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Stress management for health care providers

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

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

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

According to the [Centers for Disease Control and Prevention](#), the strategies below can help health care providers manage stress and maintain resilience:*

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

4. Prioritize self-care: Self-care is often neglected in the health care profession, where the focus is primarily on patients. Taking time for personal well-being is essential for health care providers to recharge and perform at their best. Key aspects of self-care include:

- Regular exercise
- Healthy eating
- Sleep
- Identify and accept those things you can't control
- Take breaks during your shift to rest, stretch or check in with supportive people.
- Set boundaries

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

Know where to go if you need help

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

*Our website is [mblucrosscomplete.com](#). While website addresses for other organizations are provided for reference, Blue Cross Complete does not control these sites and is not responsible for their content.



PROVIDER FORUM:

A deep dive into vital topics affecting your patients

Blue Cross Complete of Michigan is pleased to announce its upcoming Provider Forum on Nov. 13, 2024, from 10 a.m. to 12 p.m.

This meeting is designed to bring together health care providers to discuss vital topics, including important updates on the Michigan Department of Health and Human Services Request for Proposal service area expansion and its impact on membership, risk adjustment, strategies health care providers can use to prioritize closing care gaps during the fourth quarter, and best practices for integrating Pre-exposure prophylaxis, commonly known as PrEP into patient care support.

To register, email Nicole Gainey at providercomm@mibluccrosscomplete.com with the following information: name, organization, email address, and number of attendees. A link will be provided one week before the meeting.

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

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

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

According to [research by KFF](#), an independent source for health policy research, polling and journalism, in 2022 African American women accounted for the majority of new HIV diagnoses among women in this country, as well as the largest share of all women living with HIV in the U.S.

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

PrEP can be taken by people who don't have HIV but are at high risk of being exposed to it through sex or

injection drug use. It is available as a pill or an injectable medication. Blue Cross Complete provides coverage for this medication.

According to the MDHHS, between 2021 and 2023, nearly 8 of 10 women diagnosed with HIV in Wayne County were African American. PrEP is a safe and effective way for women to reduce their chances of getting HIV.

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

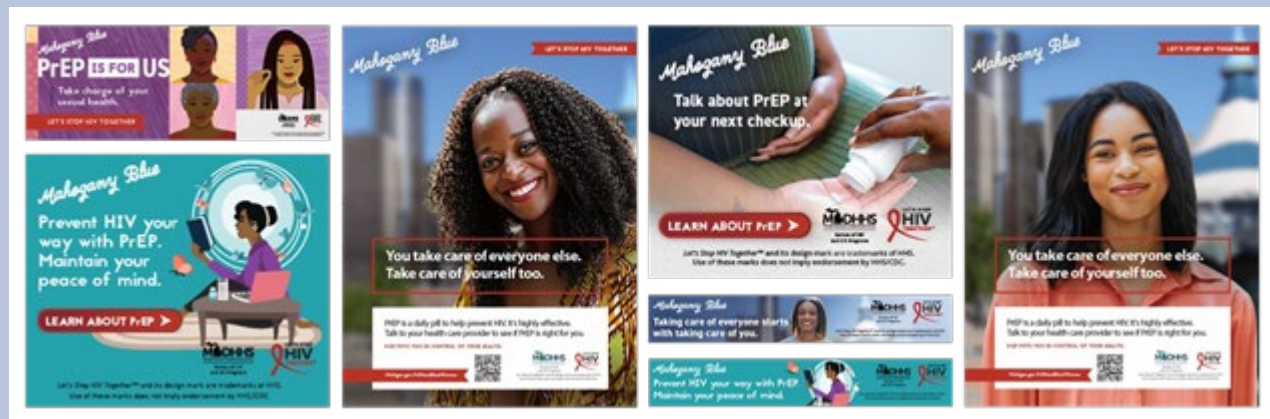
Medication also can be taken to prevent HIV after a possible exposure to help prevent transmission of the virus. This medication is called [post-exposure prophylaxis](#).¹ PEP can be prescribed by a doctor, physician assistant or nurse practitioner.

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

Health care providers are encouraged to discuss HIV prevention with their patients, which includes providing information about PrEP and using the MDHHS [resource finder](#) to get a list of services and providers that best fit their needs.¹ Providers can refer their patients to [mibluccrosscomplete.com](#) to learn more about PrEP.

