Blue Cross complete of Michigan

Blue Cross Complete of Michigan

CONNECTIONS

September/October 2024

Contents

Changes to Blue Cross Complete's health care coverage area

The Michigan Department of Health and Human Services has awarded Blue Cross Complete the opportunity to provide health care coverage in three new regions across the state.

This expansion will increase our service area from 32 to 58 counties. Even more, it reflects our commitment to delivering quality health care services and making a positive impact within our communities.

Effective Oct. 1, 2024, our coverage area will include:

- Region 2 (Northwest Michigan)
- Region 3 (Northeast Michigan)
- Region 5 (East Central Michigan)

Additionally, MDHHS didn't renew Blue Cross Complete's contract for Region 7, which includes Clinton, Eaton and Ingham counties. However, we won't terminate provider agreements. Health care providers in Region 7 can continue to service Blue Cross Complete members to help ensure continuity of care during this period. We remain committed to supporting our members and providers through this change and will provide further updates as necessary.

We are dedicated to helping ensure our members have access to the comprehensive care they need. We look forward to servicing our new regions with the same excellence and dedication that our current members have come to expect. Additional updates will be provided over the next few months.

If you have questions, contact Blue Cross Complete Provider Inquiry at **1-888-312-5713** or email Janise Plata, manager, Provider Network Management, at **jplata1@ mibluecrosscomplete.com**.

*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 for Children Program: Your participation is essential

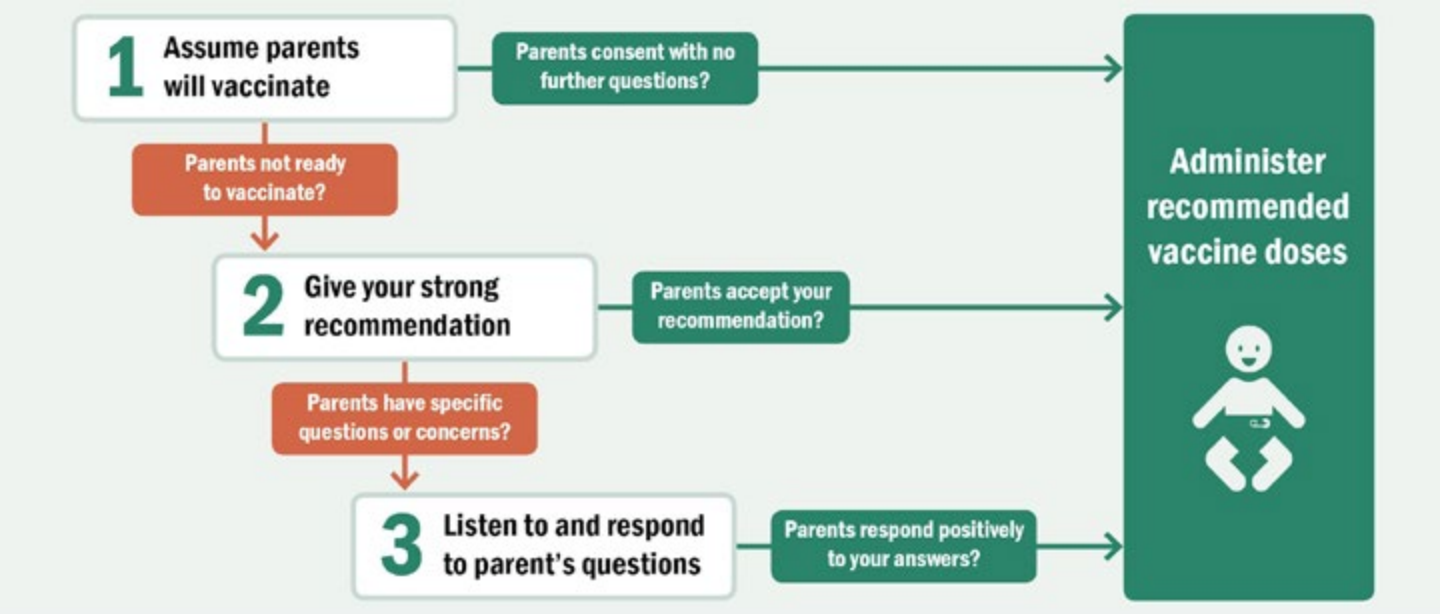
In an ongoing effort to protect children from preventable diseases, Blue Cross Complete and the Michigan Department of Health and Human Service is calling on health care providers across the state to participate in the Vaccine for Children Program.

The VFC Program, which is federally funded, provides vaccines at no cost to children who might not otherwise be vaccinated because their parents or guardians may not be able to afford the vaccines.

