address care gaps, support those at highest risk, and promote comprehensive well-being across our communities. We strive to supply your practice with valuable tools and resources that complement the exceptional care you already offer.

Defined roles and shared accountability

Successful population health management relies on clear role definitions and aligned responsibilities. Together, we're accountable for achieving measurable health results.

Your practice:

- Guides clinical decisions and oversees patient care
- Determines care needs during appointments and coordinates treatment plans
- Involves patients in recommended preventive and follow-up care as part of our health plan

Our health plan:

- Supplies actionable data and quality performance reports
- Identifies members who could benefit from extra support
- Reaches out to engage members and reinforce care plans
- Offers care management services for members who are high-risk or have complex needs
- Connect members to community and social support services

By aligning responsibilities and maintaining open communication, we can coordinate outreach efforts and connect members to the appropriate care management and support programs, such as Integrated Healthcare Management and the Tobacco Quit program. We encourage providers to collaborate with us to refer eligible members and to reinforce engagement in available support services and programs.

You lead your practice's care; we provide support through data, coordination, and engagement. When we work together around shared goals and maintain clear communication, we can:

- Address care gaps
- Enhance quality performance
- Minimize unnecessary utilization
- Improve the member experience

Advancing population health through value-based collaboration

In addition to defining roles in coordinated care activities, we support providers through alternative payment model arrangements designed to align incentives with shared population health goals. These value-based strategies promote accountability for quality outcomes and care coordination, and facilitate overall member well-being by aligning performance expectations, data insights and financial incentives. APM opportunities further strengthen collaboration and support measurable improvements in health outcomes throughout our communities.

For more information about available resources, care coordination support or value-based partnership opportunities, please contact your Blue Cross Complete provider account executive or call Blue Cross Complete Provider Inquiry at **1-888-312-5713**.

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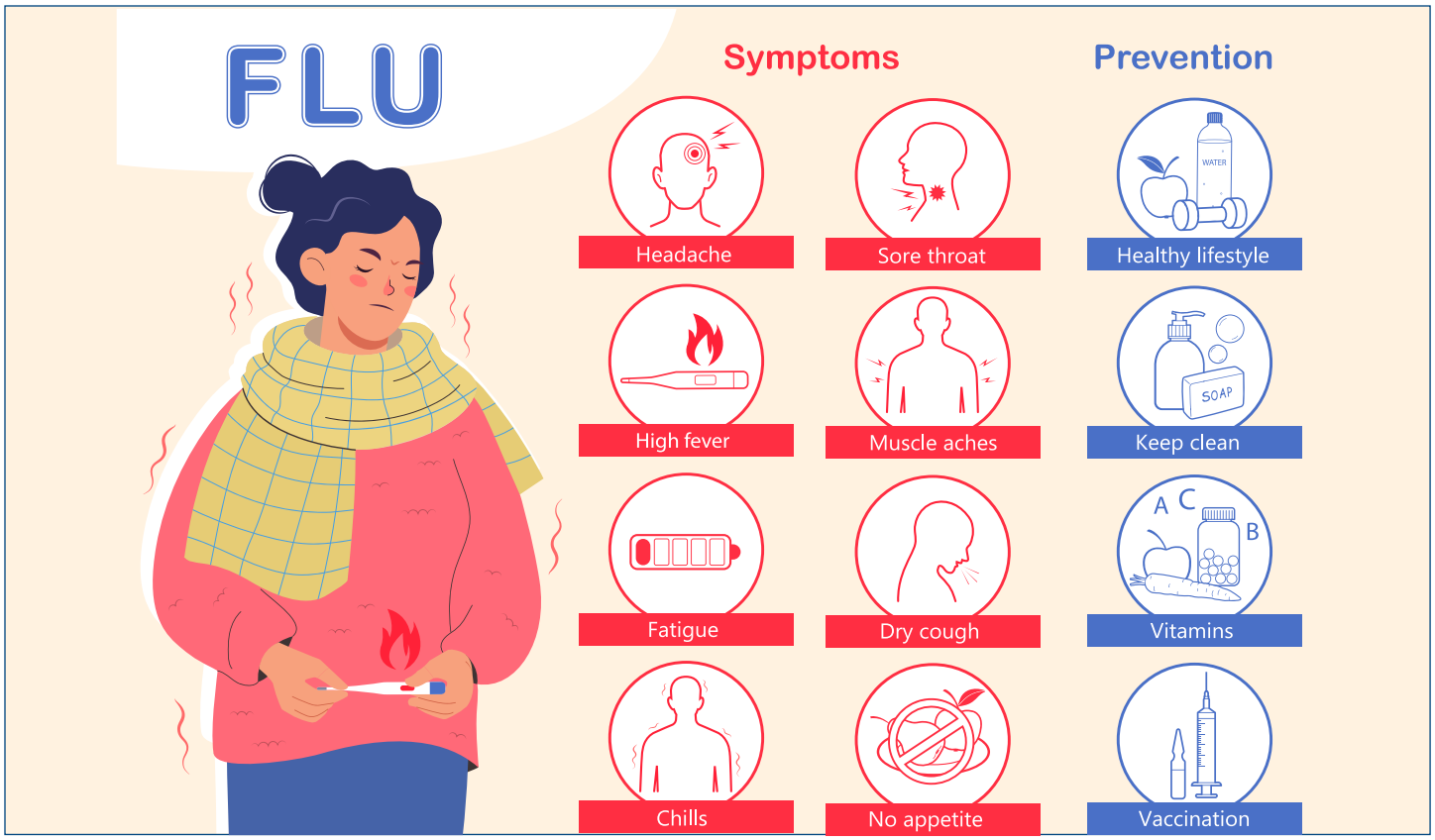