About Mahogany Blue

Mahogany is a nod not only to the various shades of Black women, but also the resiliency of Black women. Blue references PrEP medication that has traditionally been recognized as a blue pill. While the original PrEP pill was blue in color, PrEP now comes in many colors and forms. Patients and providers can work together to determine the best form of PrEP for their needs.



¹ "Preventing HIV with PEP," Michigan Department of Health and Human Services, September 26, 2024, <https://www.cdc.gov/hiv/prevention/pep.html>

*Our website is [mibluccrosscomplete.com](#). While website addresses for other organizations are provided for reference, Blue Cross Complete does not control these sites and is not responsible for their content.

Blue Cross Complete does not apply gender edits

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

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

What are gender edits?

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

Why removing gender edits was important

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

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



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

Benefits of removing gender edits

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

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

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



LGBTQ+ resources available to Blue Cross Complete members

Blue Cross Complete believes in the importance of helping ensure the organization provides accessible, equitable resources for all individuals, including the LGBTQ+ community. Blue Cross Complete is committed to supporting the unique needs of its LGBTQ+ members by helping them access the care and services that promote their physical, mental and emotional well-being.

Here are some of the key LGBTQ+ resources available to Blue Cross Complete members:

- **Inclusive health care providers:** Finding a health care provider who understands the specific needs of LGBTQ+ patients can be challenging. Blue Cross Complete offers access to a diverse network of medical providers who are experienced in and sensitive to the unique health concerns of the LGBTQ+ community. Many of these providers specialize in LGBTQ+ care, such as sexual health counseling and behavioral health services. To find an LGBTQ+-friendly primary care provider or specialist, members can go to the Find a Doctor page and choose the “LGBTQ+ friendly” filter. If someone needs help finding a provider, they can also call Customer Service at **1-800-228-8554**, 24 hours a day, seven days a week. TTY users, call **1-888-987-5832**.
- **Behavioral health support:** Although being LGBTQ+ is not a mental illness, the [mental health needs](#) of the LGBTQ+ community can be distinct, often due to issues such as discrimination, social stigma and fears of rejection.* At Blue Cross Complete, LGBTQ+ health care services include mental health. Whether your patient is living openly, privately thinking about their sexual or gender orientation, or somewhere in between, some days may be harder than others. There are no-cost resources available to your patients. Visit the [Find a Doctor](#) page to find an LGBTQ+-friendly behavioral health provider. Some providers offer telehealth or flexible hours. If your patient is having a mental health crisis, call or text 988. If you believe they may harm themselves or others, call **911**.
- **Gender-affirming care:** For some transgender members, access to gender-affirming care can be critical. Blue Cross Complete offers coverage for medically necessary services for members clinically diagnosed with gender dysphoria. This includes pharmacy treatments and surgery. For coverage of gender affirmation surgery, the medical necessity determination must include a mental health evaluation.
- **HIV prevention and care:** Blue Cross Complete is dedicated to promoting sexual health within the LGBTQ+ community, particularly in the area of HIV prevention and care. Coverage for PrEP, a medication that helps reduce the risk of contracting HIV for those at high risk is covered by Medicaid. Patients who have questions about their coverage can call Pharmacy Customer Service at **1-888-288-3231** from 8:30 a.m. to 6 p.m. Monday through Friday. TTY users, call **1-888-988-0071**.
- **Community resources:** Navigating health care can be daunting, but Blue Cross Complete provides resources to connect LGBTQ+ members with community organizations, advocacy groups and support networks. These connections can help members find assistance with housing, legal services and other social determinants of health, all of which can play a vital role in an individual’s overall well-being. To search for resources, members can go to the [Community Resource Hub](#) and type in their ZIP code. Then, type “LGBTQIA+” in the search bar and select the tag from the drop-down menu to filter the results.

Blue Cross Complete is committed to ensuring that all members, regardless of sexual orientation or gender identity, receive high-quality, affirming care. By offering a range of resources tailored to the LGBTQ+ community, Blue Cross Complete can help LGBTQ+ members live healthier lives.

To learn more about LGBTQ+ resources available to your patients, go to mibluecrosscomplete.com >**Resource**>then **LGBTQ+ Resources**.