Protecting children from diseases that can be prevented by vaccination is a primary goal of Blue Cross Complete and MDHHS. Your active participation in the VFC Program is vital to increasing immunization rates and helping to ensure all children are protected against vaccine-preventable diseases.

For more detailed information on what the VFC Program involves, including a list of the vaccines that are covered, providers may access the MDHHS VFC Resource Book at **michigan.gov/vfc*** Additional information and resources about the VFC Program are also available at **mibluecrosscomplete.com**, under the *Clinical Resources* tab.

Talking with parents about vaccines



Source: Michigan Department of Health and Human Services

*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.

Bridging the Gap: Report Z codes to help improve patients' health outcomes

The key to addressing disparities in health outcomes lies not just in treating diseases but in understanding the factors that influence them. These factors, known as social determinants of health, or SDOH, are crucial pieces of the puzzle that can't be ignored.

At Blue Cross Complete, we believe health care providers play a crucial role in addressing SDOH by accurately reporting Z codes to help us better address issues and concerns affecting our members. Blue Cross Complete assesses, identifies and addresses health care and social determinants of health needs in the populations we serve by offering incentives to our behavioral health providers through the Behavioral Health Quality Enhancement Program. The program provides a $5 incentive for each time a provider reports an SDOH code on a claim.

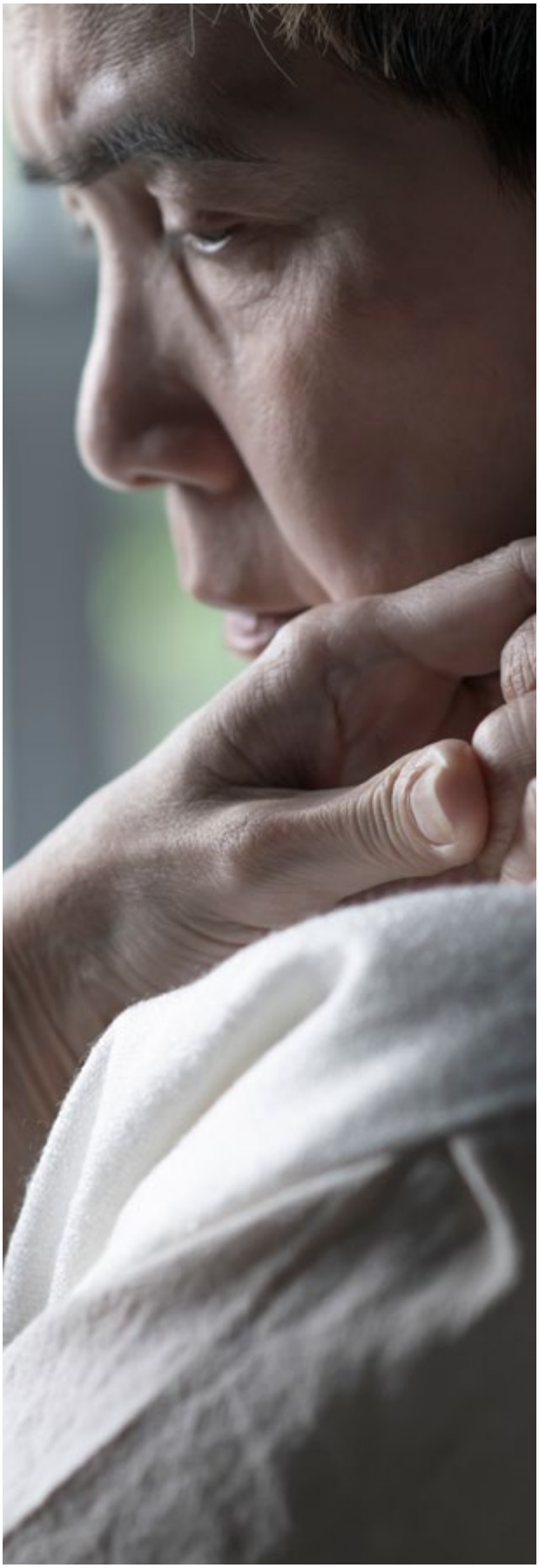
Understanding social determinants of health

SDOH encompass a wide range of nonmedical factors that influence a person's health. These include socioeconomic status, education level, neighborhood conditions, access to healthy food, employment status and many more. SDOH can have a profound effect on a person's risk of developing chronic disease, access to health care and overall well-being. These social factors can impose significant barriers to a person's health and wellness and may affect an ability or willingness to follow a recommended treatment plan. By working together to adopt a whole-person approach, we can help remove barriers to improve health and enhance the quality of life for members. Therefore, reporting Z codes related to SDOH can provide crucial information to Blue Cross Complete.

