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Strengthening doctor-patient relationships during new patient appointments

In the realm of health care, first impressions are pivotal. A new or first-time appointment between a doctor and patient lays the groundwork for a successful therapeutic relationship. Building trust, fostering communication and understanding patient needs are essential components for improving doctor-patient relationships and helping to ensure better health outcomes.

Here are some ways health care providers can make these initial interactions more impactful:

New patient appointments

First-time appointments are more than routine check-ups; they're opportunities to establish rapport, gather comprehensive health information and set expectations for future care. Patients often arrive with a mix of hope and anxiety, making it vital for doctors to address both medical and emotional needs.

Strategies for enhancing new patient appointments

1. Professional greeting: A friendly and professional introduction can help put patients at ease. Simple gestures, such as a warm smile and eye contact, can convey genuine care and professionalism.
2. Active listening: Listening without interrupting shows respect for the patient's perspective. Acknowledging concerns and validating emotions can help build trust.
3. Clear and transparent communication: Use patient-friendly language and avoid medical jargon. Explain diagnoses, procedures and treatment plans to help the patient feel informed and involved.
4. Setting collaborative goals: Engaging patients in discussions about their care plan fosters a sense of partnership. Encouraging them to ask questions and voice preferences can lead to better adherence to treatments.
5. Providers should encourage patients to actively participate during new patient appointments by allowing them to ask questions, openly discuss their health concerns and medical history.

According to the [National Institutes of Health](#), investing time and effort into building strong doctor-patient relationships has numerous benefits, including increased patient satisfaction, improved health outcomes and long-term engagement. Satisfied patients are more likely to maintain ongoing relationships with their providers, leading to treatment plan adherence and continuity of care.

By improving the approach to new patient appointments, the health care industry can not only meet but exceed patient expectations, creating a foundation for trust, respect and collaborative care.

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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Health care providers can help reduce intimate partner violence during pregnancy

Maternal health and intimate partner violence, or IPV, are deeply interconnected issues that require the attention of health care providers. By recognizing the signs of IPV and understanding its impact on maternal health, providers can play a crucial role in improving outcomes for women, their unborn babies and their families.

Intimate partner violence encompasses physical, sexual, emotional and economic abuse by a current or former partner. It's a significant public health issue, with about 4.4% of mothers in Michigan reporting domestic violence within 12 months prior to pregnancy and 2.9% reporting physical violence during pregnancy, according to the Michigan Department of Health and Human Services. However, it's important to note that most domestic violence cases go unreported.

According to the National Institutes of Health, the consequences of IPV during pregnancy can be severe, with adverse effects on maternal and fetal health, including:

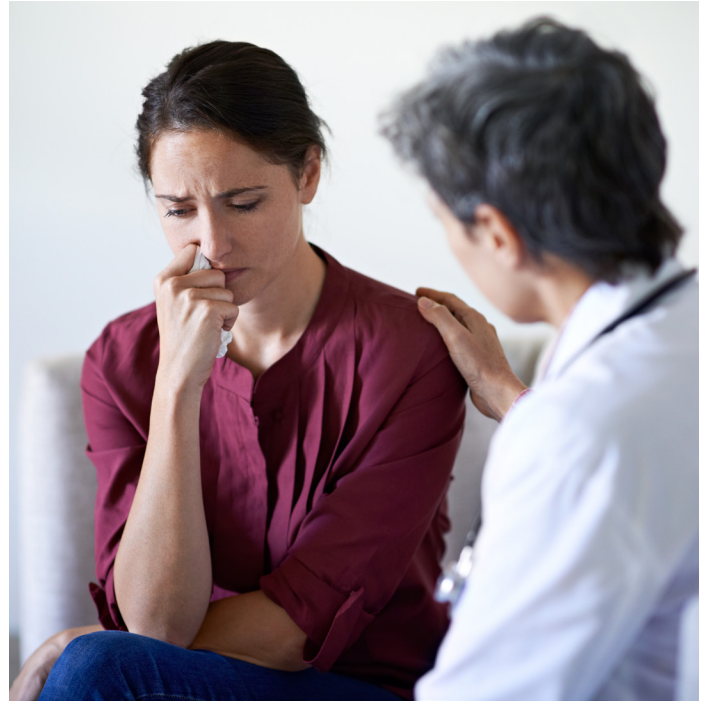
- Physical injury
- Pregnancy complications, which can result in increased risk of preterm birth, low birth weight and miscarriage
- Mental health issues, including depression, anxiety and post-traumatic stress disorder
- Delayed prenatal care
- Miscarriage

The World Health Organization reports that one in three women worldwide has experienced physical or sexual violence at the hands of an intimate partner. IPV during pregnancy is particularly concerning due to the potential adverse effects on maternal and fetal health.

Health care providers can help

As trusted figures, health care providers are often in a unique position to identify IPV and intervene. Pregnancy and postpartum visits provide critical opportunities to screen for IPV and connect patients with resources.

Universal screening for IPV during prenatal and postpartum visits is recommended by leading health organizations, including the American College of Obstetricians and Gynecologists. To help ensure



effective screening, health care providers can do the following:

- Conduct screenings privately, without the partner present
- Use trauma-informed communication to build trust
- Ask direct but sensitive questions. For example:
 - Do you feel safe in your current relationship?
 - Has anyone ever hurt you or made you feel afraid?
- Help ensure staff are trained to provide support and referrals
- Maintain an updated list of local resources, including shelters and counseling services

Patients may hesitate to disclose IPV due to fear, shame or lack of trust. Providers can address these barriers by ensuring confidentiality, building rapport over time, normalizing IPV discussions as a routine part of care and offering culturally sensitive and language-appropriate services. Even more, health care providers can enhance their response to IPV by accessing professional training and local resources.

