

September/October 2023

Contents

Health care providers can support Medicaid patients with meeting annual renewals requirements	2
MDHSS announces new dashboard to show data on Medicaid reenrollment.....	3
The HEDIS® Corner	4
On the road to achieving diabetic health equity	5
Avoid antibiotic treatment for acute bronchitis and pharyngitis.....	7
Remote Diabetes Prevention Program available to qualified patients	8
MDHHS 988 suicide and crisis hotline marks one year anniversary.....	9
Promote National Suicide Prevention Month	10
MDHSS updates prior authorization policy for non-routine therapy service for Medicaid beneficiaries in nursing facilities.....	11
Vaccine hesitancy: Addressing concerns while promoting public health.....	12
MDHHS’s quality improvement plan can support people living with HIV	14
Join hepatitis C monthly clinical collaboration calls	16
Help us keep the Blue Cross Complete provider directory up to date	16
Reporting suspected fraud to Blue Cross Complete	17





Health care providers can support Medicaid patients with meeting annual renewals requirements

Medicaid annual eligibility renewals have started in Michigan and nationwide. This process is federally mandated and has the potential to leave many patients without health insurance.

The Michigan Department of Health and Human Services is encouraging Medicaid enrollees to make sure their Medicaid or Healthy Michigan Plan contains accurate and up-to-date information, and to complete their reenrollment requirements as soon as possible.

As health care providers, you can support your patients by helping them stay informed and educating them on the various resources available if they are disenrolled.

In 2020, the Families First Coronavirus Response Act was passed in response to the COVID-19 pandemic. One of its provisions mandated that Medicaid programs maintain continuous enrollment for individuals until the end of the Public Health Emergency.

The continuous enrollment provision ended on March 31, 2023. Medicaid redetermination could result in millions of Medicaid members losing coverage. The MDHSS annual renewals for Medicaid and Healthy

Michigan Plan began in June 2023 and will run through May 2024. Monthly notices are sent three months before a member's renewal date.

Health care providers are encouraged to inform their patients of the Medicaid redetermination process, which verifies whether members still qualify for coverage. Those who no longer meet the eligibility criteria can be disenrolled.

To help mitigate the affect of redetermination, Blue Cross Complete is working with members to help them understand the process and learn about health care coverage options that may be available if they are no longer eligibility. All Medicaid enrollees are encouraged to check their renewal month at www.michigan.gov/MIBridges.

On July 10, 2023, the MDHSS launched a new Medicaid reenrollment **online dashboard** that allows participants to monitor their Medicaid renewal progress.

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**.

*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.

MDHSS announces new dashboard to show data on Medicaid reenrollment

On July 10, 2023, The Michigan Department of Health and Human Services launched a new Medicaid reenrollment [online dashboard](#) that allows participants to monitor their Medicaid renewal progress.

As a reminder, Medicaid and Healthy Michigan Plan beneficiaries must renew their coverage over the next year to comply with federal legislation that requires states to resume the redetermination of Medicaid eligibility. Annual renewals were paused for three years during the COVID-19 pandemic.

MDHHS will send monthly renewal notices three months before a beneficiary's renewal date and follow up with text messages, phone calls and emails during their renewal month.

Blue Cross Complete would like health care providers to encourage their patients to return any renewal paperwork from the department even if they believe they are no longer eligible for Medicaid. Some members of a household may qualify for health care coverage even when others aren't eligible.

More information about the how benefits connected to the COVID-19 Public Health Emergency are changing can be found at www.Michigan.gov/2023BenefitChanges.

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



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

The HEDIS® Corner

Welcome to the HEDIS Corner. Here you'll find information to improve your HEDIS score while providing top-notch care to members. We're here to make your job easier and help you achieve the best possible outcomes for your patients.

Blue Cross Complete highlights clinical practice and preventive care guidelines

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

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

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



*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.

On the road to achieving diabetic health equity

At Blue Cross Complete our performance targets are based on improving member outcomes, strengthening our business and deepening our community outreach. Blue Cross Complete's Enterprise Business Incentive Plan has financial and nonfinancial performance targets that are aligned with our mission and strategic priorities. We believe every member deserves the opportunity to achieve optimal health regardless of race, gender identity, sexual orientation, level of education, ZIP code and other social factors that often play a role in health inequities.