Prepare patients for flu season

As the summer heat begins to fade and autumn approaches, so does the onset of flu season. This means that it's time to start a flu prevention plan for your patients.

The CDC recommends a flu vaccine during each flu season as the first and most important step in protecting against the virus.

Here are a few additional reminders for your patients:

- Get the recommended amount of sleep.
- Eat a healthy, well-balanced diet.
- Minimize stress.
- Keep moving — Exercise has numerous health benefits, such as boosting mood and energy. It also helps to promote better sleep.

To help prevent the flu, also remind your patients to:

- Wash their hands frequently with soap and warm water.
- Cover their nose and mouth if they sneeze or cough.
- Stay home, if they feel sick or have symptoms, to prevent further spread of the illness.
- Avoid people who are sick, if possible.

When a significant portion of the community gets vaccinated, the spread of the flu is minimized. Known as herd immunity, this helps protect those who are unable to get vaccinated, such as individuals with specific health conditions.

Blue Cross Complete covers seasonal flu vaccines with no copayment for all our members. They can receive the vaccine from a medical provider, local health department or pharmacy. For the pharmacy, call ahead to determine availability and ask about age limits, as most pharmacies have restrictions on vaccinating children under a certain age.

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Help your patients make the most of their dental benefits

Good oral health is an important part of overall health. Blue Cross Complete encourages providers to remind Medicaid members about the dental benefits available to them and the importance of receiving routine preventive dental care.

Regular dental visits can help prevent cavities, gum disease and other oral health conditions while supporting the early detection of health concerns that may affect a patient's overall well-being.

According to the National Institutes of Health, oral health is connected to conditions such as diabetes, heart disease and pregnancy outcomes, making preventive dental care an essential component of whole-person care.

During office visits, providers are encouraged to:

- Ask members whether they have an established dentist
- Remind patients to schedule routine appointments
- Reinforce the importance of preventive oral healthcare for children and adults
- Refer members to an in-network dental provider when appropriate

Blue Cross Complete members have access to comprehensive dental benefits through Medicaid coverage. Currently, Blue Cross Complete offers dental coverage to adults ages 21 and older who have Medicaid coverage, and Healthy Michigan Plan members, ages 19 and older.

