Blue Cross complete of Michigan

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CONNECTIONS

September/October 2019

Table of Contents

HEDIS® Supplemental Data Exchange handbook available on website

The Blue Cross Complete Healthcare Effectiveness Data and Information Set® Supplemental Data Exchange provider handbook provides an explanation of our data exchange processes and how Blue Cross Complete identifies the necessary clinical data for closing gaps in care for our members.

Data exchange is an essential process to help ensure that your patients are receiving the best health care achievable and meeting performance measures.

The handbook also provides background on HEDIS* and how we use your data in HEDIS measure rate calculations and reporting.

Data exchange is becoming more common with the arrival of new methods for exchange; widespread adoption of electronic medical records and electronic health records systems; more prevalent health information exchanges; and companies focused on data aggregation.

Blue Cross Complete encourages digital data submission to complement information received on claims. This data exchange method provides historic service events, services potentially not included or partially included on a claim, or even social history or demographic information never received through claims transactions.

Visit **mibluecrosscomplete.com** and review the **Blue Cross Complete Healthcare Effectiveness Data and Information Set Supplemental Data Exchange provider handbook** at your convenience.

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

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

Culturally and linguistically appropriate services training available on Blue Cross Complete website

Blue Cross Complete continues our commitment to cultural competency by offering culturally and linguistically appropriate services, or CLAS, training to providers. CLAS training provides an overview of cultural competency standards, legal requirements, local needs and tips that you can use with your non-English or limited-English speaking patients.

CLAS is a way to improve the quality of services provided to all individuals, which will ultimately help reduce health disparities and achieve health equity. CLAS is about respect and responsiveness:

- Respect the whole individual.
- Respond to the individual's health needs and preferences.

The CLAS standards 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 health care organizations to implement culturally and linguistically appropriate care.

- **Principal standard**: Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.
- **Governance, leadership and workforce**
- **Communication and language assistance**
- **Engagement, continuous improvement and accountability**

You can access the **CLAS training** at **mibluecrosscomplete.com** under the **Training** section on the **Providers** tab.

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

Videos encourage use of Michigan Automated Prescription System

On July 1, 2019, the Michigan Department of Health and Human Services and the Department of Licensing and Regulatory Affairs released two promotional videos, "We Care. We Check" and "We Check MAPS," as part of an effort to address the growing opioid epidemic. Since 2011, Michigan deaths due to opioid substance use disorder have more than tripled from 622 per year to 2,053.

The videos encourage providers, when prescribing opioids, to check the Michigan Automated Prescription System to detect any patterns of overprescribing as a way to stem opioid substance use disorder and to take action steps if any concerning trends are detected. MAPS, with nearly 70,000 registered users, is a user-friendly portal through which providers can obtain information efficiently regarding Schedule 2-5 controlled substances that have been dispensed to patients. The videos depict providers stating that because they care, they take that extra step of checking the system. MAPS users include dentists, physicians (M.D. and D.O.), podiatrists, veterinarians, registered nurses under delegation and pharmacists. Record lookups can be completed within seconds.

In addition to promoting MAPS, MDHHS is also addressing the opioid epidemic via providing online tools, making sure the overdose reversal drug, Naloxone, is available to residents statewide through a standing order and hosting drug take-back sites.

To register in MAPS or get more information, visit **Michigan.gov/MiMapsInfo**.*

For an additional resource on combating the opioid epidemic, view the **Blue Cross Complete OUD eLearning training module** at **mibluecrosscomplete.com** under the **Providers** tab (select **Training** in the drop-down menu.)

If you have any questions, contact your Blue Cross Complete provider account executive or call 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 access to care standards for member appointments

To help ensure that our members have adequate access to care, Blue Cross Complete has set appointment access standards in accordance with the **Michigan Department of Health and Human Services**'* standards.

The appointment access standards for medical services are as follows:

Appointment type	Definition	Standard
Preventive care	Complete history and physical, including but not limited to: • Annual gynecologic examinations • Immunizations • Other preventive care appointments	Within 30 business days of member's request
Emergency care (arising suddenly and unexpectedly)	Medical care that directly addresses threats to life, limb or eyesight that requires immediate judgment such as: • Heart attack • Stroke • Open fractures • Appendicitis • Severe allergic reaction that makes it difficult to breathe	Immediate
Routine primary care (symptomatic, non-urgent)	Appointments for members: • Who were previously seen • With conditions that are not life-threatening but that keep recurring, such as rashes and joint or muscle pain	Within 10 business days of member's request
Urgent medical care (acute, symptomatic)	Appointments for acute conditions that are not life-threatening, such as: • Fever over 101 degrees Fahrenheit over 24 hours • Persistent vomiting • Mild, persistent diarrhea • New-onset skin rashes	Within 48 hours of member's request