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Health care providers can help reduce intimate partner violence during pregnancy

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Organizations such as the National Health Resource Center on Domestic Violence and the Michigan Coalition to End Domestic and Sexual Violence offer valuable tools and education to help support health care providers.

Health care providers play an important role in addressing the connection of maternal health and IPV. By integrating IPV screening and support into maternal care, providers can help improve the safety and well-being of women and their families. Awareness, training and knowledge are essential to making a difference in the lives of those affected by IPV.

It's essential that providers treat Blue Cross Complete members in the same manner and with the same quality and promptness as they treat other patients.

In providing covered services, providers will refrain from discriminating against any Blue Cross Complete member on the basis of his or her Blue Cross Complete membership, source of payment, sex, ethnicity, age, race, color, religion, national origin, ancestry, ritual status, sexual preference or any factor related to health status, including but not limited to medical condition (including conditions arising out of domestic violence), or any other basis prohibited by federal law.

IPV Resources

National:

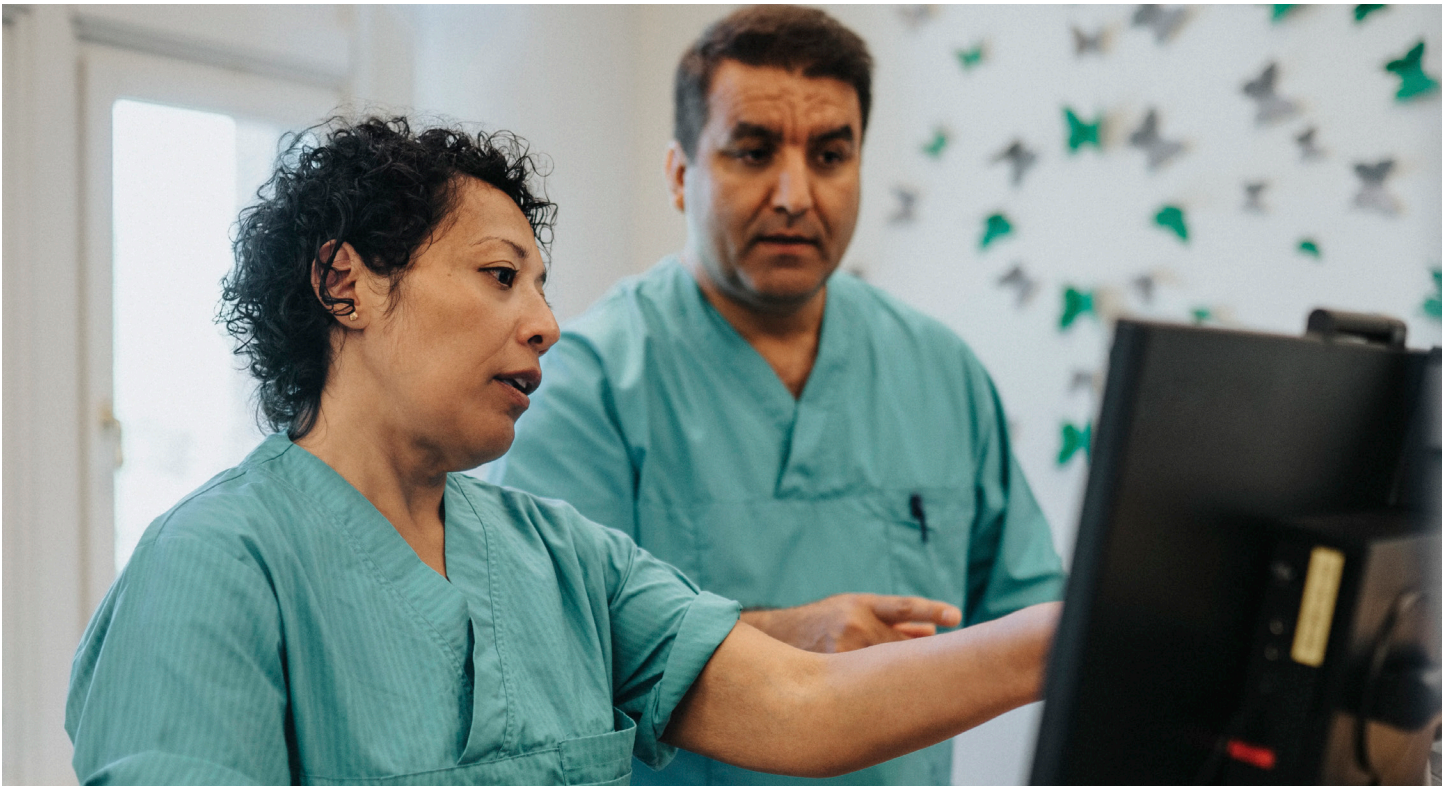
- [National Domestic Violence Hotline](#) – 1-800-799-SAFE (7233) or Text LOVEIS to 22522
- [Love is Respect National Teen Dating Abuse Helpline](#) – 1-866-331-9474 or TTY: 1-866-331-8453
- [Rape, Abuse & Incest National Network's \(RAINN\) National Sexual Assault Hotline](#)
- [National Resource Center on Domestic Violence](#)
- [Futures Without Violence](#)

Statewide:

- [Michigan Legislature: Domestic Violence & Sexual Violence Prevention Resource Guide](#)
- [MDHHS Division of Victim Services: Assistance for Crime Victims](#)
- [Michigan Sexual Assault Hotline](#) –1- 855-VOICES4 (864-2374) or Text 1-866-238-1454.