What are Z codes?

SDOH-related Z codes ranging from Z55 to Z65 are the ICD-10-CM diagnosis codes used to document SDOH data (for example, housing, food insecurity and transportation). Z codes are a set of diagnostic codes used in health care to capture information about factors that may not be a primary reason for a patient's visit but still affect the person's health. This data helps us track and identify the unique social needs affecting our members, specific populations who have similar struggles and connect them to resources. It also allows us to form relationships with local community organizations that will assist the member with needs beyond their health concerns. Any member of a person's care team can collect SDOH data.

Use the infographic on page 5 from the Centers for Medicare & Medicaid Services to help you better understand collecting and reporting SDOH Z codes.



(continued on page 5

*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.

Bridging the Gap: Report Z codes to help improve patients health outcomes

(continued from page 4)

IMPROVING THE COLLECTION OF

Social Determinants of Health (SDOH) Data with ICD-10-CM Z Codes

What Are Z Codes?

- SDOH-related Z codes range from ICD-10-CM categories Z55-Z65 and are used to document SDOH data (e.g., housing, food insecurity, lack of transportation)
- Z codes refer to factors influencing health status or reasons for contact with health services that are not classifiable elsewhere as diseases, injuries, or external causes

What Are SDOH & Why Collect Them?

- SDOH are the conditions in the environment where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks[1]
- The World Health Organization (WHO) estimates that SDOH accounts for **30-55% of health outcomes**[2]

Collecting SDOH can improve equity in health care delivery and research by:

- Empowering providers to identify and address health disparities (e.g., care coordination and referrals)
- Supporting quality measurement
- Supporting planning and implementation of social needs interventions
- Identifying community and population needs
- Monitoring SDOH intervention effectiveness for patient outcomes
- Utilizing data to advocate for updating and creating new policies

Using Z Codes for SDOH

- SDOH information can be collected before, during, or after a health care encounter through structured health risk assessments and screening tools
- These codes should be assigned only when the documentation specifies that the patient has an associated problem or risk factor that influences the patient's health
- Coding professionals may utilize documentation of social information from social workers, community health workers, case managers, or nurses, if their documentation is included in the official medical record

- SDOH information can be collected through person-provider interaction or self-reported, as long as it is signed-off on and incorporated into the medical record by a clinician or provider
- It is important to screen for SDOH information at each health care encounter to understand circumstances that may have changed in the patient's status

VIEW JOURNEY MAP

ICD-10-CM Z Codes Update

- New SDOH Z codes may become effective each April 1 and October 1. New codes are announced prior to their effective date on CDC website
- Use the CDC National Center for Health Statistics ICD-10-CM Browser tool to search for all the current Z codes.
- Join the public process for SDOH code development and approval through the ICD-10-CM Coordination and Maintenance Committee

[1] Healthy People 2030 [2] World Health Organization

IMPROVING THE COLLECTION OF

Social Determinants of Health (SDOH) data with ICD-10-CM Z Codes

Exhibit 1. Recent SDOH Z Code Categories and New Codes

Z55 – Problems related to education and literacy
- Z55.5 – Less than a high school diploma (Added, Oct. 1, 2021)
- NEW Z55.6 – Problems related to health literacy

Z56 – Problems related to employment and unemployment

Z57 – Occupational exposure to risk factors

Z58 – Problems related to physical environment (Added, Oct. 1, 2021)
- Z58.6 – Inadequate drinking-water supply (Added, Oct. 1, 2021)
- NEW Z58.8 – Other problems related to physical environment
  - NEW Z58.81 – Basic services unavailable in physical environment
  - NEW Z58.89 – Other problems related to physical environment

Z59 – Problems related to housing and economic circumstances
- Z59.0 – Homelessness (Updated)
  - Z59.00 – Homelessness unspecified (Added, Oct. 1, 2021)
  - Z59.01 – Sheltered homelessness (Added, Oct. 1, 2021)
  - Z59.02 – Unsheltered homelessness (Added, Oct. 1, 2021)
- Z59.1 – Inadequate Housing (Updated)
  - NEW Z59.10 – Inadequate housing, unspecified
  - NEW Z59.11 – Inadequate housing environmental temperature
  - NEW Z59.12 – Inadequate housing utilities
  - NEW Z59.19 – Other inadequate housing
- Z59.4 – Lack of adequate food (Updated)
  - Z59.41 – Food insecurity (Added, Oct. 1, 2021)
  - Z59.48 – Other specified lack of adequate food (Added, Oct. 1, 2021)
- Z59.8 – Other problems related to housing and economic circumstances (Updated)
  - Z59.81 – Housing instability, housed (Added, Oct. 1, 2021)
    - Z59.811 – Housing instability, housed, with risk of homelessness (Added, Oct. 1, 2021)
    - Z59.812 – Housing instability, housed, homelessness in past 12 months (Added, Oct. 1, 2021)
  - Z59.819 – Housing instability, housed unspecified (Added, Oct. 1, 2021)
- Z59.82 – Transportation insecurity (Added, Oct. 1, 2022)
- Z59.86 – Financial insecurity (Added, Oct. 1, 2022)
- Z59.87 – Material hardship due to limited financial resources, not elsewhere classified (Added, Oct. 1, 2022; Revised, April 1, 2023)
- Z59.89 – Other problems related to housing and economic circumstances (Added, Oct. 1, 2021)

