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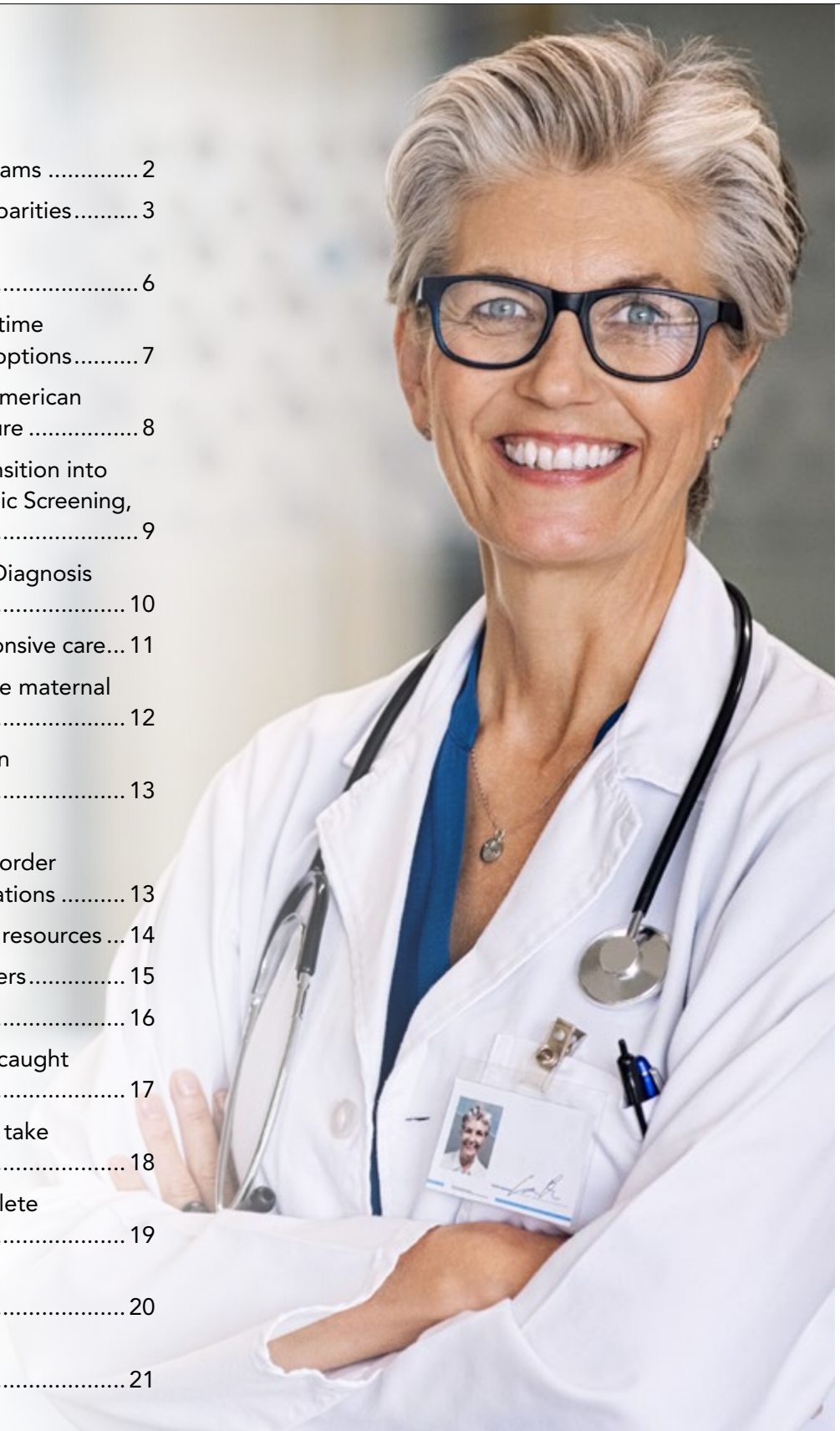
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The HEDIS Corner: Diabetic eye exams

Diabetes is known to damage the small blood vessels in the retina, causing diabetic retinopathy. The early stages of diabetic retinopathy aren't detectable symptoms for the individual. Only an eye exam can detect the problem. Diabetes also increases risk of glaucoma. Getting regular eye exams will identify necessary steps to prevent a worsening of eye damage. Below are some HEDIS tips for diabetic eye exams.

- **Eye exam for patients with diabetes**
 - Retinal or dilated eye exams are required yearly by an ophthalmologist or optometrist.
 - Blindness isn't an exclusion for a diabetic eye exam.
 - Ask patients to have the optometrist or ophthalmologist send the eye test results to their primary care physician. This will increase coordination of care between the PCP and eye care provider. Coordination of care leads to better integrated care for the patient.
 - Chart necessities:
 - › Include the date of service, results and the full name and credentials of the provider conducting the eye exam. **Name of a vision care center alone isn't acceptable for compliancy.**
 - › Note clearly if the patient had a dilated or retinal exam.
 - › Make note if retinopathy is present or of any eye enucleations.
 - › Documentation of "diabetes without complications" **doesn't** meet criteria.



Source: HEDIS MY24

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

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Understanding LGBTQ+ health disparities

In the journey toward achieving health care equity, the lesbian, gay, bisexual, transgender, and questioning and queer community stands at a crossroads of systemic challenges and profound disparities. Disparities in health care access and outcomes persist within the LGBTQ+ community, highlighting the need for comprehensive measures to address these issues. Blue Cross Complete is committed to exploring and implementing strategies to promote LGBTQ+ health equity and inclusion, and providing quality health care for all.

LGBTQ+ individuals face unique health disparities

According to [a Gallup poll](#) released in March 2024, U.S. adults who identify as other than heterosexual have more than doubled since 2012. [The Gallup poll](#) found that about 7.6% of these adults now identify as lesbian, gay, bisexual, transgender, queer or some other sexual orientation besides heterosexual, the poll found. The current figure is up from 5.6% four years ago and 3.5% in 2012. These findings are based on telephone surveys conducted in 2023 with more than 12,000 U.S. adults. The national polling agency began measuring sexual orientation and transgender identity in 2012.

The LGBTQ+ community includes individuals from all races, religions, ethnicities and social classes. Accessing equitable health care can be especially difficult for LGBTQ+ individuals who also belong to marginalized groups, such as people of color.