Source: Michigan Department of Health and Human Services

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Steps to help avoid denied claims

In the complex world of health care billing, providers can face a myriad of challenges to help ensure timely and accurate reimbursement for the services they deliver. Among the key factors for denial of claims are invalid procedure or diagnosis codes, followed by not meeting the one-year filing limit requirement.

Time limit for filing claims

To streamline claim processing, Blue Cross Complete emphasizes the importance of meeting filing limits. If this requirement isn't met, it can result in claim denial. Therefore, Blue Cross Complete enforces a one-year filing limit to encourage prompt and efficient claim submissions. Providers who exceed this time limit risk claim denial and potential financial losses. Providers can avoid overlooking the filing time limit requirements by implementing robust internal processes, including regular review of claim submission timelines.

Active diagnosis codes

The use of correct procedure or diagnosis codes is another vital line of defense against claim denials. Diagnosis codes provide a standardized language for describing the patient's condition and helps payers understand the medical necessity of the services rendered. Accurate coding can help ensure proper reimbursement and reduce the likelihood of claim rejections. Claims must be billed with valid procedure or revenue codes, modifiers and diagnosis codes. If any are missing or invalid, the claim may be denied.

Physicians should ensure that any procedure codes and modifier combinations submitted are correct, and that multiple modifiers are used when applicable. Providers must remain committed to accurate coding and timely claim submissions in the ever-evolving landscape of health care reimbursement. The proactive use of diagnosis codes, coupled with a keen awareness of filing limits, is instrumental in preventing denied claims. Regular training and education for billing staff can help maintain proficiency in claim submissions accuracy.

For full details on claims submission and processing, see Section 13 of the Blue Cross Complete [Provider Manual](#) at mibluecrosscomplete.com and Section 11 – Billing Requirements in the [Michigan Medicaid Provider Manual](#).^{*} If you have any questions, contact your Blue Cross Complete provider account executive or call Provider Inquiry at 1-888-312-5713.



The HEDIS® Corner

There are two NCOA HEDIS measures related to blood pressure control: Controlling Blood Pressure (CBP) and Blood Pressure Control for Patients with Diabetes (Type 1 and Type 2) (BPD). Both HEDIS measures require that patients ages 18 through 85, who are diagnosed with hypertension, have a blood pressure performed at least once within a calendar year. A patient is considered to have an adequately controlled blood pressure if the blood pressure is **less than 140/90 mm Hg**.

HEDIS Tips for CBP and BPD

- Retake the blood pressure if it is 140/90 or above.
- Report blood pressures by using CPT II codes. Below are the CPT II codes that correspond to particular systolic and diastolic blood pressure measurements. Submitting the correct CPT II code helps inform us that you have provided the service and may decrease the need for us to request medical records to review for this information.
 - 3074F – Most recent systolic blood pressure less than 130 mm Hg
 - 3075F – Most recent systolic blood pressure 130-139 mm Hg
 - 3077F – Most recent systolic blood pressure greater than or equal to 140 mm Hg
 - 3078F – Most recent diastolic blood pressure less than 80 mm Hg
 - 3079F – Most recent diastolic blood pressure 80-89 mm Hg
 - 3080F – Most recent diastolic blood pressure greater than or equal to 90 mm Hg
- HEDIS doesn't allow blood pressure readings taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the test or procedure, except for fasting blood tests.
- When multiple blood pressure measurements occur on the same date, the lowest systolic and lowest diastolic BP reading will be used for reporting the blood pressure.
- Blood pressures provided by the patient during a telephone visit, e-visit or virtual check-in are acceptable.
- Patient-reported data documented in medical record is acceptable if the blood pressure is captured with a digital device and documented in the medical record with date the BP is taken.
- Don't record blood pressures as ranges.

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Syphilis testing becomes a high priority in Michigan



A concerning trend has emerged that demands urgent attention — the rise of syphilis among men, women and infants in Michigan.

According to the Michigan Department of Health and Human Services, since 2019, congenital syphilis births in Michigan have increased more than 200%. Syphilis rates have also drastically increased for those ages 20 to 45 and in heterosexual people.

Syphilis during pregnancy can lead to stillbirth, miscarriage, development delays, organ damage, infant death and maternal and infant morbidity. These are preventable through early detection and treatment. The Centers for Disease Control and Prevention [reports](#) in 2022 that delayed testing and inadequate treatment has contributed to almost 90% of congenital syphilis cases in the United States.* Recent [data](#) from the CDC shows an increase in cases of congenital syphilis not only in Michigan, but across the United States.*

Blue Cross Complete is hoping to help change that by emphasizing the need for early intervention.

Health care providers are encouraged to increase screening, testing and the treatment of syphilis. The CDC recommends that pregnant people be screened for syphilis during their first prenatal health visit or as soon as pregnancy is diagnosed. Testing should be repeated at 28 weeks gestation and at birth for pregnant people who live in communities with high rates of syphilis and who are at high risk of re-infection during pregnancy because of substance abuse or having a new sexual partner.