The nonfinancial targets include diversity, inclusion, helping our members address social determinants of health, achieving health equity and community investment. These multifaceted strategies support members through innovation and partnerships with both members and providers. We want to deliver on our commitment to provide our members with access to health care, so performance incentives focus on reducing health disparities and the social and racial inequities that create barriers to a person's overall quality of life.

Diabetes and health equity

While diabetes can affect people within any racial or ethnic group, it disproportionately affects people of certain racial and ethnic backgrounds. According to the American Diabetes Association, the prevalence of diabetes in Black Americans is 11.7%, compared to 7.5% in white Americans. With this in mind, Blue Cross Complete has implemented a multi-faceted approach to determine interventions that will focus on the individual, improve internal processes and help improve compliance. Most importantly, we want to develop best practices for outreach to diabetic, Black members or those at risk of developing diabetes with a goal of narrowing the gap between both populations. The focus will be on these specific areas: HbA1c above 8, blood pressure control and promoting regular eye exams.

Provider involvement

Blue Cross Complete has collaborated with the National Kidney Foundation of Michigan to offer a version of its evidence-based lifestyle change **Diabetic Prevention Program** to members in the Black population who are at risk. According to the Michigan Department of Health and Human Services, more than 3,000 patients in Michigan – including



Medicaid members are at risk for diabetes. Outreach will be conducted to interested members to enroll and participate in the 16-week program, which will be held virtually.

Focused on a specialized population, members enrolled in the National Kidney Foundation of Michigan Diabetic Prevention Program will be referred for diabetic tests such as HbA1c, blood pressure control and eye exams, which may also increase the plan compliance rate on the HEDIS Comprehensive Diabetic Care measure.

(continued on page 6)

*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.



Although Blue Cross Complete encourages health care providers to refer their patients to the National Kidney Foundation of Michigan Diabetes Prevention Program to help close gaps in diabetic care, participation isn't mandatory. After members are enrolled in the program, the National Kidney Foundation of Michigan guide them through the registration process, integrates program activities with your practice, and provide your practice with comprehensive and individualized feedback reports on your patients' health outcomes. More information on the Diabetes Prevention Program is available at readyssetprevent.org.

Blue Cross Complete believes health care providers can play a critical role in addressing and achieving diabetic equity. Providers receive incentives when meeting HEDIS metrics for HbA1c, blood pressure control and diabetic eye exams.

Blue Cross Complete also rewards members with gift card incentives for completing routine appointments for breast cancer screenings and other preventive measures. Discussing incentives with members may help motivate them to be self-sufficient in making healthy decisions.

For members looking for additional resources and support in diabetes prevention and management, you can refer them to Blue Cross Complete nurses for case management referrals. This can help in developing a specific treatment plan that takes members' individual preferences, prognoses and comorbidities into

account. All treatment decisions should be made in a timely manner and based on evidence-based guidelines. It's important that all decisions are made collaboratively with patients. By working together, we can help patients get the care they need.

Providers are also encouraged to consider the burden of treatment and self-efficacy of patients when recommending treatments. Treatment plans should align with the Chronic Care Model, emphasizing productive interactions between a prepared proactive practice team and an informed activated patient. When feasible, care systems should support team-based care, community involvement, patient registries and decision support tools to meet member needs. Team-based health care can help people with diabetes prevent or manage complications and improve their quality of life. At every health care visit, primary care providers and all members of a patient's health care team can encourage members to take their medication as prescribed and keep up with regular appointments. Through collaboration and consistent messaging, we can ensure our diabetic population receives the best care.

Please encourage your patients to participate in this important program. If you're interested in assessing and referring members who meet the criteria for prediabetes to the Diabetes Prevention Program, contact your Blue Cross Complete provider account executive or call Provider Inquiry at **1-888-312-5713**.

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



Avoid antibiotic treatment for acute bronchitis and pharyngitis

Antibiotic resistance has become a serious public health problem in the United States with 2.8 million antibiotic-resistant infections and 35,000 deaths occurring annually.⁴ The Centers for Disease Control and Prevention has been educating both physicians and patients to improve how to prescribe and use antibiotics.

Acute bronchitis is among the 10 most common reasons for outpatient visits in the U.S. each year. While the majority of acute bronchitis cases (more than 90%) have a nonbacterial cause that will almost always get better on its own, the CDC estimates that 30% of all antibiotics prescribed in outpatient clinics are unnecessary, cause greater risks of side effects and increase the potential for antibiotic resistance⁵.