*Our website is mibluecrosscomplete.com. While website addresses for other organizations are provided for reference, Blue Cross Complete does not control these sites and is not responsible for their content.

The HEDIS Corner: Cervical Cancer Screening

Cervical cancer screening is a medical test that can help detect cervical cancer or identify risk factors. Screening can involve looking for abnormal cells or viral DNA in the cervix. Below are some HEDIS tips for Cervical Cancer Screening.

Cervical Cancer Screening

- Patients 24 – 64 years of age in the measurement year who were recommended for routine cervical cancer screening using the following criteria:
 - Ages 24 – 64: A cervical cytology pap test within the last three years
 - Ages 30 – 64: A cervical high-risk human papillomavirus test performed within the last five years
 - Ages 30 – 64: A cervical cytology (Pap test/ high-risk human papillomavirus co-testing within the last five years)
- Medical record documentation should include:
 - A note indicating the date when the cervical cytology or hrHPV test was performed and the findings
 - A note documenting if the patient no longer requires a pap due to a total hysterectomy or absence of cervix. (Ex: total, complete, radical, vaginal, absence of cervix, cervical agenesis.)
 - Patient reported data needs to be documented with sufficient information to show the screening was completed with a date and a result
- Lab results that indicate the sample was inadequate or that “no cervical cells were present” is not a valid screening
 - The results or finding “Unknown” is not considered a result or finding
 - Biopsies are diagnostics and aren’t valid as a primary cervical cancer screening

Source: HEDIS MY24 Specifications and the Provider Educational Tool



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

*Our website is mibluccrosscomplete.com. While website addresses for other organizations are provided for reference, Blue Cross Complete does not control these sites and is not responsible for their content.

Pharmacotherapy for opioid use disorder

The opioid crisis remains a significant public health issue affecting millions of communities across the United States. Health care providers play a crucial role in both managing the appropriate use of opioids for pain and identifying and treating patients who may be at risk for opioid misuse or dependence. Ensuring safe prescribing practices, recognizing signs of opioid use disorder and knowing when and how to refer patients to specialized care are all essential steps in addressing this ongoing crisis.

Blue Cross Complete is encouraging providers to inform their patients that help is available if they are trying to quit using opioids. According to the National Committee for Quality Assurance, **pharmacotherapy** has been identified as a critical part of treatment for individuals with **OUD**. Doctors should speak to their patients about pharmacotherapy — the use of medicine to treat a condition. People who engage in treatment with pharmacotherapy are less likely to experience withdrawal symptoms, have fewer cravings, and are more likely to stop using and remain in treatment.^{1,2}

There are several medicines available to treat alcohol and opioid use disorders. Blue Cross Complete can help to connect your patients to substance use treatment. Patients can call the Rapid Response Outreach team at **1-888-288-1722** from 8 a.m. to 7 p.m. Monday through Thursday and 8 a.m. to 5 p.m. Friday. TTY users, call **1-888-987-5832**. No-cost transportation to substance abuse treatment is available. Download our Modivcare mobile app by searching “**Modivcare app**” on the Apple Store® or Google Play Store™.* An email address is needed to create an account.

Health care providers have a vital role in helping to ensure the safe and responsible use of opioids and providing compassionate care to those with OUD. By adhering to evidence-based practices, staying vigilant for signs of OUD, and knowing when to refer patients for specialized treatment, providers can help reduce the devastating impact of the opioid epidemic on individuals and communities.



References:

¹ NIDA. 2016. Effective Treatments for Opioid Addiction. <https://www.drugabuse.gov/effective-treatments-opioid-addiction-0>

² Connery, H.S. 2015. "Medication-Assisted Treatment of Opioid Use Disorder: Review of the Evidence and Future Directions." *Harvard Review of Psychiatry* 23(2):63–75. doi: 10.1097/HRP.000000000000075.

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Quality Improvement program gives our members better care and service

Blue Cross Complete is committed to providing access to high quality health care in Michigan and has a 3.5-Star Rating from the National Committee for Quality Assurance. We also received the highest ranking possible, a score of four apples, in the Michigan Department of Health and Human Services 2024 Consumer Guide for the “Taking Care of Women” and “Keeping Kids Healthy” categories.