Blue Cross Complete covers many preventive and routine medical services and programs that can help prevent and reduce the spread of STIs. Some of these services and programs include:

- Sexually transmitted disease testing and treatment
- HIV/AIDS testing and treatment
- Physical exams — routine or annual exams
- Pap tests
- Prenatal and postpartum care
- Family planning
- Pregnancy testing
- Maternal Infant Health Program
- Help with personal problems that may complicate pregnancy

As STIs continue to be a public health concern, raising awareness about prevention, testing and treatment is necessary in helping to mitigate their impact on individuals and communities. Providers can direct members to the Blue Cross Complete [Member Handbook](#) for covered testing and treatment of sexually transmitted diseases. If you have any questions, contact your Blue Cross Complete provider account executive or call Provider Inquiry at **1-888-312-5713**.

*HEDIS®, which stands for Healthcare Effectiveness Data and Information Set, is a registered trademark of the National Committee for Quality Assurance, or NCQA.

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Can you spot the phish?

More than 3.4 billion phishing emails are sent out each day worldwide. But one factor can make life much harder for scammers: You. As the first line of defense, it's important that you're able to recognize and report a suspected phishing email.

What is phishing?

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 and personally identifiable information, as well as your organization's confidential and proprietary information, at risk.

Beware of ransomware

In addition to stealing information, phishing scams can lead to ransomware attacks. Ransomware is a form of malware designed to encrypt files on a device, rendering them unusable until a ransom is paid.

It may be a phishing email if it:

- Promises something of value (such as "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 than the company the sender claims to be from
- Asks you for personal information, such as your username and password
- Includes misspelled words in the site's URL address or subject line
- Has a sense of urgency for you to act now

What you should do

If you receive a suspicious email:

- Don't click any links in the email.
- Don't 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 banks or retailers like Target or Amazon.
- Don't reply or respond to the email or forward it to anyone else 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



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Tobacco Quit Program offers support

Smoking and tobacco use are a [major public health concern](#), linked to numerous health conditions such as heart disease, cancer and respiratory illness. Recognizing the challenges of quitting tobacco, Blue Cross Complete offers a comprehensive Tobacco Quit Program to support its members in their journey towards a healthier, tobacco-free life.

The Tobacco Quit Program is designed to provide personalized guidance, resources, and support to help individuals quit smoking or using tobacco products for good. The program offers help making a plan to quit smoking, guidance and support through counseling, and resources for pregnant people.

Blue Cross Complete also covers over-the-counter and prescription medicines to help you quit at no cost. Over-the-counter options may include generic forms of products such as Nicorette® (gum or patch) and Commit® (lozenges). Prescription medicines may include Chantix®; Nicotrol® inhaler, cartridges and nasal spray; and generic Zyban® (bupropion).

The program is not limited to cigarette smokers. It also supports members who use other forms of tobacco, including:

- E-cigarettes and vape products
- Smokeless tobacco, like spit tobacco and snuff
- Cigars, cigarillos and little cigars
- Dissolvable products, like nicotine gel or tobacco sticks

To enroll, physicians are encouraged to refer their patients to mibluecrosscomplete.com/quit.

Blue Cross Complete members can also enroll in the Tobacco Quit Program by calling **1-800-QUIT-NOW (784-8669)**. TTY users, call **1-888-229-2182**. Online enrollment is also available at michigan.quitlogix.org/en-us/enroll-now

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MC3 offers virtual training program for perinatal professionals

Perinatal professionals in Michigan including midwives, doulas, lactation consultants and providers working in OB-GYN perinatal settings are invited to attending the MC3 Perinatal Wellness and Mental Health Series training every other Wednesday from February 12 through March 26, 2025, noon to 1 p.m.

The new training series exploring how professionals who support perinatal women can provide mental health education, support, screening and linkage to treatment resources. The series is free and CEUs are available. More information can be found on the MC3 website: live-med-mc3.pantheonsite.io/perinatal-wellness-mental-health-series-guidance-for-all-perinatal-professionals/



MiHIN Referrals

MiHIN Referrals is a digital platform designed to streamline the referral process. It facilitates the secure exchange of patient information between health care providers, ensuring that referrals are managed quickly, accurately and efficiently.

Providers can use the referral e-tool to refer their patients to various health care resources, such as the Tobacco Quit Program.

For more information on MiHIN Referrals, go to mihin.org/mihinreferrals/. To request new user accounts for your practice, reach out referrals@mihin.org.

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Trauma-informed care resources can support your practice

Trauma has many different forms and can affect people in different ways. Since trauma can have serious effects on people's health, behaviors, relationships, and other aspects of day-to-day life, health care providers of all disciplines are encouraged to learn more about trauma-informed care. Providers are also encouraged to develop a comprehensive trauma-informed care approach to help promote healing, recovery, and wellness.

The National Association of State Mental Health Program Directors and the Center for Mental Health Services/Substance Abuse and Mental Health Services Administration have found that, regardless of trauma type, a comprehensive trauma-informed care approach has clear benefits for patients and caregivers.^{1,3}

Using a TIC model increases patient engagement, resulting in an increase in kept appointments and a decrease in need for hospitalization, increased staff confidence and satisfaction, and better relationships between providers and patients.¹

The following materials and resources can help your practice better address the experiences:

- The American Academy of Pediatrics offers [online resources](#) for physician health and wellness.
- The International Society for Traumatic Stress Studies has a webpage addressing trauma.
- The National Child Traumatic Stress Network provides [Secondary Traumatic Stress resources](#) for providers and children.
- The Administration for Children & Families has information on [Secondary Traumatic Stress](#).
- The Health Care Toolbox has [Self Care Tips to Prevent Secondary Traumatic Stress](#).