Z60 – Problems related to social environment

Z62 – Problems related to upbringing
- Z62.2 – Upbringing away from parents
  - NEW Z62.23 – Child in custody of non-parental relative (Added, Oct. 1, 2023)
  - NEW Z62.24 – Child in custody of non-relative guardian (Added, Oct. 1, 2023)
- Z62.8 – Other specified problems related to upbringing (Updated)
  - Z62.81 – Personal history of abuse in childhood
    - NEW Z62.814 – Personal history of child financial abuse
    - NEW Z62.815 – Personal history of intimate partner abuse in childhood
  - Z62.82 – Parent-child conflict
    - NEW Z62.823 – Parent-step child conflict (Added, Oct. 1, 2023)
  - Z62.83 – Non-parental relative or guardian-child conflict (Added Oct. 1, 2023)
    - NEW Z62.831 – Non-parental relative-child conflict (Added Oct. 1, 2023)
    - NEW Z62.832 – Non-relative guardian-child conflict (Added Oct. 1, 2023)
    - NEW Z62.833 – Group home staff-child conflict (Added Oct. 1, 2023)
  - Z62.89 – Other specified problems related to upbringing
    - NEW Z62.892 – Runaway [from current living environment] (Added Oct. 1, 2023)

Z63 – Other problems related to primary support group, including family circumstances

Z64 – Problems related to certain psychosocial circumstance

Z65 – Problems related to other psychosocial circumstances

go.cms.gov/OMH

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.

Blood pressure control for patients with diabetes

There are two National Committee for Quality Assurance HEDIS® measures related to blood pressure control: Controlling Blood Pressure (CBP) and Blood Pressure Control for Patients with Diabetes (BPD). Both HEDIS® measures require that patients between the ages of 18 and 85, who are diagnosed with hypertension, have a blood pressure check 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**

- 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, don't count.
- 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.
- Retake the blood pressure if it is 140/90 or above.
- Services provided during a telephone visit, virtual visit or virtual check-in are acceptable.
- Member-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.
- Bill claims with CPT II codes for blood pressure results.
- Don't record blood pressures as ranges.

Sources: Provider Educational Tool and MY24 HEDIS Volume 2 Specs

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

National Suicide Prevention Month — A time for awareness, action

Communities across the United States and around the world come together to observe National Suicide Prevention Month in September. This annual campaign aims to raise awareness about suicide, reduce the stigma associated with it and promote proactive measures for prevention.

Suicide is a complex and multifaceted issue that affects individuals from all walks of life. According to the World Health Organization,* nearly 700,000 people die by suicide every year globally, with many more attempt it.

Physicians, nurses, social workers, mental health professionals, school counselors and other health care providers routinely care for people who may be at risk for suicide. Despite this, some providers may lack proactive training on how to help reduce the suicide rate among their patients and within communities.

According to the **988 Suicide and Crisis Lifeline**,* providers can use the **5 action steps*** below to help communicate 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:** The **Harvard T.H. Chan School of Public Health*** notes that reducing a suicidal person's access to highly lethal means (or chosen method for a suicide attempt) is an important part of suicide prevention. When lethal means are made less available, suicide rates by that method declines, and frequently suicide rates overall decline.
4. **Help them stay connected:** 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:** After initial contact with a person experiencing thoughts of suicide, and after you've connected them with the immediate support systems they need, make sure to follow up with them to see how they're doing. Leave a message, send a text or give them a call. **Studies*** have shown a reduction in the number of deaths by suicide when health care workers follow up with high-risk patients after they were discharge from acute care services.

The **Centers for Disease Control and Prevention*** researches the causes of suicide and what works to prevent it. The organization is working with partners at the federal, national, state, territorial, tribal and local levels to achieve the nation's goal to reduce suicide rates by 20% by 2025. The CDC uses data to track and monitor suicide trends to inform public health efforts to prevent suicide. CDC researches the causes of suicide and what works to prevent it.