As a reminder, Blue Cross Complete covers dental benefits, including exams, cleanings and extractions for members. Additional dental benefits include:

- Four bitewing X-rays every year
- Full-mouth X-rays once every five years
- One filling per tooth every two years
- Emergency exams, no more than twice a month

- Sealants, once every three years
- Topical fluoride up to age 21, twice per year
- Fluoride varnish up to age 21, twice per year
- Crowns, once every five years on the same tooth
- Root canal therapy
- Retreatment of previous root canal, once per tooth per lifetime
- Periodontal evaluation, once every 12 months*
- Periodontal maintenance, once every six months*
- Complete and partial dentures, once every five years per arch

Eligible members can locate a dentist by visiting mibluecrosscomplete.com and selecting Find a Doctor and then Find a Dentist. Members may also call Blue Cross Complete's Dental Customer Service at **1-844-320-8465**.

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Vaccine hesitancy: Addressing concerns while promoting public health

Vaccine hesitancy poses a significant challenge to public health efforts, jeopardizing the control and eradication of preventable illnesses. Understanding the reasons behind vaccine hesitancy and developing effective strategies to address it are crucial for ensuring the well-being of individuals and communities worldwide.

The complex nature of vaccine hesitancy

Vaccine hesitancy is a multifaceted phenomenon influenced by a variety of factors, including personal beliefs, cultural and social influences, misinformation and mistrust in public health systems. It's essential that healthcare providers recognize that vaccine-hesitant individuals often have legitimate concerns and fears.

Perceptions of the risks associated with vaccines also affect decision-making. Vaccine side effects, though generally rare and mild, may be perceived as more significant than the risks of the targeted diseases. These perceptions can be influenced by cognitive biases, media coverage and personal experiences. Respecting a person's autonomy while providing accurate information about vaccine safety is crucial in addressing their concerns.

Cultural beliefs, religious considerations and socioeconomic factors may influence attitudes toward vaccines. Communities with strong anti-vaccine sentiments or limited access to healthcare services may exhibit higher rates of vaccine hesitancy. Understanding and respecting diverse cultural perspectives while providing culturally sensitive education is crucial in addressing these concerns.

Addressing vaccine hesitancy

To overcome vaccine hesitancy, the World Health Organization, United Nations International Children's Emergency Fund, Gavi, the Vaccine Alliance and the Bill & Melinda Gates Foundation, along with Immunization Agenda 2030 and many other global partners have joined forces to call for "The Big Catch-up," a targeted global effort to boost vaccination among children following declines driven by the COVID-19 pandemic.

According to WHO, with more 25 million children missing at least one vaccination in 2021, outbreaks of preventable diseases, including measles, diphtheria, polio and yellow fever, are already becoming more prevalent and severe. The Big Catch-up aims to protect populations from vaccine-preventable outbreaks, save children's lives and strengthen national health systems.

Health care providers and communities can work together to address the concerns of vaccine-hesitant individuals. The **American Academy of Pediatrics** offers effective strategies and resources to reduce vaccine hesitancy among your patients.

Source:

CDC BC Centre for Disease Control

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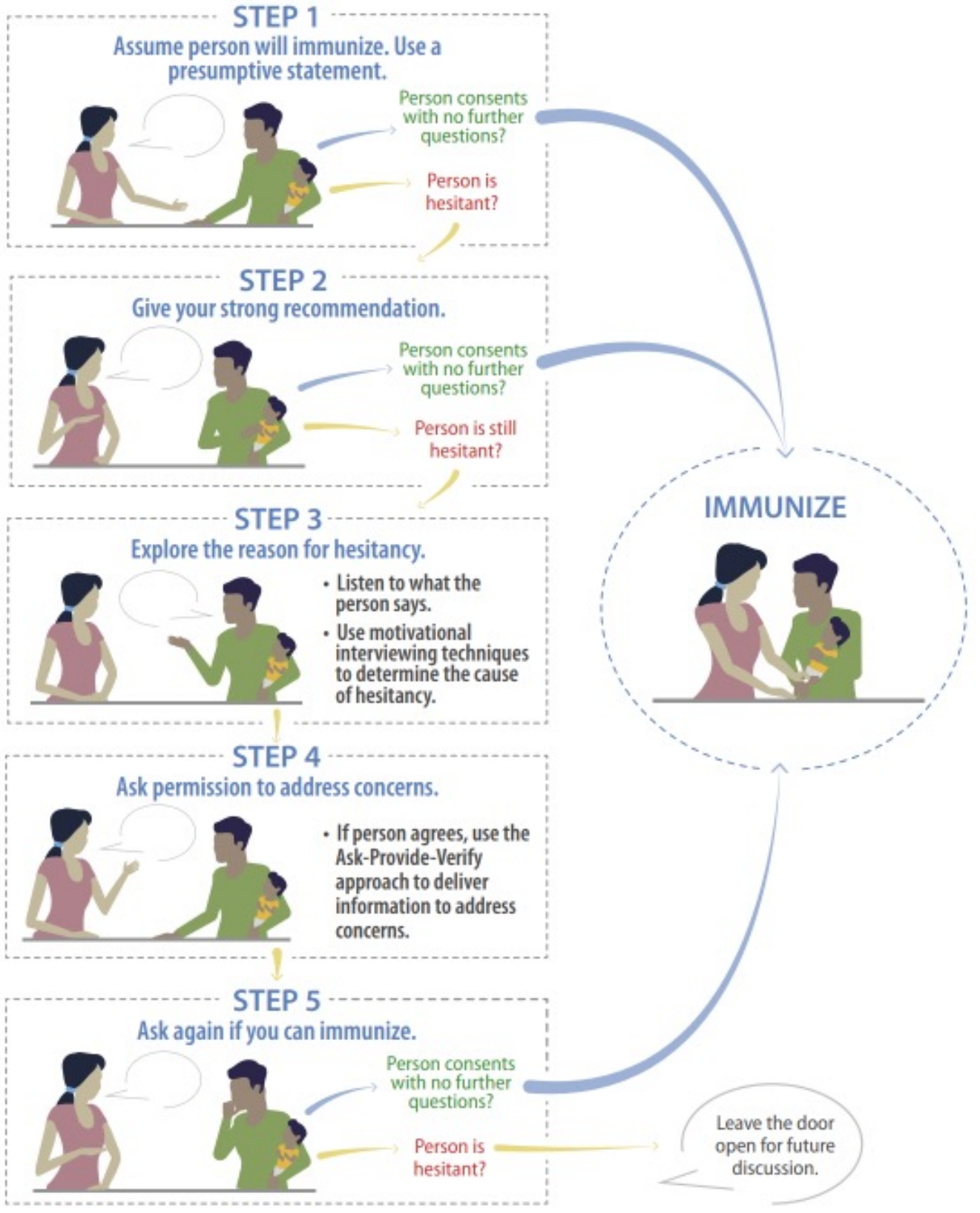
A 5-step approach to discussing vaccines and addressing vaccine hesitancy



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Reducing disparities in the management of hypertension in Black members

Blue Cross Complete is pleased to announce the launch of the Blue Cross Complete toolkit, **Reducing Disparities in the Management of Hypertension in African American Patients**. This toolkit covers topics, such as barriers to care within the African American population and supportive best practices, tools and strategies when working to reduce high blood pressure for your African American patient population.

Health care industry leaders state that you can't have high-quality care without equity, and Blue Cross Complete works diligently to address health disparities within our membership.[1] African American patients experience a higher prevalence of hypertension when compared to their white patients. As a provider, you play an integral role in addressing disparities.