Resources for vicarious trauma, compassion fatigue and burnout

- Countering Compassion Fatigue: A Requisite Nursing Agenda, 2011
- Tips for Healthcare Professionals: Coping with Stress and Compassion Fatigue (PDF)
- Why Emotions Matter: Age, Agitation, and Burnout Among Registered Nurses
- [The Vicarious Trauma Kit](#)
- [Vicarious Trauma in Clinicians: Fostering Resilience and Preventing Burnout](#)

Trauma and resilience screening resources*

- The Primary Care PTSD Screen for DSM-5 ([PC-PTSD-5 \[PDFOpens a new window\]](#)) is a four-item screening tool designed for use in primary care and other medical settings to assess a patient's exposure to trauma
- For a DSM-5 definition of PTSD and a PTSD treatment decision aid tool that can help you learn about and compare effective treatments, visit the [Department of Veterans Affairs National Center for PTSD \(NCPTSD\)](#)
- Connor-Davidson Resilience Scale ([CD-RISC](#))
- [National Domestic Violence HotlineOpens a new window](#)
- The National Council's Trauma Informed Care [Screening and Assessment](#)
- Healthy Steps [ACEs Screening Resources](#)

*This list isn't all inclusive. Additional resources are available.

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Trauma-informed care resources can support your practice

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5. "Self-Care and Secondary Trauma for Providers" Children's Hospital of Philadelphia, accessed May 12, 2021, <https://www.healthcaretoolbox.org/self-care-for-provider>

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Implementing health equity strategies in telemedicine services

Telemedicine has revolutionized health care delivery, offering unprecedented opportunities for providers to reach patients almost anywhere they are. However, this innovation also comes with the responsibility of helping to ensure equitable access and outcomes for all populations.

Addressing health equity within telemedicine is important to decreasing disparities in health care and improving patient outcomes across diverse communities. Health equity is the principle of ensuring that everyone has a fair and equal opportunity to achieve their optimal health. In the context of telemedicine, this means designing and implementing services that are accessible, inclusive and responsive to the needs of all patients, particularly those from underserved or marginalized populations.

The American Academy of Family Physicians Foundation defines telemedicine as “the practice of medicine using technology to deliver care at a distance. This means a physician in one location uses telecommunication infrastructure to deliver care to a patient at a distance.”¹

In response to COVID-19, health care organizations and providers conducted an overwhelming number of health care visits virtually. A recent report published by the Centers for Disease Control and Prevention shows a 154% increase in telemedicine visits during the COVID-19 pandemic.² Efforts to increase and sustain telemedicine utilization have also been

supported by regulatory agencies and insurance companies reworking and allowing for flexibility in the reimbursement for telemedicine services.

Telemedicine coverage

Blue Cross Complete covers telemedicine visits for members in accordance with state and federal policy. To provide telemedicine services, practitioners must use technology that meets the needs for audio and visual compliance in accordance with state and federal standards. Practitioners must also ensure the privacy of the beneficiary and the security of any information shared through telemedicine. Allowable telemedicine services are limited to those listed on the Michigan Medicaid telehealth fee schedule. For additional details about telemedicine, including billing and reimbursement, visit michigan.gov.

Blue Cross Complete also includes telehealth services for members through MDLIVE. Providers interested in becoming a telehealth provider through MDLIVE should visit mdlive.com/provider for more information.

MDHHS requires either direct or indirect patient consent for all services provided through telemedicine. Consent must be properly documented in the member’s medical record in accordance with section 16284 of State of Michigan Public Act No. 359.

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Implementing health equity strategies in telemedicine services

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Providers can view Blue Cross Complete [Telemedicine Quick Reference Guide](#) that includes detailed information how and when to bill for video or telephonic services.

Telemedicine and health equity

Current research shows that the shift in telemedicine services has several benefits, including patients having access to health services from their home, decreased wait time for patients, easy access to medication to allow for more accurate reporting of medication management, and it being easier for other care providers (such as social workers, interpreters and others) to join appointments.^{1,2,3}

However, increased utility of telemedicine services has also increased challenges for underserved communities. For example, differential access to internet and broadband quality; limited access to devices such as smartphones, tablets or computers; and lack of familiarity with technology are ongoing challenges that many patients face in accessing telemedicine services.

Strategies to improve telemedicine services

The CDC has compiled these actionable solutions health care providers can use to improve telemedicine services by addressing health inequities:⁴

1. Invest in telemedicine platforms that prioritize optimal face-to-face video services, have the appropriate privacy and confidentiality practices in place, and allow for seamless integration of language services for patients who have limited English proficiency or a disability.
2. Analyze telemedicine utilization data to identify potential access to gaps.
3. Create programs and subsidies for patients to improve access to broadband internet and digital devices.
4. Prepare for the telemedicine visit prior to the visit. This includes:
 - a. Assessing and implementing needed resources relating to the patient's medical, technological and cultural needs.
 - b. Having a system in place that flags additional needed support, such as a need for a language or sign language interpreter, and having that support already scheduled before the visit.

- c. Ensuring patient and provider settings for the telemedicine visit are appropriate and confidential.
5. Understand and adopt innovative strategies to address digital health literacy barriers and barriers for people with disabilities. This includes:
 - a. Instituting programming to improve technological literacy
 - b. Developing and distributing to patients a hard copy step-by-step guide on how to use and access the telemedicine platform
 - c. Having policies in place that help ensure best practices for telemedicine services are being practiced throughout the health care system

The pandemic brought telemedicine rapidly into mainstream care. However, many patients, especially historically vulnerable groups, still need support to fully benefit from telemedicine access and convenience. To seamlessly integrate telemedicine into regular care, consider systematic approaches to instill telemedicine, including equitable digital and technological access to help ensure services are addressing health literacy and engagement challenges.