DID YOU KNOW?

Blue Cross Complete covers unlimited outpatient mild to moderate mental health intervention services and treatment. There are no referrals or authorizations required. Review the Blue Cross Complete Provider Manual for additional information.

The goals of National Suicide Prevention Month include:

1. **Raise Awareness:** Educating providers about the prevalence of suicide and the importance of mental health support.
2. **Promoting resources and support:** Providers should highlight the availability of mental health support and resources, such as hotlines, counseling services, mental health treatment and support groups. Mental health services are provided through the Blue Cross Complete mental health provider network. Treatment for substance use disorders isn't covered by Blue Cross Complete. Members must contact the Substance Abuse Disorder Coordinating Agency for their county.

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. In case of an emergency, call 911.

*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, 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.[1] The Centers for Disease Control and Prevention has been educating both physicians and patients to improve how we 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 resistance.[2]

Blue Cross Complete uses the Healthcare Effectiveness Data and Information Set®, or HEDIS®, to measure and improve performance when prescribing antibiotics. The Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis measure examines the percentage of members 3 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 before 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

Health care providers should inform their parents 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.

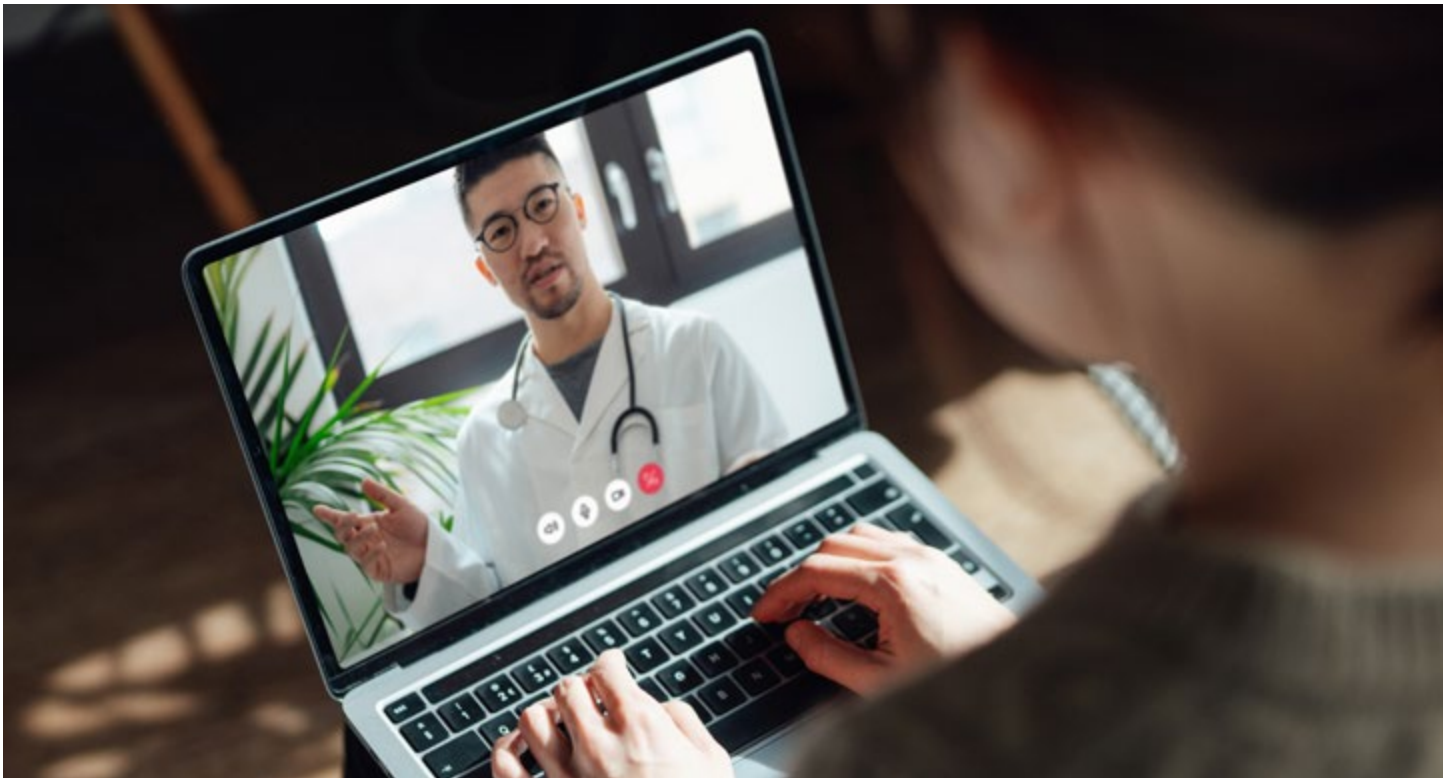
For more information, read the CDC article "**Be Antibiotics Aware: Smart Use, Best Care | Public Health Grand Rounds | CDC**" or visit the CDC website for **Emerging and Zoonotic Infectious Diseases**.* If you have any questions, contact your Blue Cross Complete provider account executive or call Provider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