In 2016, the National Institute on Minority Health and Health Disparities identified the LGBTQ+ community as a health disparity population. [Research¹ by KFF*](#), an independent source for health policy research, polling and journalism, consistently demonstrates that LGBTQ+ individuals face unique health disparities compared to their cisgender, heterosexual counterparts. These disparities stem from various factors reported by LGBTQ+ patients. They include discrimination, stigma, lack of culturally competent care, barriers to health care access and poor treatment from health care providers. These barriers make it harder for LGBTQ+ individuals to access the care they need. As a result, LGBTQ+



individuals are disproportionately affected by mental health conditions, substance abuse, HIV/AIDS and other chronic illnesses.

A [2022 KFF survey](#) of 6,442 adults ages 18 to 64, including 958 LGBT+ people, collected data on a range of demographic characteristics and issues from general well-being to experiences engaging in the health system, use of preventive services including HIV and STI testing, reproductive health and mental health. The survey found LGBT+ people were more likely to be in fair or poor health than non-LGBT+ people, despite being a younger population overall ([Figure 2](#)). About half (50%) of LGBT+ people reported that they had an ongoing health condition that required regular monitoring, medical care, or medication, a higher share than non-LGBT+ people ([Table 1](#)).

(continued on page 4)

¹ Jennifer Kates, Usha Ranji, Adara Beamesderfer, Alina Salganicoff, and Lindsey Dawson, "Health and Access to Care and Coverage for Lesbian, Gay, Bisexual, and Transgender (LGBT) Individuals in the U.S.," KFF, May 3, 2018, <https://www.kff.org/report-section/health-and-access-to-care-and-coverage-lgbt-individuals-in-the-us-tables>.

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Table 1

Many LGBTQ+ People Reported Living with Ongoing Health Conditions or Disabilities

Share of people ages 18-64 who report having at least one of the following

	Ongoing health condition requiring regular monitoring, medical care, or medication	Disability or chronic disease preventing full participation in work, school, housework, or other activities
ALL		
LGBT+ (Ref)	50%	25%
Non-LGBT+	45%*	16%*
LGBT+		
Gender		
Women (Ref)	52%	21%
Men	48%	25%
Age		
18-44 (Ref)	44%	26%
45-64	70%*	23%
Race/Ethnicity		
White (Ref)	53%	24%
Black	54%	31%
Hispanic	44%	20%
Insurance		
Private (Ref)	49%	15%
Medicaid	54%	45%*
Uninsured	30%*	13%

NOTE: *Estimate is statistically different from estimate for reference (Ref) within group and column ($p < 0.05$). Persons of Hispanic origin may be of any race; other groups are non-Hispanic.

SOURCE: KFF Women's Health Survey 2022

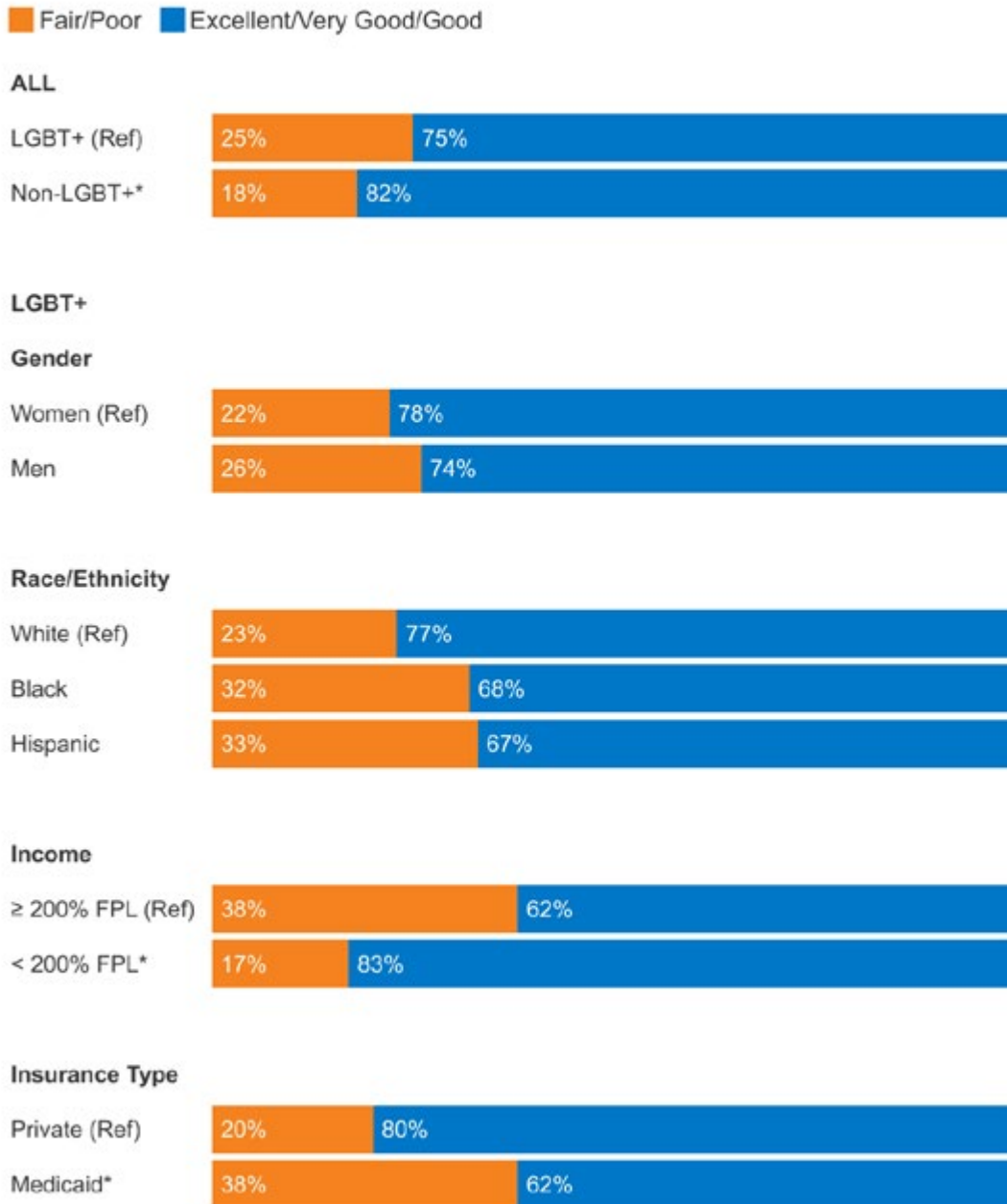


(continued on page 5)

Figure 2

Nearly Two in Five LGBTQ+ People With Medicaid Reported Being in Fair or Poor Health

Share of people ages 18-64 who describe their health as either fair or poor, or excellent, very good, or good



NOTE: *Estimate is statistically different from estimate for reference (Ref) within group ($p < 0.05$). The federal poverty level (FPL) for an individual in 2022 was \$13,590. Estimates may not sum to 100% due to rounding.