NCQA rates health plans on the results of care people receive and what patients say about their care. These results are obtained through the NCQA Healthcare Effectiveness Data and Information Set, or HEDIS, and the Consumer Assessment of Healthcare Providers and Systems, or CAHPS, survey. We have maintained our accreditation with NCQA, which means we have well-established programs for service and clinical quality. These programs meet or exceed requirements for consumer protection and quality improvement.

Blue Cross Complete has held the Multicultural Health Care Distinction from NCQA since 2017 and was granted NCQA’s new Health Equity Accreditation in 2024. This accreditation is awarded to organizations that engage in efforts to improve health care for all by making culturally and linguistically appropriate services available to members and reducing health care disparities.

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

Members are also asked if Blue Cross Complete can assist with a variety of other concerns, including childcare and clothing. We ask if we can help with hygiene supplies or household items, such as furniture and appliances. Sometimes members need assistance with access to food, housing, utilities, transportation, education and literacy resources. We saw members with needs that included access to a phone and basic medical supplies. Blue Cross Complete was also able to provide resources to members to cope with personal and household

safety concerns and address social needs to help reduce isolation and loneliness. Starting in 2023, community health navigators also began assisting our members and members of our community complete needed paperwork for Medicaid redetermination. These efforts were at community locations, as well as weekly sessions at our Detroit Community Wellness Center at the Durfee Innovation Society.

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

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

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

Members lowered their ratings for:

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

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

Full HEDIS and CAHPS survey results are available to providers by calling Blue Cross Complete at **1-888-312-5713** from 8 a.m. to 5 p.m. Monday through Friday. We can also mail this information to providers who do not have fax, email or internet access.

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Helping patients make sense of asthma

Asthma is a treatable, manageable condition that affects more than 25 million people in the United States, according to the National Committee for Quality Assurance. The prevalence and costs of this lifelong, or chronic, breathing problem have increased over the past decade, demonstrating a need for better access to care and medications. Appropriate medication management for patients with asthma may reduce the need for rescue medication — as well as the costs associated with emergency room visits, inpatient admissions and missed days of work or school.

Caused by swelling (inflammation) of the airways in the lungs, asthma can't be cured but symptoms can be prevented and controlled. All members should have an initial severity assessment based on measures of current impairment and future risk to determine type and level of initial therapy, if needed.

At planned follow-up visits, patients diagnosed with asthma should review control levels with their provider and develop a mutually agreed upon asthma action plan designed to guide decisions on maintaining or adjusting therapy. Every patient who has asthma should be taught to recognize unique symptom patterns that indicate inadequate asthma control and identify the need for treatment changes.

Patients should be routinely monitored to assess whether the goals of therapy are being met and impairments and risks are being reduced. Routine monitoring of the patient's level of asthma control also helps indicate whether any therapy adjustments may be needed.

All people who have asthma should receive a written action plan to guide their self-management efforts. The asthma action plan helps spell out which asthma medicines are needed and when. Each action plan should include instructions for daily treatment (including medications and environmental controls), and how to recognize and manage worsening asthma. For more information on the diagnosis, treatment, management and other patient resources for asthma, visit [getastmahelp.org](https://www.getastmahelp.org).*

Although there are many types of medications used to treat asthma, there are two main types. When used effectively, they can help your patient live a healthy,

active life with few symptoms. The two types of medication include:

1. Long-term controllers used daily to help keep asthma under control, even when there are no symptoms. The most common long-term control medicines are inhaled corticosteroids, which reduce swelling in the airways.
2. Quick-relief medicines, also called "rescue" medicines, are often used when asthma symptoms are present, and relieve them quickly when they flare up. Patients who use this type of medication too often may not have their asthma under control. The most common types of these medicines are short-acting beta2-agonists, or SABAs. Taken by inhaler, SABAs rapidly relax tight muscles around the airways so more air can get through, making it easier to breathe.

NCQA supports the broad use of HEDIS measure specifications to evaluate and drive health care quality. The HEDIS measure for asthma, also known as the Asthma Medication Ratio, or AMR, assesses adults and children ages 5 to 64 identified as having persistent asthma, and the ratio of rescue inhaler use versus long-term controller inhaler use.

Blue Cross Complete covers inhalers and spacers for members. We appreciate the quality care and access you provide to our members. To discuss additional strategies for asthma management or if you have questions about this benefit, contact your Blue Cross Complete provider account executive or call Provider Inquiry at **1-888-312-5713**.