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

[2]National Center for Biotechnology Information, U.S. National Library of Medicine, Acute Bronchitis, **https://www.ncbi.nlm.nih.gov/books/NBK448067/**, **https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2278319/**.*

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

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



Virtual Diabetes Prevention Program available to qualified patients

Those with prediabetes may be more likely to get diabetes. The Diabetes Prevention Program can help members manage symptoms of diabetes.

Diabetes Prevention Program

The Diabetes Prevention Program can help your 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. Topics include:

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

How can your patients join?

The National Kidney Foundation of Michigan hosts classes online for participants to join by computer or smart device (cellphone or tablet). Those interested in joining will need to attend an online information session before officially enrolling in a class. The program team will follow up with your patients by phone to provide additional information about the program and assist with signing up.

For more information, go to **readysetprevent.org**.*

*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.

MDLive® telehealth service is here to help

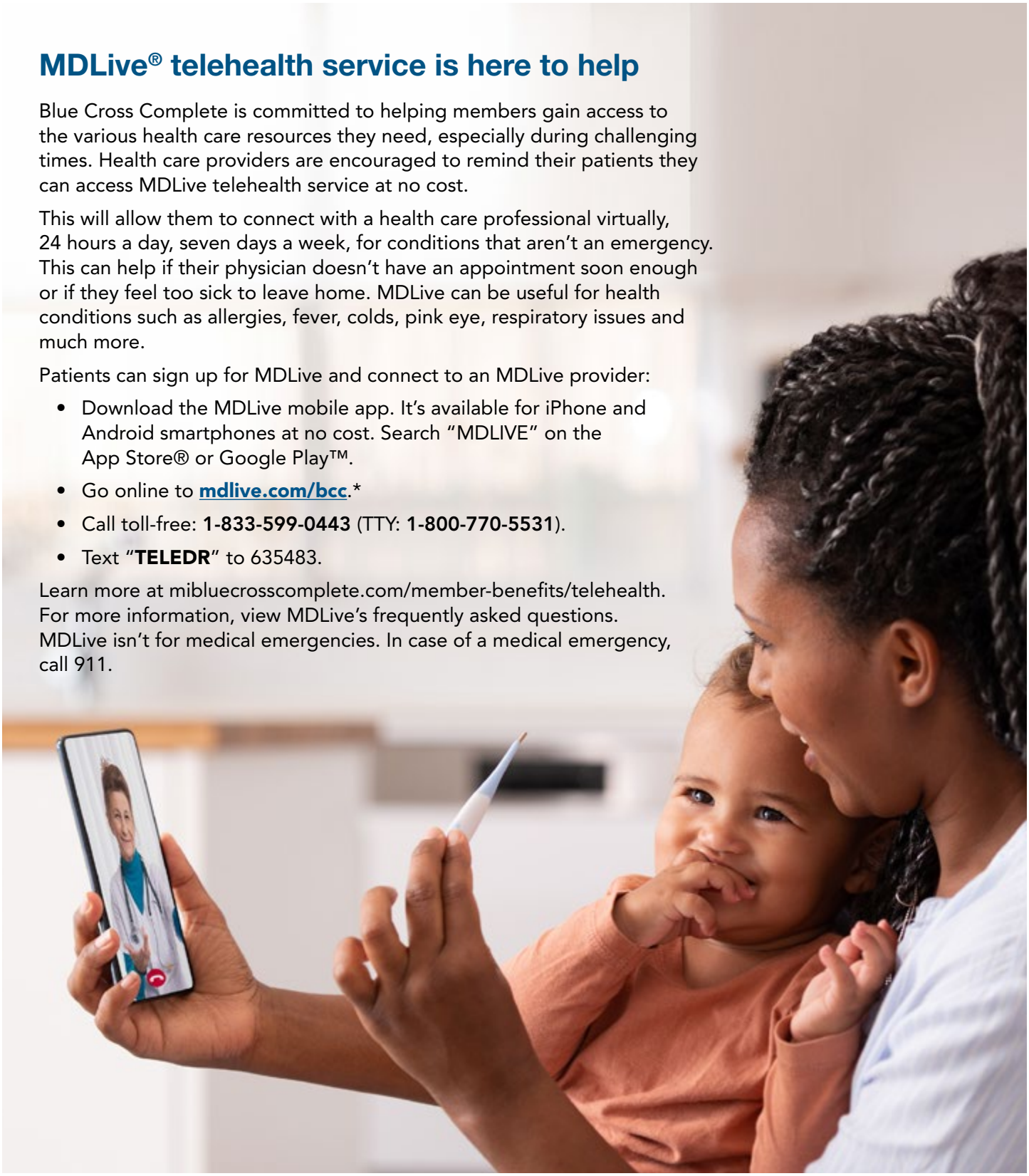
Blue Cross Complete is committed to helping members gain access to the various health care resources they need, especially during challenging times. Health care providers are encouraged to remind their patients they can access MDLive telehealth service at no cost.