This toolkit will provide you with access to culturally responsive best practices when providing care to Black patients with hypertension. We hope that you find this toolkit useful when providing care to your patients.

Please visit the provider section of the Blue Cross Complete website under Clinical Resources and Guidelines to view the **toolkit**.

Please consider completing our brief survey by scanning the QR code below to let us know how we can best support you. If you have additional questions, contact your Blue Cross Complete provider account executive or call Provider Inquiry at **1-888-312-5713**.

Take our survey

1."Facts About Hypertension in the United States," Centers for Disease Control and Prevention, **https://www.cdc.gov/bloodpressure/facts.htm**

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Doula services now eligible for reimbursement under Michigan Medicaid

Michigan is one of a handful of states to cover doula services under Medicaid. Governor 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 resides on the top ten 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.

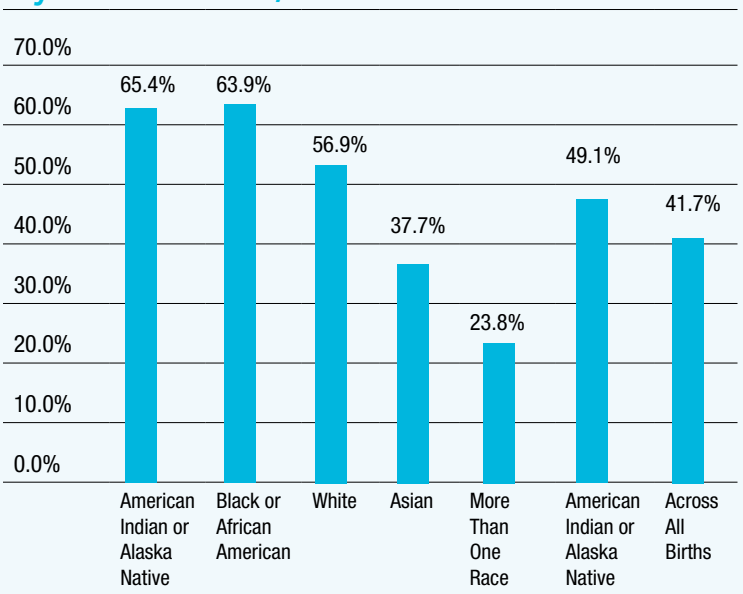
The scope of doulas is wide-ranging and inclusive to a variety of birthing plans. Perinatal education, care coordination, emotional support, health advocacy and even breastfeeding assistance can all fall under the duties of a doula. The presence of a doula during childbirth has been shown to have an 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, Black, 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 Black 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 extremely 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**.

Percent of Births Paid by Medicaid by Mother's Race, 2020



Note: Data are from the CDC's Natality Records 2016-2000, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at **http://wonder.cdc.gov/natality-expanded-current.html**.

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Promoting health equity, cultural competency

We're committed to promoting effective, equitable, understandable and respectful quality services that are responsive to our members' and participants' diverse cultural health beliefs, practices, preferred languages, health literacy and other communication needs. Our plans use the National CLAS Standards and the National Committee for Quality Assurance health equity standards as a blueprint to advance health equity, improve quality and help eliminate healthcare disparities.

We foster cultural awareness both in our staff and in our provider communities by encouraging everyoneto report race, ethnicity and language data to help ensure that the cultures prevalent in our membership are reflected to the greatest extent possible in our provider network. The race and ethnicity of our providers are confidential. However, the languages reported by providers are published in our plan's Provider Directory so that members and participants can easily find doctors who speak their preferred language.