One way providers can do this is by providing a digital assessment to determine if patients have internet access, devices, or digital literacy skills to proactively address gaps and provide necessary support. Physicians can also connect patients with community services and programs that offer affordable devices like smartphones or tablets to patients who cannot afford them.

Telemedicine holds immense promise for improving health care delivery, but its success hinges on equitable implementation. By adopting proactive strategies to address barriers and promote inclusivity, health care providers can help to ensure that telemedicine benefits all patients, regardless of their circumstances.

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Implementing health equity strategies in telemedicine services

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- ⁴ "Teliagnosis for Acute Care: Implications for the Quality and Safety of Diagnosis," Agency for Healthcare Research and Quality, August 2020. <https://www.ahrq.gov/patient-safety/reports/issue-briefs/teledx-5.html>

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Remind patients that immunizations are covered by Medicaid

While vaccinations play a vital role in protecting the health and well-being of individuals and communities, Michigan's vaccination rates are at historic lows, which means kids are at increased risk.

According to July 2024 data from the Michigan Care Improvement Registry:

- Only 67.5% of children ages 19 to 36 months had completed their recommended doses of the primary childhood vaccine series.
- In more than half of the state (51 of 83 counties), childhood vaccination rates have dropped below 70%.

While community immunity is different for each disease and vaccine, most public health experts generally agree that a 70% vaccination rate is the minimum protection level desired. This means many young children in Michigan are vulnerable to potentially dangerous diseases.

Blue Cross Complete and the Michigan Department of Health and Human Services are reminding vaccinating health care providers that immunizations are covered by Medicaid as a preventive service for children and adults when given according to the Centers for Disease Control and Prevention.

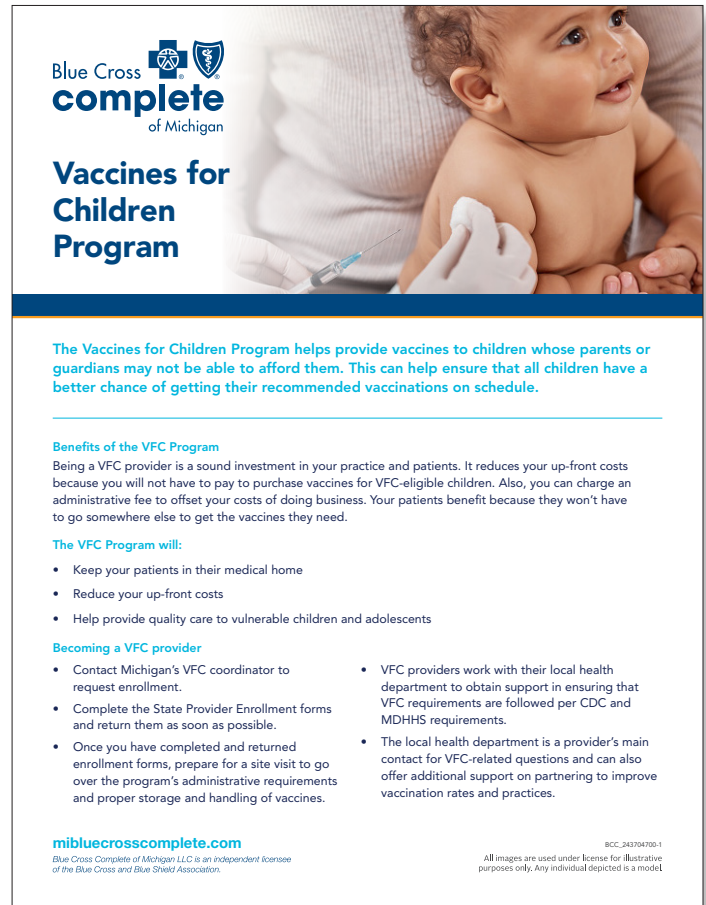
The MDHHS is encouraging vaccinating providers to immunize all Medicaid beneficiaries according to the recommended immunization schedules. As a reminder:

- For children 18 years and younger, the Vaccine for Children, or VFC, Program provides immunization coverage at no cost to the provider.
- Medicaid covers immunizations for members 19 years of age or older.
- Michigan Health Departments and pharmacies that participates in the VFC program can be contacted for specifics about the VFC program, what immunizations are available, and instructions on enrolling and obtaining immunizations.

Vaccination and screening schedules for children and adults are available at mibluccrosscomplete.com. Providers are also encouraged to participate in the

Vaccines for Children Program, which helps provide vaccines to children whose parents or guardians may not be able to afford them. This program can help ensure that all children have a better chance of getting their recommended vaccinations on schedule.

The CDC and the Advisory Committee on Immunization Practices recommend the COVID-19 vaccine and an annual flu vaccine for everyone 6 months of age and older as part of the recommended vaccination childhood and adolescent schedules.



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of Michigan

Vaccines for Children Program

The Vaccines for Children Program helps provide vaccines to children whose parents or guardians may not be able to afford them. This can help ensure that all children have a better chance of getting their recommended vaccinations on schedule.

Benefits of the VFC Program
Being a VFC provider is a sound investment in your practice and patients. It reduces your up-front costs because you will not have to pay to purchase vaccines for VFC-eligible children. Also, you can charge an administrative fee to offset your costs of doing business. Your patients benefit because they won't have to go somewhere else to get the vaccines they need.