This will allow them to connect with a health care professional virtually, 24 hours a day, seven days a week, for conditions that aren't an emergency. This can help if their physician doesn't have an appointment soon enough or if they feel too sick to leave home. MDLive can be useful for health conditions such as allergies, fever, colds, pink eye, respiratory issues and much more.

Patients can sign up for MDLive and connect to an MDLive provider:

- Download the MDLive mobile app. It's available for iPhone and Android smartphones at no cost. Search "MDLIVE" on the App Store® or Google Play™.
- Go online to **mdlive.com/bcc**.*
- Call toll-free: **1-833-599-0443** (TTY: **1-800-770-5531**).
- Text "**TELEDR**" to 635483.

Learn more at mibluecrosscomplete.com/member-benefits/telehealth. For more information, view MDLive's frequently asked questions. MDLive isn't for medical emergencies. In case of a medical emergency, call 911.



*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.

MDLive is an independent company/entity that provides telehealth service for Blue Cross Complete members and is not affiliated with Blue Cross Complete of Michigan LLC.

App Store is a service mark of Apple Inc., registered in the U.S. and other countries. Google Play is a trademark of Google LLC.

Eliminating preventable maternal mortality

According to the Centers for Disease Control and Prevention, more than 700 women nationwide die every year due to pregnancy-related complications. Although rare, these deaths are particularly tragic because about 2 in 3 could be prevented. Health care providers play a crucial role in eliminating preventable maternal mortality.

To help reduce pregnancy-related deaths, the CDC has resources for health care professionals as part of the **Hear Her*** campaign. The website contains information for specialty providers focused on obstetrics, pediatrics and other fields of medicine.

- Obstetric professionals, such as OB-GYNs, obstetric nurses, midwives, women's health nurse practitioners and doulas, have an opportunity to provide important education to pregnant and postpartum patients about the urgent maternal warning signs. It's important to build trust with patients when prenatal care begins and encourage them to share their concerns.
- Pediatricians, pediatric nurses and other pediatric staff can be an important connection to care for postpartum patients. Women can suffer from pregnancy-related complications up to a year after birth. When doing infant checkups, pediatric staff can ask moms how they are feeling and listen for urgent maternal warning signs.
- Emergency department staff, paramedics, urgent care staff, primary care providers, mental health professionals and others have an important role to play in asking about recent pregnancy status and recognizing the signs and symptoms of pregnancy-related complications. It's crucial for providers to ask if patients are pregnant or were pregnant in the last year.
- **Hear Her campaign*** materials for providers include posters, palm cards, shareable graphics and sample social media content in English and Spanish. Clinical resources and health equity, implicit bias awareness and other educational tools from a variety of organizations are also available at **cdc.gov**.*

*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.

Prepare patients for flu season

As the summer heat begins to fade and autumn approaches, so does the onset of flu season. This means that it's time to start a flu prevention plan for your patients.

The CDC recommends a flu vaccine during each flu season as the first and most important step in protecting against the virus.

Here are a few additional reminders for your patients:

- Get the recommended amount of sleep.
- Eat a healthy, well-balanced diet.
- Minimize stress.
- Keep moving — Exercise has numerous health benefits, such as boosting mood and energy. It also helps to promote better sleep.

To help prevent the flu, also remind your patients to:

- Wash their hands frequently with soap and warm water.
- Cover their nose and mouth if they sneeze or cough.
- Stay home, if they feel sick or have flu-like symptoms, to prevent further spread of the illness.
- Avoid people who are sick, if possible.
- When a significant portion of the community gets vaccinated, the spread of the flu is minimized. Known as herd immunity, this helps protect those who are unable to get vaccinated, such as individuals with specific health conditions.

Blue Cross Complete covers seasonal flu vaccines with no copayment for all our members. They can receive the vaccine from a medical provider, local health department or pharmacy. For the pharmacy, call ahead to determine availability and ask about age limits, as most pharmacies have restrictions on vaccinating children under a certain age.