Blue Cross Complete uses the Healthcare Effectiveness Data and Information Set to measure and improve performance when prescribing antibiotics. The Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis measure examines the percentage of members three months of age and older with a diagnosis of acute bronchitis who didn't receive an antibiotic. In 2021, Blue Cross Complete scores for this measure were in the 25th percentile.

The Appropriate Testing for Pharyngitis measure examines members with a diagnosis of pharyngitis, dispensed an antibiotic and received a group A streptococcus test for the episode. The Blue Cross Complete 2021 scores for this measure were in the 5th percentile. HEDIS requires that any patient, three years and older, diagnosed and prescribed an antibiotic for

pharyngitis be administered a group A streptococcus test within the time frame of three days prior to and three days after the pharyngitis diagnosis.

To protect your patients, be sure to let them know that antibiotics:

- Don't work on viruses
- Are only needed for treating certain infections caused by bacteria
- Won't work for cold or flu

It's important to only take antibiotics for bacterial infections since they can put the patient at risk for harmful side effects and antibiotic-resistant infection.

One out of five medication-related visits to the emergency room are from reactions to antibiotics.

Any time antibiotics are used, they can cause side effects. When antibiotics aren't needed, they won't help the member, and the side effects could hurt them.

For more information, read the CDC article article "[Be Antibiotics Aware: Smart Use, Best Care](#)"* or visit the CDC website for [Emerging and Zoonotic Infectious Diseases](#).* If you have any questions, contact your Blue Cross Complete provider account executive or call Provider Inquiry at **1-888-312-5713**.

⁴Centers for Disease Prevention and Control. "Antibiotic Resistance Threats in the United States, 2019" [cdc.gov](#), (2019).

⁵National Center for Biotechnology Information, U.S. National Library of Medicine, Acute Bronchitis, [ncbi.nlm.nih.gov/books/NBK448067](#), [ncbi.nlm.nih.gov/pmc/articles/PMC2278319/](#).

*Our website is [mbluecrosscomplete.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.

Remote Diabetes Prevention Program available to qualified patients

Those with prediabetes may be more likely to get diabetes. Blue Cross Complete of Michigan offers a Diabetes Prevention Program to help members manage symptoms of diabetes. Here is an additional resource available to your patients:

What is the Diabetes Prevention Program?

The program can help patients learn how to make healthy changes and stick to them. In a small group, led by a trained lifestyle coach, participants learn healthier ways to eat, how to be more active and other lifestyle changes during 16 weekly one-hour virtual sessions. The group will then meet online monthly, for up to a year. You'll be with other members who also want to make changes to prevent diabetes. Topics include:

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

How you can join?

The National Kidney Foundation of Michigan hosts classes online for participants to join by computer or smart device (phone or tablet). Potential participants will need to attend an online information session before officially enrolling in a class. The program team will follow-up with the member by phone to help them learn more about the program and assist them with signing up for an information session. Find more information at readyssetprevent.org.^{*} To RSVP for an information session, participants can contact the NKFM Diabetes Prevention Center at <https://readyssetprevent.org/diabetes-prevention-class/>, call 1-800-482-1455 or email preventdiabetes@nkfm.org. To use the program services, members must register for the program and attend sessions.