SOURCE: KFF Women's Health Survey 2022



(continued on page 6)

Understanding LGBTQ+ health disparities (continued from page 5)

Providers' support is needed

Health care providers play an important role in progressing LGBTQ+ health equity. By fostering inclusive environments, offering culturally competent care and addressing the specific health care needs of LGBTQ+ patients, providers can significantly improve health outcomes and patient satisfaction. This includes ongoing education and training on LGBTQ+ health issues, gender-affirming care, and best practices in communications and advocacy.

Blue Cross Complete provides comprehensive services to address the specific health care needs of LGBTQ+ individuals. These efforts include the implementation of training programs and resources to help educate providers on LGBTQ+ health issues to increase sensitivity and awareness in clinical settings. Recognizing the unique health care challenges faced by LGBTQ+ individuals, Blue Cross Complete offers coverage for gender-affirming care and mental health services specific to the LGBTQ+ population.

This includes medically necessary gender-affirmation services, including pharmacy treatments and surgery, for members clinically diagnosed with gender

dysphoria. Gender dysphoria is classified as mental and emotional discomfort or distress caused by a discrepancy between a person's gender identity and that person's sex assigned at birth (along with its associated gender role and primary and secondary sex characteristics). For individuals who experience gender dysphoria at a level that meets criteria for formal diagnosis, various gender-affirming treatment options are available. For coverage of gender-affirmation surgical procedures, the medical necessity determination must include a mental health evaluation.

Blue Cross Complete's effort toward LGBTQ+ health equity aligns with its broader commitment to provide a more equitable health care system for all. With an aim to increase sensitivity, awareness and knowledge, and help decrease potential disparities among the LGBTQ+ community, we offer ongoing cultural competency training and additional tools and resources to support providers are available at mibluccrosscomplete.com/providers/training/. Please check often for updated information and trainings.

LGBTQ+ support for Blue Cross Complete members

Blue Cross Complete covers a wide variety of services to help support providers and their LGBTQ+ patients. These services range from mental and physical health to everyday resources.

Medical providers

Members can find a primary care physician or specialist near them at mibluccrosscomplete.com/findadoctor.

Mental health

Members who are experiencing anxiety or depression can take advantage of resources available at no cost. Providers can refer their members to mibluccrosscomplete.com/findadoctor to locate a behavioral health provider. Anyone experiencing a mental health emergency, call or text **988**.

Community resources

Blue Cross Complete works with supportive organizations across our service area that can connect members with resources, including legal, financial and harm-reduction help. To search for resources using our Community Resource Hub, members can go to mibluccrosscomplete.com/resources and type in a ZIP code. Then, type "LGBTQIA+" in the search bar and select the tag from the drop-down menu to filter the results.

Gender-affirmation services

Blue Cross Complete covers medically necessary gender-affirmation services, including pharmacy treatments and surgery, for members clinically diagnosed with gender dysphoria. For coverage of gender-affirmation surgical procedures, the medical necessity determination must include a mental health evaluation.

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Back-to-school season offers great time to educate families on health care options

Back-to-school season has begun. Now is a great time to let parents and caregivers know that their families may be eligible for free or low-cost health insurance through Blue Cross Complete's Medicaid plans.

As you remind patients to schedule well-child visits and stay up to date on immunizations, let them know they can also benefit from learning about their health care options.

Blue Cross Complete offers several Medicaid programs, including Michigan Medicaid, Healthy Michigan Plan, Children's Special Health Care Services, and MIChild. Blue Cross Complete helps Medicaid members get the health care they need in 32 Michigan counties across the Lower Peninsula.

For those interested in exploring their health care options, [MI Bridges](#)* offers a platform to apply for benefits, check eligibility status, manage accounts and explore resources. Your patients who are eligible for Medicaid or Healthy Michigan Plan health care coverage can call Michigan ENROLLS at **1-888-367-6557** (TTY:1-888-263-5897) to select a health plan.

With Blue Cross Complete, members get more than excellent medical benefits. They get the care and personal service that our Blue Cross members have come to expect. In addition to Michigan's Medicaid benefits, the Blue Cross Complete card provides:

- Access to many of Michigan's top doctors, specialists and facilities
- Programs to help prevent and manage illnesses, such as asthma and diabetes
- Transportation to medical appointments or to pick up prescriptions and durable medical equipment
- Exclusive discounts on healthy products and services through our Blue365® discount program
- Newsletters and reminders about benefits updates, important health screenings and tips on how to improve their health

View our [Overview Brochure](#) to learn more about the programs and services available in to members in your community.



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Best practices to support African American patients in controlling blood pressure

High blood pressure affects nearly 50% of the U.S. adult population. This condition, also known as the “silent killer,” increases risk of heart disease and stroke. Disparities in high blood pressure control in non-Hispanic, Black patients require a targeted approach because this racial group displays the greatest prevalence of high blood pressure.¹

The following best practices have been identified by multiple research studies and are recommended by the American Heart Association, Million Hearts and the Centers for Disease Control and Prevention for providers who are helping Black patients control high blood pressure. This article highlights health literacy, shared decision-making and resources to help teach patients how to measure their blood pressure at home.

Tips for improving health literacy and medical outcomes among patients with hypertension

Use plain language, visual aids and technology, and incorporate effective teaching methods such as:²

- The teach-back method³
- The show-back method

Also:

- Be aware of language differences, the patient’s culture and other considerations.
- Don’t use medical jargon or talk too fast.
- Encourage patients to get involved with their care and ask questions.
- Educate patients about taking medications correctly (pill chart and box), offer assistance setting up a system and review medications with them.
- Develop action plans to change patients’ behavior and discuss health care priorities with them.
- Teach patients about self-management activities (such as checking their blood pressure at home, exercise and eating a healthy diet).⁴

Shared decision-making

When providers utilize a shared decision-making model, it can have a positive impact on adherence to hypertension treatment plans, including medication adherence in Black and African American patients, as well as medication adherence.⁵

Shared decision-making offers many benefits, which include:

- Improved health equity by allowing patients to engage in their health care
- A decrease in anxiety associated with medication side effects, constant tracking of blood pressure and cost of medications

Here are several options available to teach patients how to measure their blood pressure at home:

- The self-measured blood pressure [training video](#) helps train care teams and patients how to properly self-measure blood pressure.
- Use this [patient training checklist](#) as a guide when training patients during an in-person self-measured blood pressure encounter. Training may be done by many members of the care team, and steps can occur in different sequences. This checklist can serve as a template and help ensure the necessary steps and components are covered.
- The [7-step self-measured blood pressure quick guide](#) helps patients achieve and maintain blood pressure goals.
- [SMBP cuff selection](#)
- [Device calibration test](#): self-measured blood pressure

¹ "Hypertension Cascade: Hypertension Prevalence, Treatment and Control Estimates Among U.S. Adults Aged 18 Years and Older Applying the Criteria from the American College of Cardiology and American Heart Association’s 2017 Hypertension Guideline—NHANES 2017–2020," Centers for Disease Control and Prevention, Atlanta, GA: May 12, 2023, accessed July 6, 2023.