(continued on page 6)

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Blue Cross Complete access to care standards for member appointments (continued from page 5)

Mental health practitioners should provide appointments to members according to the following guidelines:

Mental health		
Appointment type	Definition	Standard
Routine mental health care	Cases in which no acute danger is detected and the member's condition is not likely to worsen significantly	Within 10 business days of member's request
Urgent mental health care	Conditions that are not life-threatening, but for which face-to-face evaluation is necessary within a short period of time (for example, acutely worsening symptoms accompanied by significant environmental change such as discontinuation of attendance at school or work). Example: • A member calls the provider reporting she was recently discharged from inpatient psychiatric care and is uncertain about how to manage current symptoms and how to transition back to work and home.	Within 48 hours of member's request
Emergency mental health care: Conditions that aren't life- threatening	Conditions that require rapid intervention to prevent deterioration of the member's state of mind that, left untreated, could jeopardize the member's safety. Example: • A member in treatment for substance use calls Monday morning to report he has relapsed and binged all weekend and can't stop. He states "I can't go on like this." He reports his wife has kicked him out of the house and won't let him see his children and his sponsor is away.	Within six hours of member's request

After-hours access to care

After-hours access compliance can be achieved by one of the following methods:

- Answering service
- On-call pager
- Call forwarding to practitioner's home or other location
- Recorded phone message with instructions that direct the member to a practitioner for instruction in after-hours care

(continued on page 7)

Blue Cross Complete access to care standards for member appointments (continued from page 6)

As a reminder, recorded messages instructing members to obtain treatment via the emergency room for conditions that are not life-threatening aren't acceptable.

Below is a sample of an acceptable after-hours recorded message:

> "Hello, thank you for calling Dr. Smith's medical facility. The office is currently closed. If you are experiencing a life-threating emergency, please hang up and dial **911**. If you have an urgent medical issue that can't wait until the office opens at 9 a.m., press '1' to contact the on-call provider.
>
> "If your call is a non-urgent matter, please press '2' to leave a message, and a member of our staff will return your call during normal business hours."

Annually, Blue Cross Complete monitors provider appointment access and after-hours availability by calling pre-selected provider offices to schedule appointments and to document after-hours availability. Providers who are determined to be noncompliant to the access standards will be subject to a corrective action plan.

For more information on access standards, review the ***Blue Cross Complete Provider Manual*** or contact your Blue Cross Complete provider account executive.

MDHHS issues reminder to providers about record keeping for audit purposes

On July 1, 2019, the Michigan Department of Health and Human Services issued a reminder to providers that all Medicaid-reimbursed services are subject to audit so maintaining accurate electronic records is essential. MDHHS conducts post-payment reviews to check for adherence to Medicaid coverage and limitations, and to established medical practice.

In response to requests by authorized agents of the federal or state government, providers must make available all medical, quality assurance, financial and administrative records for review and photocopying. Providers must retain records for a minimum of 10 years from the date of service, per Medicaid regulation 42 CFR 438.230 and per your Blue Cross Complete provider contract.

For further clarification, visit **www.Michigan.gov/MedicaidProviders**,* select **Policy, Letters & Forms and then select Medicaid Provider Manual**, then **General Information for Providers Chapter**, section 15.1.