Stay connected

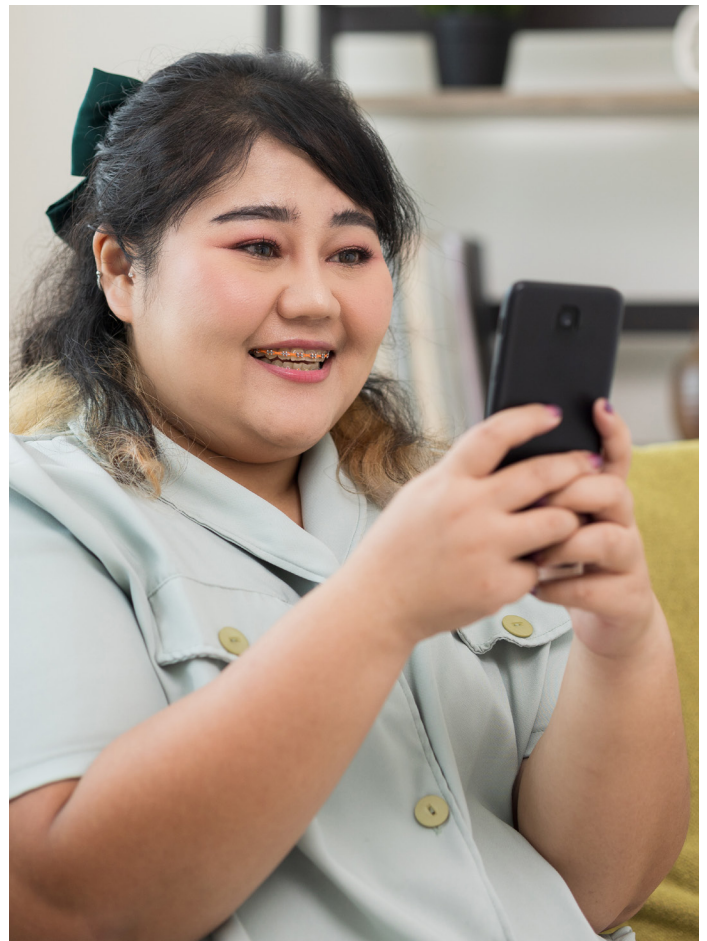
Search for Blue Cross Complete of Michigan on Facebook, Twitter and Instagram. Stay up to date on

member news, health and well-being tips, events in your community, helpful resources and more.

Helpful resources

Managing your health is as easy as going online. Visit mibluecrosscomplete.com and log in to your Blue Cross Complete online account. Member's are able to see their health history and a list of their current medicines.

Find the health information anytime, anywhere on our mobile app. It's available for iPhone and Android smartphones at no cost. Visit Google Play™ or the App Store® to download. Simply type "BCCMI" in the search bar.



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

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

^{*}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.



MDHHS 988 suicide and crisis hotline marks one year anniversary

In July, Michigan Department of Health and Human Services celebrated its one-year anniversary of the [988 Suicide and Crisis Lifeline](#).

The 988 Suicide & Crisis Lifeline, previously known as the National Suicide Prevention Lifeline, is a 24/7 toll-free nationwide hotline made up of a network of local call centers that confidentially provide compassionate care for behavioral health issues or any other kind of emotional distress. The Suicide & Crisis Lifeline accepts calls from anyone who needs support for a suicide, mental health or substance use crisis. People can also dial 988 if they're worried about a loved one who may need crisis support. More than 50,000 calls have been answered by specially trained crisis staff in Michigan.

If you or someone you know is struggling or in crisis, help is available. Call or text 988 or visit the [Lifeline Chat](#) to connect with a trained crisis counselor.

*Our website is [mbluecrosscomplete.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.

Promote National Suicide Prevention Month

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

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

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

Supported by evidence in suicide prevention, using the [5 action steps](#) below can help when communicating with someone who may be suicidal.

1. Ask

Research shows people who are having thoughts of suicide feel relief when someone asks about them in a caring way. Findings suggest acknowledging and talking about suicide may reduce rather than increase suicidal ideation.

2. Be there

Individuals are more likely to feel less depressed, less suicidal, less overwhelmed and more hopeful after speaking to someone who listens without judgment.

3. Keep them safe

A number of studies have indicated that when lethal means are made less available, suicide rates by that method decline, and frequently suicide rates overall decline.

4. Help them stay connected

Studies indicate that helping someone at risk create a network of resources and individuals for support and safety can help them take positive action and reduce feelings of hopelessness.

5. Follow up

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



*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.



MDHSS updates prior authorization policy for non-routine therapy service for Medicaid beneficiaries in nursing facilities

Effective August 1, 2023, the Michigan Department of Health and Human Services removed the prior authorization requirement for non-routine therapy services provided to Medicaid beneficiaries residing in a nursing facility within 60 days of admission to the facility.

Providers must obtain prior authorization for all therapy services provided after 60 days. Re-authorizations are required every 60 days. This change only applies to new admissions to a nursing facility.

The MDHHS will also change the prescription signature requirements for non-routine therapy services rendered to Medicaid beneficiaries residing in a nursing facility. This change will expand the pool of providers who can sign the non-routine therapy prescription for a nursing facility resident.

Full details on these changes, see Bulletin [MMP 23-45](#), released on June 30, 2023.

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

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

Vaccine hesitancy: Addressing concerns while promoting public health

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

The complex nature of vaccine hesitancy

Vaccine hesitancy is a multifaceted phenomenon influenced by a variety of factors, including personal beliefs, cultural and social influences, misinformation and mistrust in public health systems. It's essential that health care providers recognize that vaccine-hesitant individuals often have legitimate concerns and fears, even though they may be based on misinformation or unfounded beliefs.