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

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The integration of oral health and primary care

Do your patients know that their oral health can offer clues about their overall health? Do they understand that problems in the mouth can affect the rest of the body?

Some people may overlook routine dental care, believing that brushing and flossing are enough to maintain good oral health. However, regular dental checkups play an important role in preventing oral health problems and maintaining overall well-being.

The World Health Organization Global Oral Health Status Report 2022 estimates that oral diseases affect close to 3.5 billion people worldwide.* Untreated dental caries (tooth decay) in permanent teeth is the most common health condition, according to the Global Burden of Disease 2019.*

Poor oral health can negatively impact a person's overall health and has been linked to conditions such as diabetes, asthma, heart problems, cancer, and cardiovascular disease.¹ And because of this, there's a strong rationale for the integration of oral health and primary care.

In 2009, the WHO 7th global conference promoted the integration of dental care into primary health care services. This integrative approach is based on the fact that a group of potentially harmful risk factors, such as diet and smoking, contribute to oral and noncommunicable diseases together.

According to the National Academy of Medicine, to provide whole-person, patient-centered, and comprehensive care, it is important to connect the mouth with the rest of the body.* The need for integration is increasingly apparent. It's estimated that each year 108 million Americans see a physician who don't see a dentist.¹ The National Academy of Medicine found that although primary care providers routinely ask patients about their overall health, it is rare for them to ask about oral health.* Their oral examinations may be incomplete, resulting in missed opportunities for these primary care providers to engage patients in oral health education, screening, preventive strategies and referral to a dental provider for treatment. Many patients who lack access to dental services seek care in hospital emergency departments where they often receive only antibiotics and pain

medication without assistance to help them integrate into the primary dental care system for more definitive treatment.²

Blue Cross Complete is encouraging primary care providers to educate and give referrals to members to promote good oral health. Currently, Blue Cross Complete offers dental coverage to adults ages 21 and older who have Medicaid coverage, and Healthy Michigan Plan members, ages 19 and older.

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

- Four bitewing X-rays every year
- Full-mouth X-rays once every five years
- One filling per tooth every two years
- Emergency exams, no more than twice a month
- Sealants, once every three years
- Topical fluoride up to age 21, twice per year
- Fluoride varnish up to age 21, twice per year
- Crowns, once every five years on the same tooth
- Root canal therapy
- Retreatment of previous root canal, once per tooth per lifetime
- Periodontal evaluation, once every 12 months*
- Periodontal maintenance, once every six months*
- Complete and partial dentures, once every five years per arch

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

References:

- ¹ Vujcic, M., H. Israelson, J. Antoon, R. Kiesling, T. Paumier, and M. Zust. 2014. A profession in transition. Guest editorial. *Journal of the American Dental Association* 145(2):118-121.
- ² Hong L, Ahmed A, McCunniff M, Liu Y, Cai J, Hoff G. Secular trends in hospital emergency department visits for dental care in Kansas City, Missouri, 2001–2006. *Public Health Rep.* 2011;126(2):210–219.

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MDHHS urges Michiganders to continue routine screenings

Cancer is the second leading cause of death in Michigan, and heart disease remains the leader, according to the Michigan Department of Health and Human Services.

Screening tests are proactive measures that can detect cancer at an early stage before symptoms appear. When found earlier, it's typically easier to treat. Health screenings are also important in identifying risk factors a person may have for chronic conditions such as heart disease or sexually transmitted infections, including gonorrhea, chlamydia and syphilis.

Screening disparities among low-income minority women were evident prior to 2019. However, the COVID-19 pandemic has only intensified this issue. MDHHS is urging Michigan women to resume these routine screenings. Patients in need of screenings can call MDHHS at **1-844-446-8727** to speak with a program specialist.