The VFC Program will:

- Keep your patients in their medical home
- Reduce your up-front costs
- Help provide quality care to vulnerable children and adolescents

Becoming a VFC provider

- Contact Michigan's VFC coordinator to request enrollment.
- Complete the State Provider Enrollment forms and return them as soon as possible.
- Once you have completed and returned enrollment forms, prepare for a site visit to go over the program's administrative requirements and proper storage and handling of vaccines.
- VFC providers work with their local health department to obtain support in ensuring that VFC requirements are followed per CDC and MDHHS requirements.
- The local health department is a provider's main contact for VFC-related questions and can also offer additional support on partnering to improve vaccination rates and practices.

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

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Providers required to complete prenatal screenings and tests

Blue Cross Complete and the Michigan Department of Health and Human Service are emphasizing the importance of providers performing comprehensive prenatal screenings to protect the health of pregnant people and their unborn children.

In alignment with state guidelines, all pregnant people should be screened for:

- HIV
- HBsAg (Hepatitis B) testing
- Hepatitis C
- Syphilis screenings
- Chlamydia and gonorrhea screenings, required at least once during pregnancy for women under the age 25
- Group B streptococcus testing, required once during pregnancy

The MDHHS recommends providers screen for perinatal infections as early as possible to help ensure the baby receives the best possible treatment.

New this year, the MDHHS recommends pregnant patients receive:

- HIV testing in the first or second trimester and HIV test in the first or second month of the third trimester
- HBsAg testing in the first or second trimester and another HBsAg test in the first or second month of the third trimester
- Syphilis screening in the first or second trimester and another syphilis screening in the first or second month of the third trimester

According to the [MDHHS Perinatal Human Immunodeficiency Virus, Hepatitis B, Hepatitis C, and Syphilis Testing and Reporting Guidelines](#),

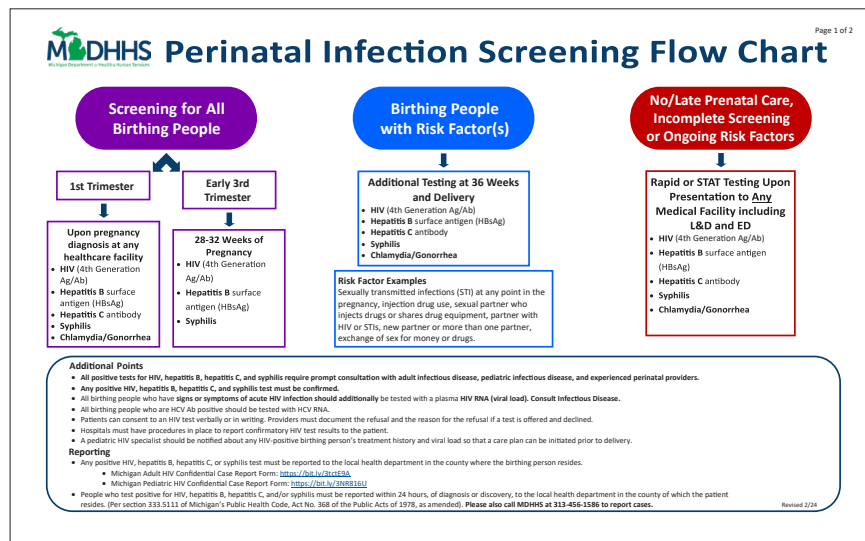
physicians and other health care professionals providing medical treatment to pregnant people are required, at the time of initial prenatal screening and examination, during the third trimester, and at delivery in absence of previous testing results to test for HIV, hepatitis B, hepatitis C and syphilis, unless the pregnant person refuses to be tested or the provider deems the tests are medically inadvisable.

Perinatal infections can have serious consequences for both pregnant individuals and the developing fetus if left undiagnosed and untreated. Early detection enables timely interventions that can significantly reduce the risk of maternal complications, transmission and adverse neonatal outcomes.

Providers should remind their patients that early detection and treatment can significantly decrease the likelihood of transmitting an infection to the baby during and after childbirth. Completing recommended perinatal testing during pregnancy is an essential step in providing high-quality prenatal care.

By adhering to the MDHHS recommendations and requirements, providers can help safeguard and improve maternal and neonatal health.

The MDHHS Perinatal Infection Screening Flow Chart and the Infant Infection Screening and Response Flowchart below provides guidance on testing, treatment and support.



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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 Culturally Linguistically Appropriate Services, or CLAS Standards and the National Committee for Quality Assurance health equity standards as a blueprint to advance health equity, improve quality and help eliminate health care disparities.

We foster cultural awareness both in our staff and in our provider communities by encouraging everyone to 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 mibluccrosscomplete.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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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.

The importance of collecting race, ethnicity and language data

In an increasingly diverse society, the ability to deliver equitable and personalized health care has never been more crucial. Blue Cross Complete emphasizes the importance of health care providers collecting and reporting race, ethnicity and language 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 health care 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.
- **To promote equitable care:** REL data is an equitable service for patients. By promoting diversity among health care providers, we can better accommodate a diverse patient population and thereby improve health outcomes for disenfranchised groups.
- **To empower patients:** Sharing REL data gives patients the tools and autonomy to choose a provider who meets their preferences.
- **To promote 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.

1. Gender data is available through Blue Cross Complete provider directory.
2. Provider's language, staff's language and additional language services are available through the provider directory.
3. Information on race and ethnicity is only made available to enrollees upon request.
4. 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.
5. 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**.