² "Four Simple Strategies for Improving Patient Health Literacy," ACP Decisions, September 30, 2019, <https://www.acpdecisions.org/four-simple-strategies-for-improving-your-patients-health-literacy/>

³ "Use the Teach-Back Method: Tool #5," Agency for Healthcare Research and Quality, content last reviewed September 2020, <https://www.ahrq.gov/health-literacy/improve/precautions/tool5.html>

⁴ Seyedeh Belin Tavakoly Sany, "Communication Skills Training for Physicians Improves Health Literacy and Medical Outcomes Among Patients With Hypertension: A Randomized Controlled Trial," *BMC Health Services Research*, Vol. 20, No. 60, January 2020, <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-020-4901-8>.

⁵ Aisha T. Langford, "Partnerships to Improve Shared Decision Making for Patients with Hypertension – Health Equity Implications," *Ethn Dis.*, Feb. 21, 2019, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6428173/>

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Providers can help adolescents transition into adulthood through Early and Periodic Screening, Diagnosis and Treatment Program

Aimed at enhancing patient empowerment and education, health care providers are being encouraged to integrate Health Care Transition readiness assessments into their practices. The Early and Periodic Screening, Diagnosis and Treatment, or EPSDT, Program, a cornerstone of preventive health care for children, is a great way providers can better equip adolescent patients with the self-care skills they'll need as they transition into adulthood.

The EPSDT benefit provides comprehensive health coverage for all children under age 21 enrolled in Medicaid. This program focuses on screening, diagnosing and treating children and adolescents to ensure their physical, developmental and mental health needs are met. Health care providers can take several proactive approaches to prepare adolescent patients for transition into adulthood through self-care management.

Providers can conduct comprehensive assessments of patients' readiness for health care transition by focusing on improving young patients' self-care skills. Self-care skills are the everyday tasks undertaken to be ready to participate in life activities, such as dressing, eating, personal hygiene and more. These assessments can include managing medications, scheduling appointments, understanding health insurance, and accessing appropriate health care services and needs. By identifying areas where patients may need support, providers can tailor their guidance and training to address specific needs.

Through anticipatory guidance, providers can offer valuable insights and resources that include:

- Practical advice on managing chronic conditions
- Promoting health lifestyle behaviors
- Understanding the importance of regular health screenings

The goal is to instill in young patients a sense of ownership over their health and well-being. Health education plays a crucial role in bridging the gap between patients and health care systems. By offering clear and accessible information, providers empower patients to make informed decisions about their health care needs. This includes educating patients on how to communicate effectively with health care providers, advocate for themselves and navigate complex health care environments.

The integration of Health Care Transition readiness assessments and anticipatory guidance align with the overarching goal of the EPSDT Program, which is to promote preventive care, early intervention and holistic health management. By proactively addressing patients' transition needs and empowering these young people with self-care skills, health care providers are laying the foundation for improved health outcomes, long-term wellness and increased patients' satisfaction.



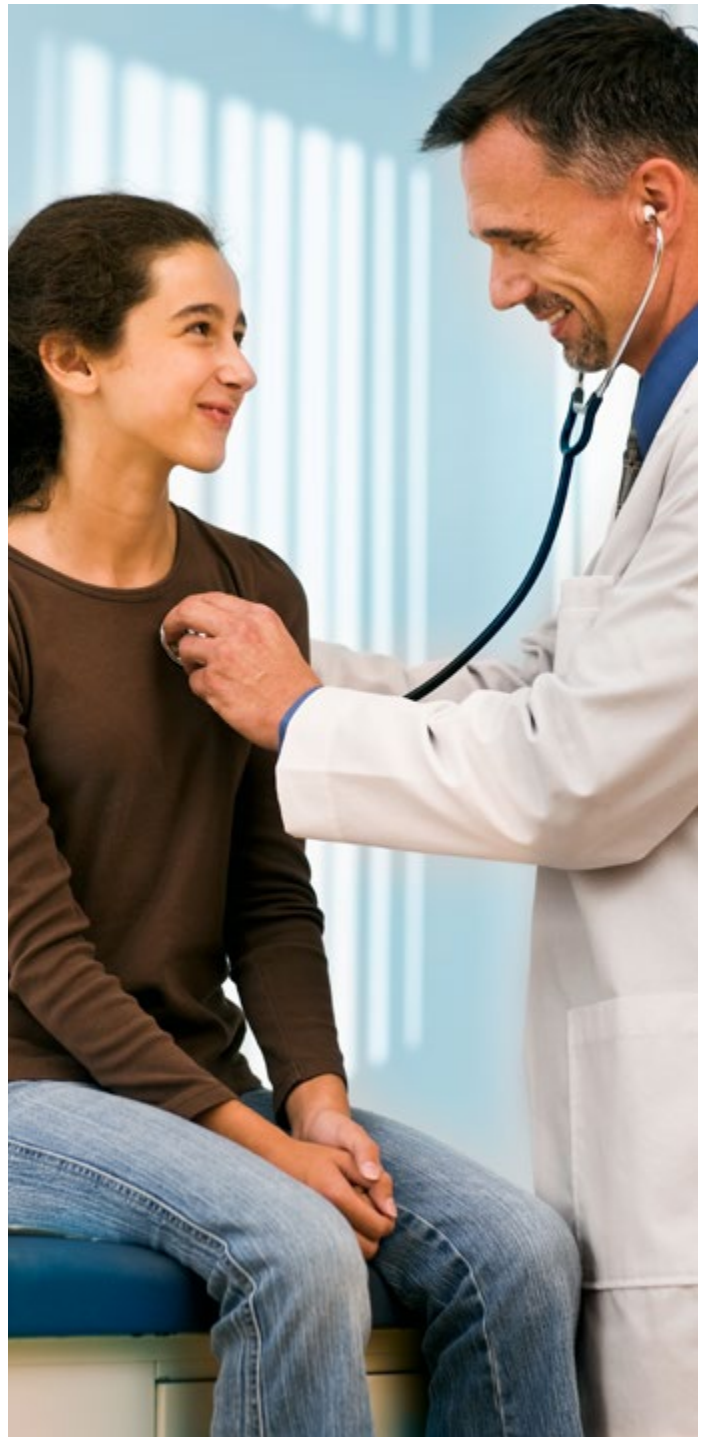
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The Early and Periodic Screening, Diagnosis and Treatment Program