Women in Michigan can take charge of their health by working with a health coach and making healthy lifestyle choices. They can also take advantage of free support services to maintain their health. MDHHS has openings for program-eligible women to receive free cancer and health screenings through these resources and programs:

- The [Breast and Cervical Cancer Control Navigation Program](#) provides free breast and cervical cancer screening services, statewide, to low-income women.*
- The [WISEWOMAN Program](#), available in select areas, helps participants understand chronic disease risk factors and make healthy lifestyle choices.*
- The [Michigan STI Clinical Services Locations Directory](#) provides information on local health departments that offer STI screening, clinical services, as well as organizations that offer STI specialty services.*
- [CDC 2021 Sexually transmitted infections treatment guidelines](#)*

To learn more about these MDHHS programs, call **1-844-446-8727** or visit [Michigan.gov/cancer](https://michigan.gov/cancer).* Providers are encouraged to utilize [NaviNet](#)* to determine which Blue Cross Complete members are due for routine screenings and conduct outreach to schedule any appointments for services they may need. We appreciate the care and access you provide to our members. 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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Developmental screenings are vital to early childhood health

The early years of a child's life are a period of rapid growth and development. During this critical time, it's essential to monitor if children are reaching key development milestones.

Development screenings play a pivotal role in identifying and addressing potential development delays. It's important to identify development delays early so that families can receive early intervention services and support. Detecting and addressing delays in children at an early age can offer many benefits.

Health care providers play a critical role in monitoring children's growth and development and identifying problems as early as possible. Developmental screening examines how a child is developing in certain areas such as language, movement, thinking, behavior and emotions.

The American Academy of Pediatrics recommends all children complete developmental screenings even if there isn't a known concern. Developmental and behavioral screening for all children should be completed during regular well-child visits at ages: 9 months, 18 months and 30 months. Health care providers are encouraged to do the following:

- Monitor the child's development during regular well-child visits.
- Periodically screen children with validated tools at recommended ages to identify any areas of

concern that may require a further examination or evaluation.

- Ensure that more comprehensive developmental evaluations are completed if risks are identified.

Developmental monitoring and screening can be done by a number of professionals in health care, community and school settings in collaboration with parents and caregivers. It provides early detection if a child needs additional help developing language, movement, thinking, behavior and emotions. Early intervention programs, such as speech therapy, occupational or physical therapy can help children with development delays. Pediatric primary care providers are in a unique position to promote children's healthy development due to regular contact with them before they reach school age.

The AAP encourages pediatric care providers to offer family-centered, comprehensive and coordinated care. Remind your patients to schedule an appointment to address any questions or concerns about developmental screenings.*

Source: <https://www.cdc.gov/ncbddd/childdevelopment/screeninghcp.html>



*Our website is mibluecrosscomplete.com. While website addresses for other organizations are provided for reference, Blue Cross Complete does not control these sites and is not responsible for their content.



Quitting smoking: Tobacco Quit Program offers patient 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.

Providers are encouraged to remind their patients the Tobacco Quit Program, designed to provide personalized guidance, resources, and support to help individuals quit smoking or stop using tobacco products for good. The program offers help in planning to quit smoking, guidance and support through counseling, and resources for pregnant people.

Blue Cross Complete also covers over-the-counter and prescription medicines, at no cost, to help members quit. 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® inhalers, cartridges and nasal spray; and generic Zyban® (bupropion).

As a reminder, the program isn't 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, providers are encouraged to refer their patients to mibluccrosscomplete.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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Non-emergency medical transportation services available to members

Effective October 1, 2024, Blue Cross Complete began providing coverage for non-emergency medical transportation, or NEMT, for any Medicaid-covered services including, but not limited to, trips to specialty behavioral health services, including substance use disorder treatment, dental appointments for children enrolled in Healthy Kids Dental, and severe mental health treatment.

The Michigan Department of Health and Human Services released [Letter 24-36](#) on July 11, 2024, establishing the new policy for Medicaid Health Plans.* This update is designed to simplify NEMT for members.

Blue Cross Complete members can download our Modivcare mobile app by searching “**Modivcare app**” on the Apple Store® or Google Play Store™* to schedule a ride. An email address is needed to create an account.

Providers should refer to the Non-Emergency Medical Transportation chapter of the [MDHHS Medicaid Provider Manual](#)* for additional information. For full details on [Letter 24-36](#), go to michigan.gov.*

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

MDHHS updates access standards

Effective October 1, 2024, Blue Cross Complete began implementing the following access standards, outlined by the Michigan Department of Health and Human Services. This update is designed to improve the availability and quality of care for Medicaid recipients across the state.