Help us keep Blue Cross Complete provider directory up to date

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

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

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

changes are necessary, you must submit them in writing using Blue Cross Complete's Provider Change Form also at mibluccrosscomplete.com. Go to the Providers tab, click Forms and then click Provider Change Form.

Send completed forms by:

Email: bccproviderdata@mibluccrosscomplete.com

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

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

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



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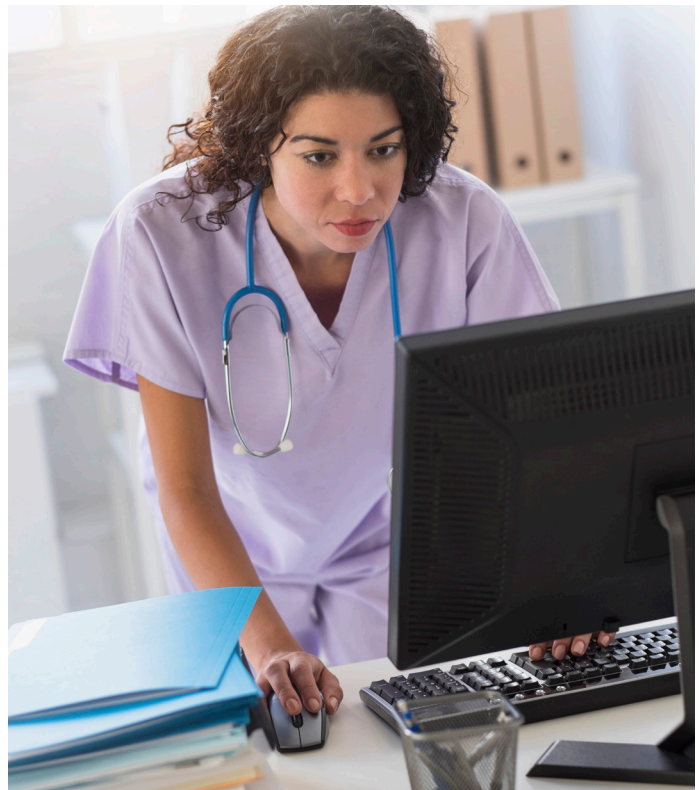
Keep medical records up to date for your patients

According to the National Committee for Quality Assurance, health care 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, 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®

HEDIS is a registered trademark of the National Committee for Quality Assurance. Bright Start is a registered trademark of AmeriHealth Caritas.

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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

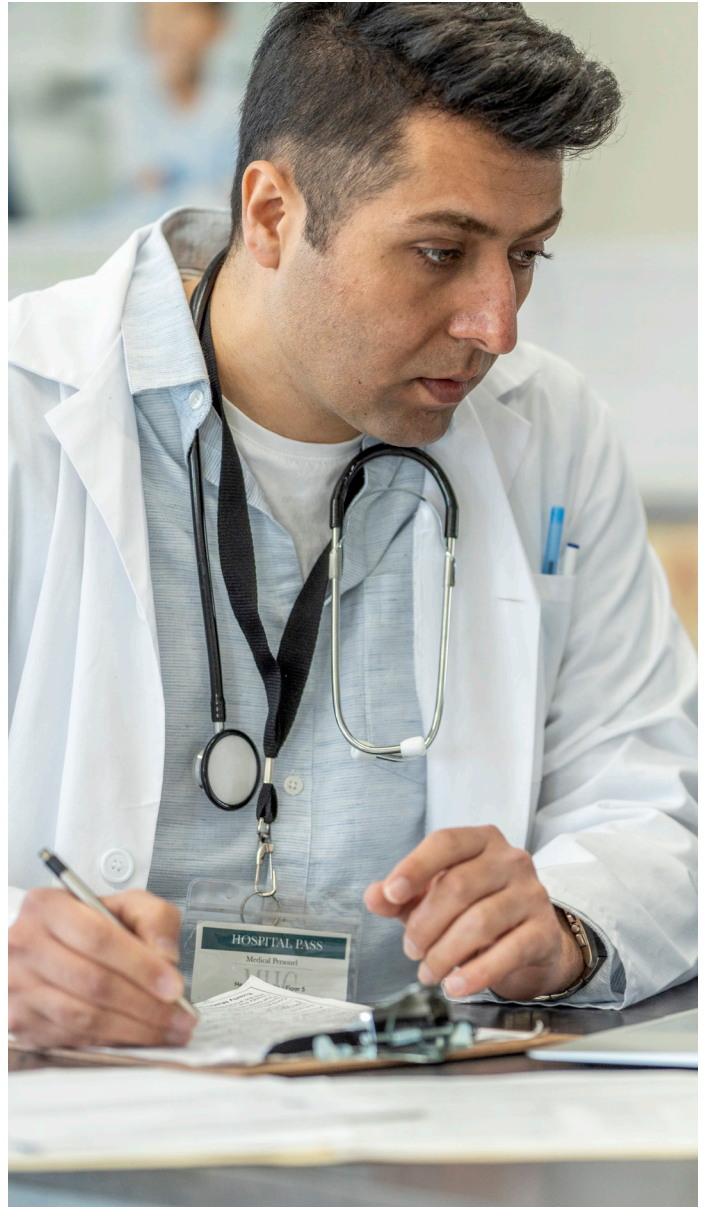
Blue Cross Complete's Special Investigations Unit supports local and state authorities in investigating and prosecuting fraud. You can also report suspected fraud related to Blue Cross Complete to the Michigan Department of Health and Human Services Office of Inspector General in one of the following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