For Blue Cross Complete members younger than age 21, the following services are covered:

- Physical and developmental exams, including autism screening
- Height and weight
- Blood pressure test
- Hearing, vision and dental tests, including fluoride varnish and fluoride supplements
- Vaccines
- Lead screening
- Newborn bilirubin screening
- Cholesterol screening, as needed
- Behavioral health, developmental and special services
- Depression screening
- Maternal depression screening
- Sexually transmitted infections screening, beginning at age 11
- HIV screening, beginning at age 11
- Hepatitis B virus infection risk assessment, and any necessary follow-up services: newborn to 21 years of age
- Sudden cardiac arrest and sudden cardiac death risk assessment: ages 11 to 21
- Behavioral, social, emotional screening: newborn through 21 years of age at each well-child visit
- Fluoride varnish: every three to six months once teeth are present, until age 6

For updated screening and vaccination recommendations for children, teens and adults, visit mibluecrosscomplete.com/vaccinations.



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Five ways to provide culturally responsive care

According to the [National Center for Culturally Responsive Educational Systems](#), cultural responsiveness is the ability to learn from and relate respectfully with people of your own culture as well as those from other cultures.

Linguistic barriers, race, disability, sexual orientation and gender, health literacy and other factors can influence how patients perceive symptoms and health conditions. These things can also affect when they seek care, their expectations of care, preferences regarding treatment, willingness to follow their provider's treatment plan and who they include in making their health care decisions. It's imperative that health care organizations and providers understand and deliver care that is centered around Culturally and Linguistically Appropriate Services, as detailed by the Office of Minority Health. More information about CLAS and the National CLAS Standards can be found [here](#).

Health care providers who receive state or federal funds are required to accommodate and provide culturally and linguistically equitable services to all their patients in accordance with Title VI of the Civil Rights Act of 1964 and Section 1557 of the Affordable Care Act. Any health program and activities receiving federal funds are prohibited from discriminating based on one's race, color, national origin, sex (includes gender identity and sexual orientation), age and disability.

Here are five ways providers can provide culturally responsive and competent services:

1. Know your patient population by collection of race, ethnicity and language data.
2. Understand your patient population by continually promoting awareness and education to improve cultural responsiveness in your practice.
3. Overcome language barriers by budgeting for and offering language services for interpretation during scheduling and appointment visits. In addition, provide translation of basic health care and counseling materials in the languages your practice services.
4. Incorporate annual culturally informed and implicit bias training at your practice for all team members, including administrative staff.
5. Recruit and retain diverse staff that reflect your patient population.

Providing culturally responsive services significantly benefits both you and your patients. For instance, research by the [National Institutes of Health](#)^{*1} finds that health care organizations who provide culturally responsive care have seen higher patient participation and engagement, trust, increased patient safety, reduced inefficiencies, reduced care disparities and increased cost savings due to a reduction in medical errors, number of treatments and legal costs.

To address and eliminate health disparities and inequities, health care systems must take actionable steps to provide culturally responsive and competent care to patients with diverse values, beliefs and behaviors. The steps to becoming culturally responsive begin with understanding the community and patient population served and building the necessary resources and plans to effectively deliver care that is culturally and linguistically appropriate.



¹Oriana Handtke et al., "Culturally Competent Healthcare – A Scoping Review of Strategies Implemented in Healthcare Organizations and a Model of Culturally Competent Healthcare Provision," *PLoS One*, Vol. 14, No. 7, 2019, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6667133/>

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Programs available to help decrease maternal smoking

Maternal smoking is not only harmful to women, but also to their babies before, during and after birth.

Research by the [Centers for Disease Control and Prevention](#)^{*1} 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](#)^{*1} 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](#)^{*2} 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 referral, 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. Members interested in smoking cessation can call **1-800-QUIT-NOW (784-8669)**, 24 hours a day, seven days a week.

Drug benefits include over-the-counter 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**.

¹ "Health Effects of Cigarettes: Reproductive Health," Centers for Disease Control and Prevention, May 15, 2024, https://www.cdc.gov/tobacco/about/cigarettes-and-reproductive-health.html?CDC_AAref_Val=https://www.cdc.gov/tobacco/basic_information/health_effects/pregnancy/index.htm

² "Health Problems Caused by Secondhand Smoke," Centers for Disease Control and Prevention, May 15, 2024, <https://www.cdc.gov/tobacco/secondhand-smoke/health.html>

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Reminder: Monitor major depression treatment with your patients

Blue Cross Complete encourages providers who are treating patients for major depression with antidepressant medications to see those patients at 12 weeks and six months to monitor their treatment plans.

According to the National Committee for Quality Assurance, patients need to be monitored carefully during the first three to six months of treatment so the clinician can adjust the dosage or type of medication as necessary. Taking the correct medication as prescribed, and for the prescribed time, is important to the well-being of the patient.

Please follow up with your patients to ensure their treatment plans are successful.

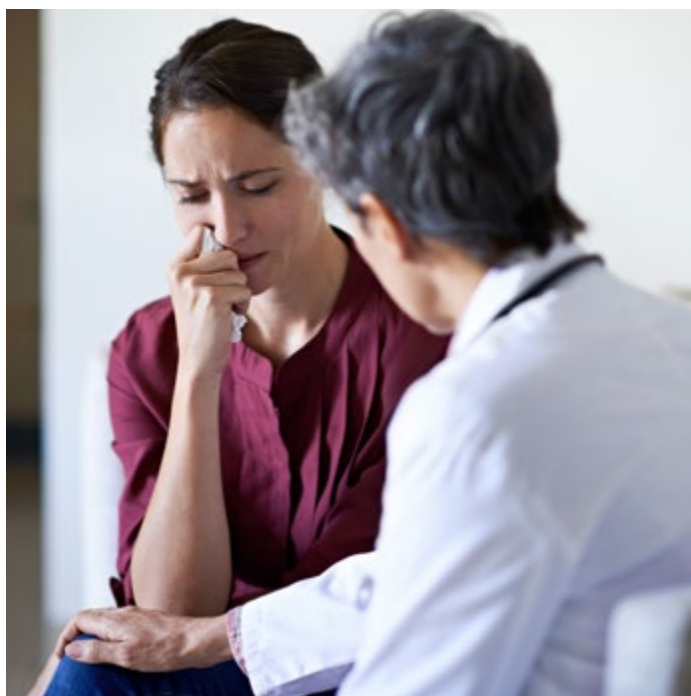
If you have any questions, contact Blue Cross Complete Provider Inquiry at **1-888-312-5713**. Members can also receive assistance with case and complex case management services by calling **1-888-288-1722**.