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

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

Addressing vaccine hesitancy

To overcome vaccine hesitancy, the World Health Organization, United Nations International Children's Emergency Fund, Gavi, the Vaccine Alliance and the Bill & Melinda Gates Foundation, along with Immunization Agenda 2030 and many other global

partners have joined forces to call for "The Big Catch-up," a targeted global effort to boost vaccination among children following declines driven by the COVID-19 pandemic.

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

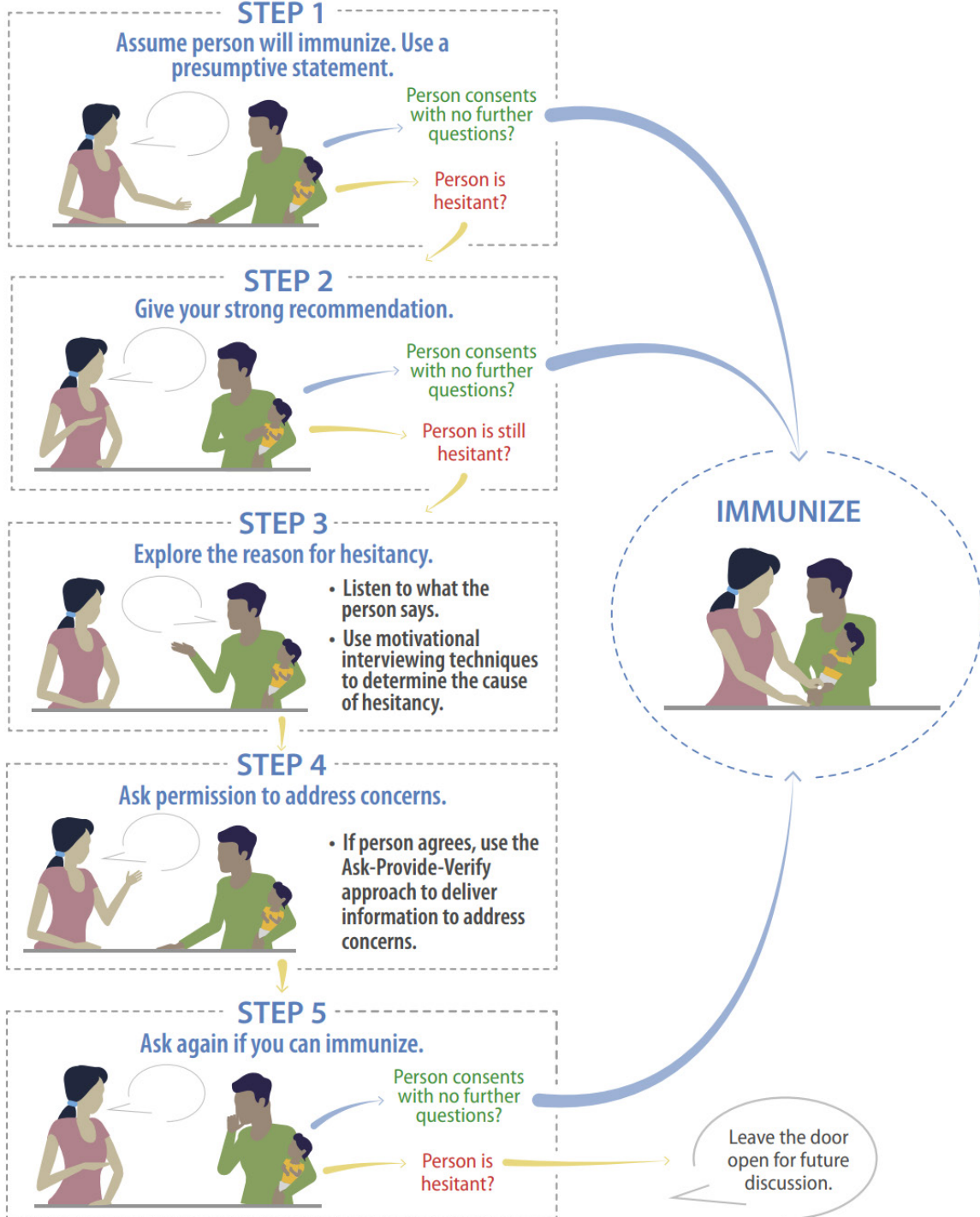
Health care providers and communities can work together to address the concerns of vaccine-hesitant individuals. The American Academy of Pediatrics offers effective strategies and resources to reduce vaccine hesitancy among your patients.