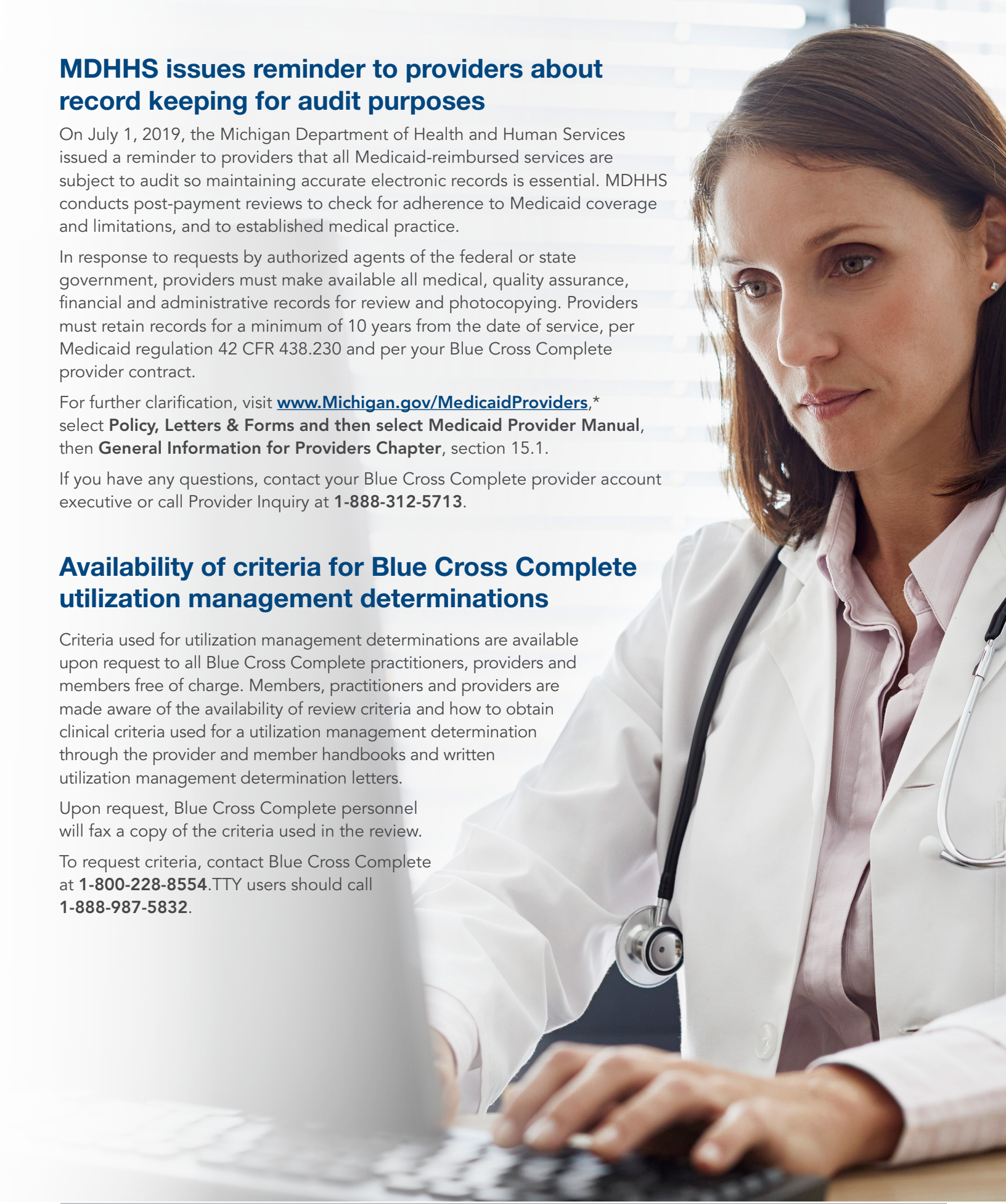
If you have any questions, contact your Blue Cross Complete provider account executive or call Provider Inquiry at **1-888-312-5713**.

Availability of criteria for Blue Cross Complete utilization management determinations

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

Upon request, Blue Cross Complete personnel will fax a copy of the criteria used in the review.

To request criteria, contact Blue Cross Complete at **1-800-228-8554**.TTY users should call **1-888-987-5832**.



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Practitioner rights

As a Blue Cross Complete provider or prospective provider, you have the right to review information submitted to support your credentialing application, correct erroneous information and receive the status of your credentialing or recredentialing application, upon request.

To request information, make any corrections or inquire on the status of your application, contact your Blue Cross Complete provider account executive.

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

Accurate provider directory information is crucial to ensuring member access to their health care services. Please confirm the accuracy of your information in our online provider directory, so our members have up-to-date resources. Some of the key items in the directory are:

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

To view your provider information, visit **mibluecrosscomplete.com**,* then click on **Find a Doctor** tab. Submit written notice of any changes to Blue Cross Complete, using the Blue Cross Complete Provider Change form also at mibluecrosscomple.com. Go to the **Providers** tab, click on **Forms** and then click on **Provider Change Form**.

Send completed forms by:

Email: **bccproviderdata@mibluecrosscomplete.com**

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

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

In addition, you must 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.

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**NaviNet is a contracted vendor that provides a payer-provider web portal on behalf of Blue Cross Complete through which providers can securely update their provider directory information and access member information including but not limited to track claims status.

Report suspected fraud to Blue Cross Complete

Providers who suspect that another Blue Cross Complete provider, employee or member is committing fraud should notify the Blue Cross Complete Antifraud Unit as follows:

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

The Blue Cross Complete Antifraud 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 by:

Phone: **1-855-MI-FRAUD (1-855-643-7283)**

Website: **michigan.gov/fraud***

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

You can make reports anonymously.

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