Diabetes screening for people with schizophrenia or schizoaffective disorder who are using antipsychotic medications

Individuals with schizophrenia or schizoaffective disorder are at an increased risk of developing diabetes due to a combination of factors, such as antipsychotic medications, obesity, poor diet, lack of exercise and other social determinants of health. Diabetes screening is especially important for anyone with schizophrenia or schizoaffective disorder who is being treated with antipsychotic medications. Although diabetes is treatable, individuals who have it are also at a greater risk for developing cardiovascular disease, even if their diabetes is being managed. By addressing physical health needs, we can improve overall health, quality of life and economic outcomes. To protect your patients:

- Encourage them to have an HbA1c and LDL-C performed at least annually.
- Review and discuss all lab results with them.
- Coordinate care with their treating behavioral health specialist.



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Connecting patients to community resources

At Blue Cross Complete, we understand that various life factors can affect your patients' health. For instance, some of them may need help finding enough food to eat or a place to stay. Others might require assistance with heating and water bills. Still more may need transportation to your office for appointments. Despite these difficult challenges, we recognize the importance of ensuring patients can attend essential health screenings and receive the care they need.

To make it easier for you to assist your patients in meeting both their health and social needs, we've added **Community Resources** to our website. You'll find a variety of programs offering no-cost or reduced-cost services for such things as utilities, household items (clothing, home goods, medical supplies and

toys), transportation, housing and food. To find resources, go to mibluecrosscomplete.com.

1. Click **Resources**.
2. Click **Community Health Resources**.
3. Enter your patient's ZIP code into the search box.
4. Select the category that fits their needs.

Patients who don't have access to the internet can call our Rapid Response and Outreach Team at **1-888-288-1722**, from 8 a.m. to 5:30 p.m., Monday through Friday. TTY users should call **1-888-987-5832**.

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



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Lead screening and testing reminders

Lead is a poison that affects virtually every system in the body and is especially harmful to young children. The Flint water crisis brought attention to the importance of protecting children from lead exposure through screening and prevention. The Centers for Disease Control and Prevention indicates there is no safe documented blood lead level in children. Even low levels, with no plan to end exposure, have been shown to affect IQ, attention span and academic achievement.

Michigan Medicaid requires all children be tested at 12 and 24 months of age. Children from 36 to 72 months of age must be tested at least once. For more information on requirements and resources, visit michigan.gov/mileadsafe.*

The CDC recently updated recommendations on children's blood lead levels and **uses a reference level of 3.5 micrograms per deciliter** to identify children with higher-than-average blood lead levels. The CDC's level is based on the population of children ages 1 to 5 who are in the highest 2.5% tested.

As of May 1, 2022, Michigan Medicaid policy aligns with CDC updates (MDHHS Bulletin 22-11).* [A blood lead level of 3.5 micrograms per deciliter or higher is now considered elevated.](#) This is a change from the previous state standard of 4.5 micrograms per deciliter. The new blood lead reference value is based on the 97.5th percentile of the blood lead distribution in U.S. children ages 1 to 5 from the National Health and Nutrition Examination Survey.

The CDC has also shifted its focus to protecting children from lead exposure by reducing and eliminating dangerous environmental sources. Recommendations for medical treatment haven't changed. Experts suggest chelation therapy when a child has a blood level equal to or greater than 3.5 micrograms per deciliter. The MDHHS recommends using these tips for blood lead testing:

- Screening — Ask exposure-related questions only when a child isn't enrolled in Medicaid and doesn't live in a target community.
- Testing — Requires a capillary or venous sample from the patient to test for lead exposure.
 - Venous blood specimens aren't required for initial testing; capillary specimens are acceptable.

- If the capillary result is equal to or below 3.5 µg/dL — the CDC's level of concern — further testing isn't necessary until the next recommended time.
- If the capillary result is equal to or greater than 3.5 µg/dL, confirm results with a venous sample. The venous sample doesn't need to be taken in the primary care provider's office.
- If the capillary or venous specimen is collected in the provider's office and packaged for mailing, you don't need Clinical Laboratory Improvement Amendments certification.
- Blood specimens may be sent through the U.S. Postal Service.

Lead screening is also a HEDIS requirement. The Lead Screening in Children measure assesses the percentage of children 2 years of age who received one or more capillary or venous blood tests for lead poisoning on or before their second birthday.



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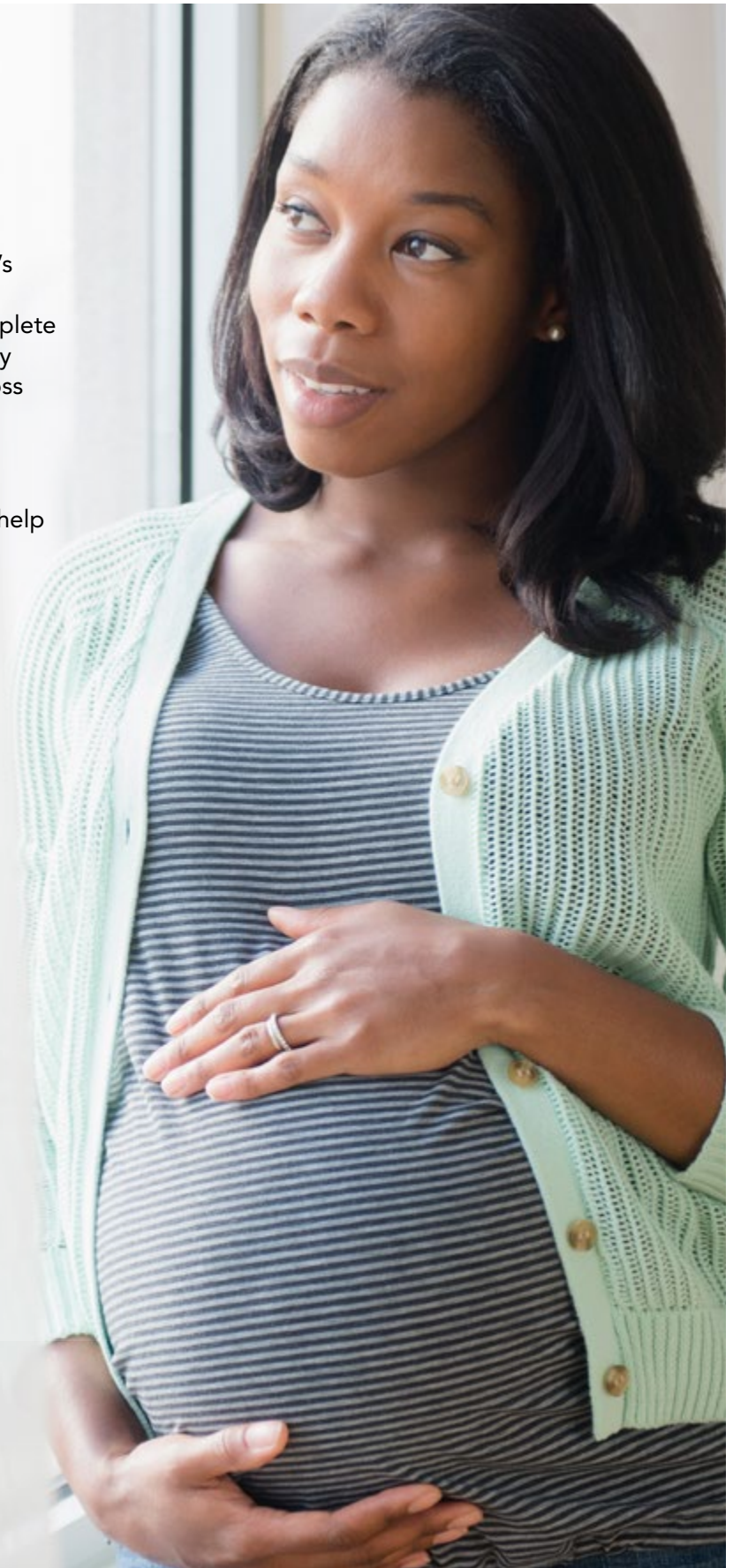
Maternal Infant Health program