Our websites offer resources and educational tools that can assist you and your practice with questions about delivering effective health services to diverse populations. For additional information, visit mibluecrosscomplete.com:

1. **On the blue bar, click Providers.**
2. **In the drop-down menu, click Training.**
3. **Scroll down to Cultural Diversity Training and then click Cultural awareness and responsiveness training opportunities**

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The importance of collecting race, ethnicity and language data

In an increasingly diverse society, the ability to deliver equitable and personalized healthcare has never been more crucial. Blue Cross Complete emphasizes the importance of healthcare providers collecting and reporting race, ethnicity and language, also known as REL, data to ensure every member receives culturally competent care, and to meet requirements outlined by Culturally Linguistically Appropriate Services, or CLAS.

CLAS are national standards and guidelines established in 2000 (and enhanced in 2013) by the U.S. Department of Health and Human Services, Office of Minority Health, to advance health equity, improve quality and help eliminate health disparities by providing a blueprint for individuals and healthcare organizations to implement culturally and linguistically appropriate care.

Why is collecting REL data important?

- **Addresses health disparities:** Health outcomes often vary significantly across different racial, ethnic and linguistic groups. Collecting REL data allows Blue Cross Complete and its providers to identify and address disparities in care. Having consistent and reliable data is important when identifying and tracking health disparities.
- **Promotes equitable care:** REL data is an equitable service for patients. By promoting diversity among healthcare providers, we can better accommodate a diverse patient population and thus improve health outcomes for disenfranchised groups.
- **Empowers patients:** Sharing REL data gives patients the tools and autonomy to choose a provider who meets their preferences.
- **Promotes values of cultural and linguistic competency:** For some patients, racial and ethnic concordance with their physician allows for greater physician understanding of the social, cultural and economic factors that influence their patients. This enhances the patient-physician relationship through promoting trust and communication.

How do we collect REL information?

- Blue Cross Complete requests that its contracted provider network voluntarily share REL data, as well as their office support staff's languages.
- Blue Cross Complete requests and collects network provider REL data using the same Office of Management and Budget categories it uses to collect enrollees REL.

How do we store and share this information?

REL data is housed in a database that is made available to enrollees:

- Gender data is available through Blue Cross Complete provider directory.
- Provider's language, staff's language and additional language services are also available through the provider directory.
- Information on race and ethnicity is only made available to enrollees upon request.
- Research by the National Institutes of Health shows that race, culture or ethnicity concordance within the patient-provider relationship aren't strong indicators of overall quality care. However, cultural competence and awareness are critical to build rapport, comfort and trust with diverse patients. REL data is one essential tool that health plans use to establish, enhance and promote cultural competence.
- When the health plan is able to share other languages spoken by the provider network, members have the autonomy to select a provider that matches their cultural and linguistic preferences.

Blue Cross Complete provides CLAS training and evaluates providers' compliance with these standards. 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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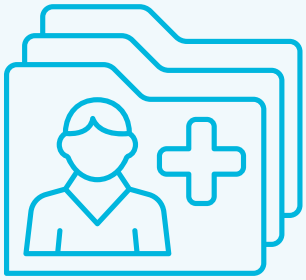
Help us keep Blue Cross Complete provider directory up to date

Accurate provider directory information is crucial to ensuring members can easily access their healthcare 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 mibluecrosscomplete.com, then click the Find a doctor tab and search your provider name. If any changes are necessary, you must submit them in writing using Blue Cross Complete's Provider Change Form also at mibluecrosscomplete.com. Go to the Providers tab, click 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

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

Report suspected fraud to Blue Cross Complete

Healthcare fraud affects everyone. It significantly affects the Medicaid program by squandering valuable public funds needed to help vulnerable children and adults access healthcare.

If you or any entity with which you contract to provide healthcare 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 investigatingand 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.

*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.

Keep medical records up to date for your patients

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

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

- A 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 Blue Cross Complete provider account executive or call Provider Inquiry at **1-888-312-5713**.

Source:

Healthcare Effectiveness Data and Information Set, or HEDIS®

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*The content presented is for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients and should not use the information presented to substitute independent clinical judgment.

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