The updated access standards include:

- Emergency care that must be provided immediately, 24 hours/day, seven days per week
- Non-urgent symptomatic care that must be provided within seven business days of a member’s request
- Prenatal care:
 - In the first or second trimester, care must be provided within seven business days of the member being identified as pregnant.
 - In the third trimester, care must be within three business days of the enrollee being identified as pregnant.
 - High-risk care must be within three business days.

For the full details, refer to section 5 of the Blue Cross Complete [Provider Manual](#). 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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MDHHS ends Medicaid coverage for certain COVID-19 services

Beginning October 1, 2024, the Michigan Department of Health and Human Services terminated coverage for several COVID-19 services, under notice [2419-Lab](#).^{*} These COVID-19 policy updates will include the following:

- Medicaid coverage for over-the-counter COVID-19 home test kits will be discontinued.
- Special reimbursement for COVID-19 laboratory specimen collection will end. Additionally, reimbursement will end for independent clinical laboratories collecting a COVID-19 specimen from a homebound member and the associated travel mileage.
- Special reimbursement for vaccine administration by Federally Qualified Health Centers, Rural Health Clinics, Tribal Health Centers and Tribal Federally Qualified Health Centers will end. COVID-19 vaccine administration will revert to the applicable clinic reimbursement policy.
- Medicaid will cover laboratory-performed COVID-19 testing when ordered by an allowable practitioner but must be medically necessary in accordance with Medicaid laboratory policy.

- The Public Readiness and Emergency Preparedness Act continues to allow the ordering of COVID-19 testing by a range of qualified medical professionals through December 31, 2024. In alignment, Medicaid will continue to allow enrolled pharmacists to be reported as the ordering provider for over-the-counter COVID-19 home test kits dispensed by a Medicaid-enrolled pharmacy, and on laboratory performed COVID-19 tests for dates of service through December 31, 2024. COVID-19 testing services performed by a laboratory on and after January 1, 2025, will be subject to the allowable ordering providers under Medicaid laboratory policy, unless the PREP Act is further amended.

For full details on MDHHS notice [2419-Lab](#)^{*}, go to michigan.gov. If you have any questions, contact your Blue Cross Complete provider account executive or call Blue Cross Complete Provider Inquiry at **1-888-312-5713**.

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Promoting health equity, cultural competency

We are committed to promoting effective, equitable, understandable and respectful quality services that are responsive to our members' and participants' diverse cultural health beliefs, practices, preferred languages, health literacy and other communication needs. Our plans use the National Culturally and Linguistically Appropriate Services 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 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 mblucrosscomplete.com:

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

Language and translation services

To help make sure our members and participants continue to have access to the best possible health care and services in their preferred language, we are

extending to our network providers the opportunity to contract with Language Services Associates at our low corporate phone rates.

Certified translation services are available to all Blue Cross Complete providers and to eligible Blue Cross Complete members whose primary language may not be English or who have limited English proficiency or low literacy proficiency. Providers are encouraged to use these services to ensure all information is accurately communicated to members.

Interpretation and translation services:

- Telephone interpretation
- On-site interpretation — American Sign Language
- Materials translation — letters, notifications, member materials

Translation and interpretive services are available in more than 200 languages. Providers and members can call **1-800-228-8554**.



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Help us keep Blue Cross Complete provider directory up to date

Accurate provider directory information is crucial to ensuring members can easily access their 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
- Address
- Phone number
- Fax number
- Office hours
- Open status
- Hospital affiliations
- 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

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.