The Maternal Infant Health Program is Michigan's largest home visitation program designed for pregnant women and newborns. Blue Cross Complete members who are pregnant can get their primary maternal-infant health services through Blue Cross Complete's Bright Start® program or through a certified MIHP provider.

These preventive health services are intended to supplement regular prenatal and infant care and help providers manage our members' health and well-being. MIHP services include:

- Psychosocial and nutritional assessment
- Professional services rendered by a multidisciplinary team that includes a social worker, nurse and nutritionist
- Transportation
- Childbirth (including midwife and nurse practitioner services, if billed as an obstetrics benefit)
- Parenting education
- Referral to community services
- Coordination with medical care providers

For information on MIHP services, providers can call Blue Cross Complete's Provider Inquiry department at **1-888-312-5713**. Refer interested members to Blue Cross Complete's Member Services at **1-888-288-1722**.



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Help children and adolescents get caught up on recommended vaccines

The [Michigan Care Improvement Registry](#) shows childhood immunization rates have slipped below 70% in over half of all Michigan counties.

[As of March 2022](#), only 68.1% of Michigan children 19 to 35 months old were up to date on their vaccines. MDHHS is reminding families that vaccinating on time is the best protection against serious illnesses such as measles, hepatitis A and pertussis (whooping cough).

Vaccine hesitancy can be a complex topic. Health care providers have unique power and opportunities to increase the number of children who are up to date with vaccinations. Research indicates that doctors or other health care professionals remain parents' most trusted source of information.¹ According to survey data, about a third of parents who initially refuse a vaccine change their mind after educational efforts, but this takes time and resources.²

Providers in need of an effective communication tool to increase parental confidence in vaccines are encouraged to utilize the [I Vaccinate Provider Toolkit](#). The toolkit helps providers prepare for conversations, navigate and track difficult questions, and improve their ability to ensure young patients are vaccinated on schedule or help them catch up on missed immunizations.

The toolkit recommends providers have conversations with parents about vaccines that include an emotional element to address hesitancy. The toolkit highlights three steps of the participatory approach using customized, evidence-based tools for use in vaccination discussions with parents who have questions or may be hesitant about vaccines.

The first step includes recommended techniques for conversations with vaccine-hesitant parents. The second step is to download easy-to-understand handouts for your office and patients. The third step is to facilitate a conversation with a parent and provide them with a custom takeaway tailored to meet their needs: the "get past hesitancy" framework.

For everyone's safest return to school and other activities, it's imperative to ensure that everyone is up to date on all recommended vaccines. Below are

strongly recommended strategies from the MDHHS Division of Immunization:

- Notify parents about and schedule annual physical exams, required MHSAA sports participation visits and other medical visits for school-aged patients.
- Focus efforts to send recall letters using the Michigan Care Improvement Registry and messages to patients who are behind on vaccines. (Instructions are [here](#)*) Some recommended age groups are:
 - ✓ Children (4 to 6 years old)
 - ✓ Adolescents (11 to 13 years old)
 - ✓ Older adolescents (14 to 18 years old)
- Identify and contact patients who are due or coming due for a vaccination by using [MCIR QI reports](#).* Guidance on how to generate this report is available at [michigan.gov](#).*
- Offer convenient appointments, including nurse-only and vaccine-only visits for working parents and adolescents, such as evenings and weekends.
- Create and use [standing orders](#)* for nurse-only and vaccine-only appointments.
- Consider collaborations for school immunization clinics that offer vaccines to students, staff and the community (in person or mobile units).

Michigan vaccinating providers can help get everyone on track and protected from vaccine-preventable diseases. Vaccination and screening schedules for children and adults are available at [mibluecrosscomplete.com](#). Providers can also access the [I Vaccinate Provider Toolkit](#) by visiting [provider.ivaccinate.org](#). Click on the "Request Access" button and submit your name, email, organization and title. You have an important role and are appreciated; Blue Cross Complete continues to need your help with these efforts.

¹ U.S. Centers for Disease Control and Prevention National Poll of Parents, 2016.

² American Academy of Pediatrics Periodic Surveys of Fellows, 2006 and 2013.

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Beware of phishing scams – Don't take the bait!

One of the biggest information security risks for most organizations occurs when an associate opens a phishing email and clicks on the link. It only takes one associate clicking a phony link to impact an organization's cybersecurity efforts.

Why it's important

Phishing scams are emails that look real but are designed to steal important information. A phishing email with malicious software can allow cybercriminals to take control of your computer and put protected health information (PHI) and personally identifiable information (PII), as well as a company's confidential and proprietary information, at risk.