Source: CDC BC Centre for Disease Control



*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.

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



Source: CDC BC Centre for Disease Control

MDHHS's quality improvement plan can support people living with HIV

The Michigan Department of Health and Human Services Bureau of HIV/STI Programs has implemented a quality improvement management plan to increase patient retention, viral load suppression and improve health outcomes for Medicaid recipients in Michigan living with HIV.

A key resource to assist people with HIV in achieving viral suppression is the [Ryan White HIV/AIDS Program](#). This program provides people with HIV with various clinical and non-clinical services.

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

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

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

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

The MDHHS HIV Care Section is the Michigan grantee of the federal Ryan White HIV/AIDS Program. As the

payor of last resort, these funds provide services to people with HIV who have no health insurance or insufficient health care coverage and lack financial resources to access care.

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

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

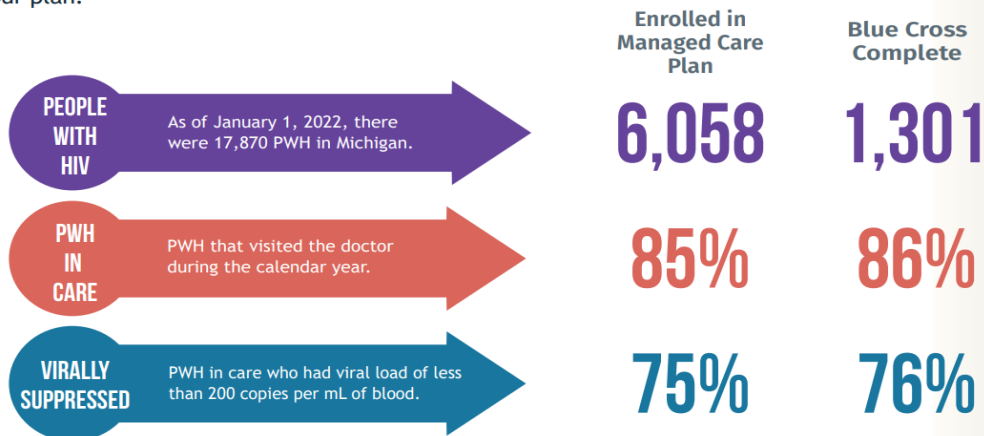
By providing comprehensive care and support, the Ryan White HIV/AIDS Program and MDHHS quality improvement management plan can improve health outcomes and contributed to the overall well-being of people living with HIV/AIDS and their families.

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

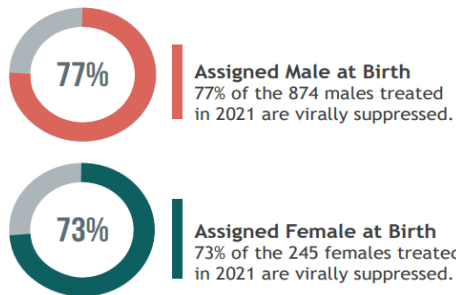
If you have any questions, contact your Blue Cross Complete provider account executive or call Provider Inquiry at 1-888-312-5713.

*Our website is 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.

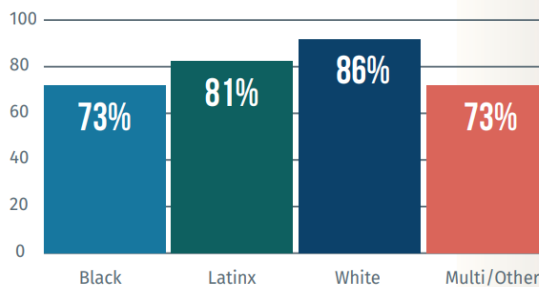
We matched the people enrolled in Medicaid in 2021 to all people with HIV (PWH) in Michigan as of January 1, 2021. 6,058 matches were identified. Of those 6,058 clients, 1,301 (21%) were enrolled in Blue Cross Complete. Below is a snapshot of demographics and health outcomes for PWH enrolled in your plan.