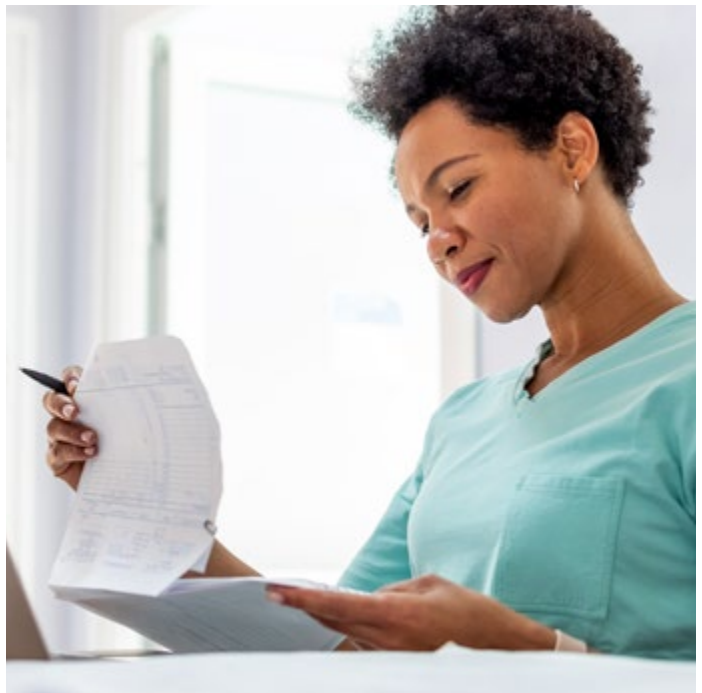
Keep medical records up to date for your patients

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, call your provider account executive or Blue Cross Complete's Provider Inquiry at **1-888-312-5713**.

Source: Healthcare Effectiveness Data and Information Set, or HEDIS®

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@mibluecrosscomplete.com

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

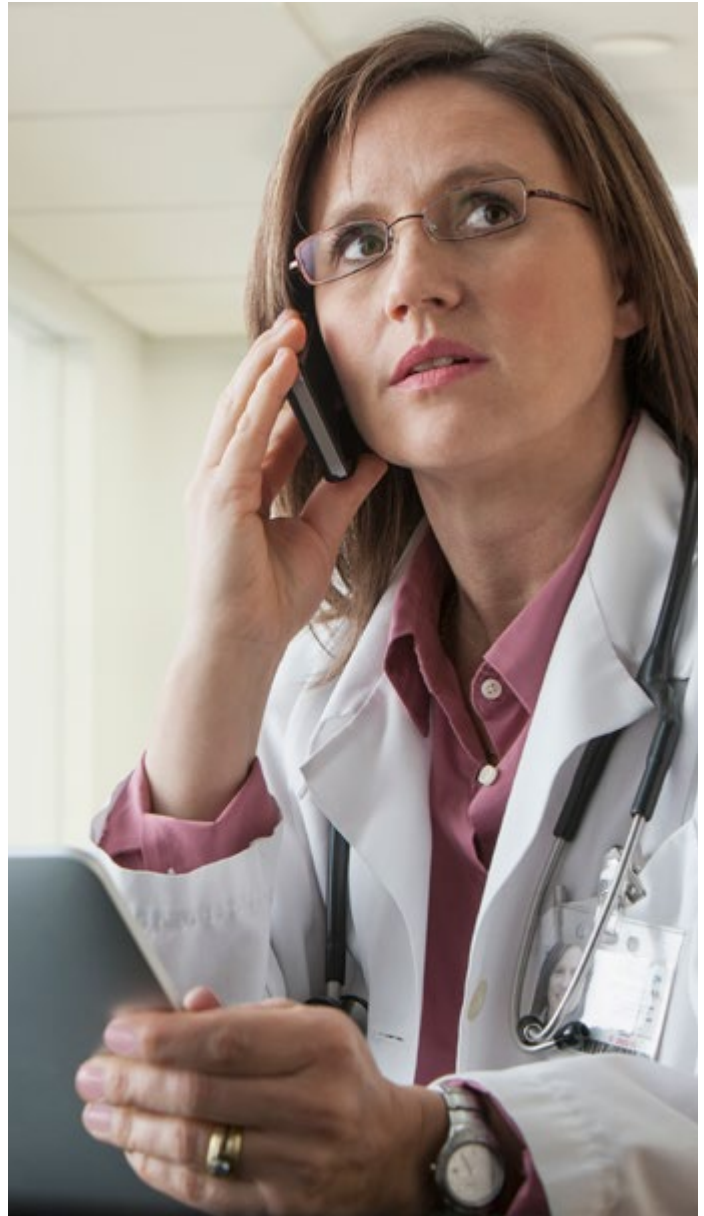
Blue Cross Complete's Special Investigations Unit supports local and state authorities in investigating and prosecuting fraud. You can also report suspected fraud related to Blue Cross Complete to the Michigan Department of Health and Human Services Office of Inspector General in one of the following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

Website: michigan.gov/fraud*

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

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

Reports can be made anonymously.



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