It may be a phishing email if it:

- Promises something of value (e.g., "Win a free gift card")
- Asks for money or donations
- Comes from a sender or company you don't recognize
- Links to a site that is different from that of the company the sender claims to represent
- Comes from a trusted business partner that has experienced a security incident. All emails from outside your organization should be scrutinized.
- Asks you for personal information, such as your username and password or passphrase
- Includes misspelled words in the site's URL or subject line



If you suspect an email may be phishing, here are some tips:

- Do not click any links in the email.
- Do not provide your username and password. You should never share your username or password, even if you recognize the source. Phishing scams frequently mimic well-known companies, such as retailers (like Amazon) or banks.
- Do not reply or forward the email to anyone within your organization.
- Familiarize yourself with your organization's process for reporting suspicious emails. If you suspect an email is a phishing attempt, report it immediately.
- Your organization's information security department may have additional information and guidance on how to protect yourself from phishing scams.

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

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

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

To view your provider information, visit mbluecrosscomplete.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 mbluecrosscomplete.com. Go to the **Providers** tab, click **Forms** and then click **Provider Change Form**.

Send completed forms by:

Email: bccproviderdata@mbluecrosscomplete.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.



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**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.

Keep medical records up to date for your patients

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:

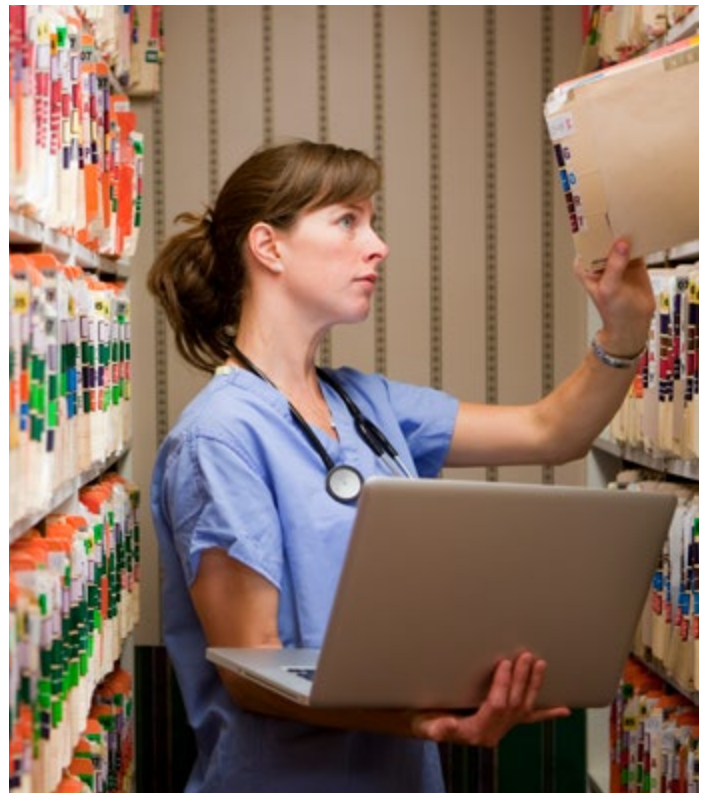
- A. A record of outpatient and emergency care
- B. Specialist referrals
- C. Ancillary care
- D. Diagnostic test findings, including all laboratory and radiology
- E. Therapeutic services
- F. Prescriptions for medications
- G. Inpatient discharge summaries
- H. Histories and physicals
- I. Allergies and adverse reactions
- J. Problem list
- K. Immunization records
- L. Documentation of clinical findings and evaluations for each visit
- M. Preventive services-risk screening
- N. 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, call your provider account executive or Blue Cross Complete's Provider Inquiry at **1-888-312-5713**.



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Reporting suspected fraud to Blue Cross Complete

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

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

Phone: **1-855-232-7640** (TTY 711)

Fax: **1-215-937-5303**

Email: fraudtip@mibluccrosscomplete.com

Mail: Blue Cross Complete
Special Investigations Unit
P.O. Box 018
Essington, PA 19029

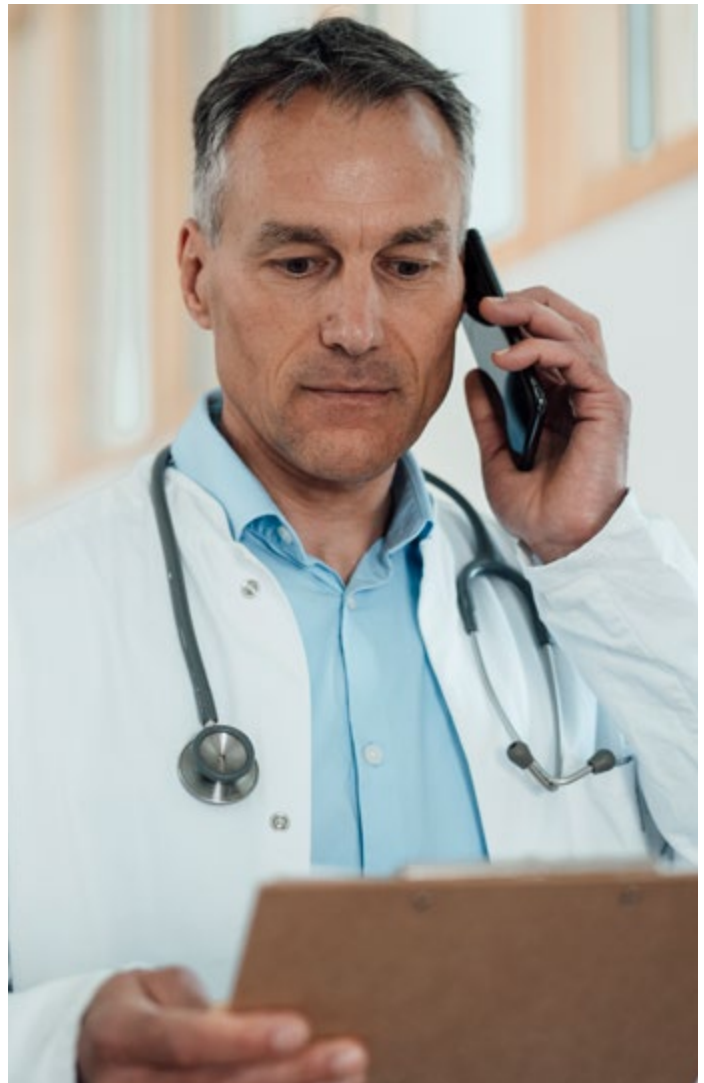
Blue Cross Complete's Special Investigations Unit supports local and state authorities in investigating and prosecuting fraud. You can also report suspected fraud related to Blue Cross Complete to the Michigan Department of Health and Human Services Office of Inspector General in one of the following ways:

Website: michigan.gov/fraud*

Phone: **1-855-643-7283**

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

Reports can be made anonymously.



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