PERCENT VIRALLY SUPPRESSED BY SEX*

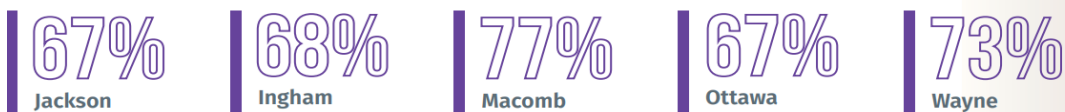


PERCENT VIRALLY SUPPRESSED BY RACE*

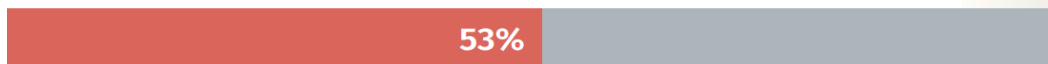


PERCENT VIRALLY SUPPRESSED BY SELECT COUNTY*

Included are the five counties with the lowest viral suppression and at least 10 PWH.



PERCENT ENROLLED IN RYAN WHITE



* Percent virally suppressed out of PWH who were in care during 2021.

Join hepatitis C monthly clinical collaboration calls

The Michigan Department of Health and Human Services is encouraging health care providers to join monthly conversations with a panel of expert in hepatitis C care, in collaboration with the Midwest AIDS Training and Education Center Michigan. These discussions aim to review elimination efforts across rural and urban health settings, and to understand the role of primary care in hepatitis C elimination efforts. Experts will also review the clinical resources available to support primary care providers in hepatitis C elimination efforts. To register, go to <https://tinyurl.com/hepConsult>.

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

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

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

To view your provider information, visit mibluecrosscomplete.com, then click the Find a doctor tab and search your provider name. If any changes are necessary, you must submit them in writing using Blue Cross Complete's Provider Change Form also at mibluecrosscomplete.com. Go to the Providers tab, click Forms and then click Provider Change Form.

Send completed forms by:

Email: bccproviderdata@mibluecrosscomplete.com

Fax: 1-855-306-9762

Mail: Blue Cross Complete of Michigan

Provider Network Operations

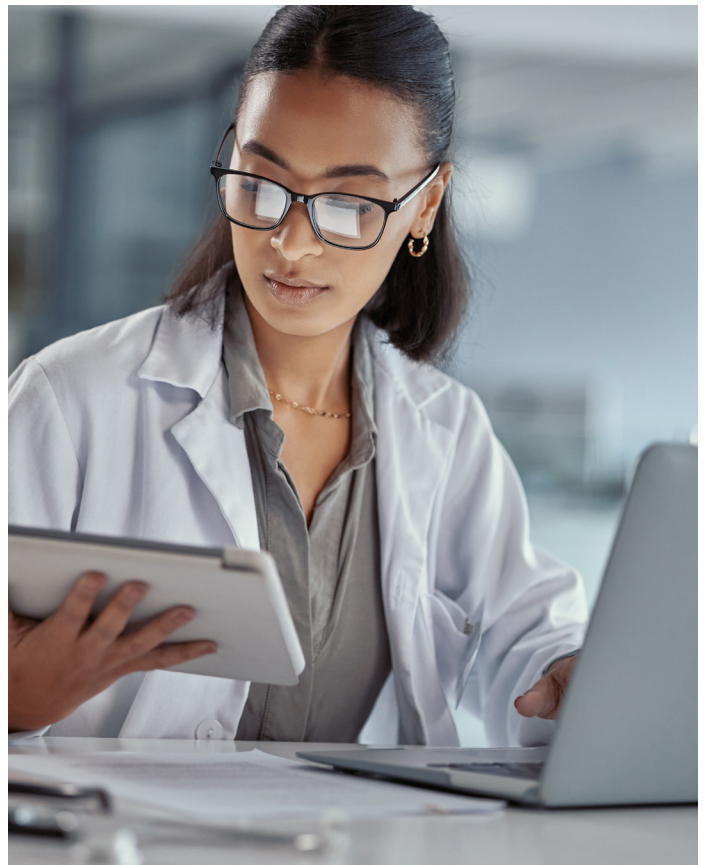
Suite 1300

4000 Town Center

Southfield, MI 48075

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.



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.

*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.

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.



*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
of Michigan

*Blue Cross Complete of Michigan LLC is an independent licensee
of the Blue Cross and Blue Shield Association.*

BCC_232932300-1

All images are used under license for illustrative
purposes only. Any individual depicted is a model.

mibluecrosscomplete.com