*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.

Providing quality, equitable care to limited English proficiency patients

Health care providers often care for patients who come from diverse ethnic backgrounds and may be limited English proficient, or LEP. To provide quality and equitable care, it's essential for practitioners to appropriately interact and communicate with their LEP patients. Eliminating language barriers is key to increasing access to coverage and care. To better understand the challenges and health disparities LEP communities face below are common terms, challenges, barriers, tips and resources to help you better serve LEP patients.

LEP definition

"Limited English proficiency" is a term used in the United States that refers to a person who is not fluent in the English language, often because it isn't their native language. Both "LEP" and "English-language learner" are terms used by the Office for Civil Rights.[1] Additionally, the acronym LEP is used to refer to an individual who is unable to speak English as a primary language and has limited ability to read, write, speak or understand English.

LEP population in Michigan

In 2015, it was reported that 350 languages were spoken in the United States and that more than 25 million individuals reported needing language assistance.Overall, the LEP population in Michigan is steadily increasing. In 2023, AmeriHealth Caritas found that about 9.7% of Michiganders age five years and older speak a language other than English at home, and of those 3.4% indicate that they either don't speak English very well or don't speak English at all.[2]

Language access requirements

Title VI of the Civil Rights Act of 1964 specifies that health care providers, organizations and agencies receiving federal funds must make language services available for individuals who don't speak or understand English.[3] In 2013, the federal Office of Minority Health issued an enhanced version of standards for Culturally and Linguistically Appropriate Services aimed at addressing health disparities and improving health outcomes. The federal government has mandated states that receive federal funds must meet four out of 15 CLAS standards, which include offering free language assistance, ensuring patients receive language assistance in their preferred

language, providing certified interpreters, and distributing materials and signs in languages most spoken by patients.[4]

How language barriers can affect quality of care and patient safety

Even with federal mandates, LEP patients still face disproportionate barriers in communicating critical health information to providers. Research shows more than half of adverse events for LEP patients can be attributed to communication failures.[5] Health care barriers and adverse effects include, but are not limited to, health care access, risk of misdiagnosis, medical errors, lack of informed consent, higher rates of re-admissions and low quality of care.[6, 7, 8]

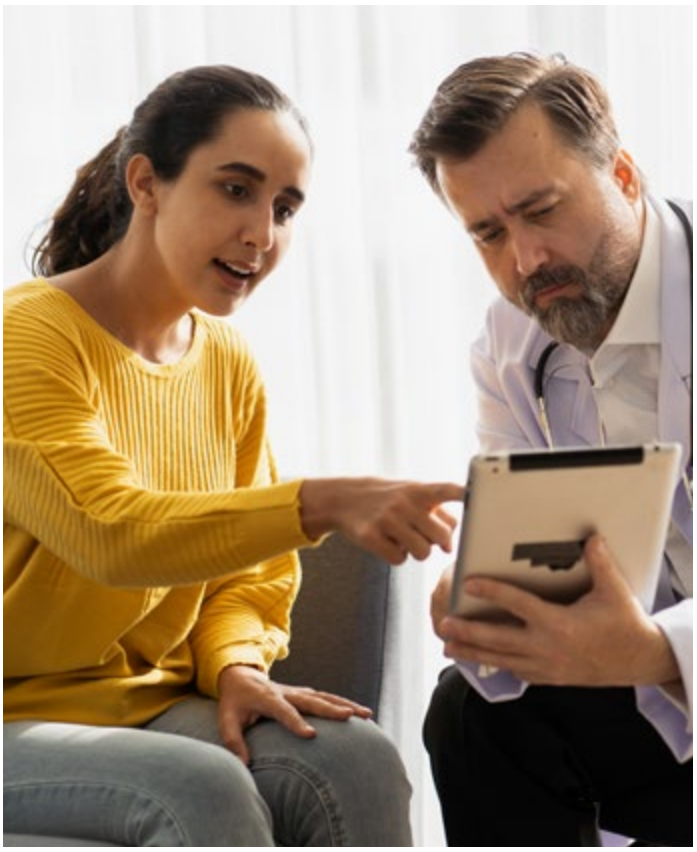
Additionally, LEP patients often are left with the limited choice of using poorly trained, inexperienced or unsuitable ad hoc interpreters, which results in inadequate and distorted communication.[8, 9, 10] Therefore, language barriers can lead to inefficient and inferior care, as providers are unable to assess patient needs and symptoms, and develop effective treatment plans.

(continued on page 14)

*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.

Providing quality, equitable care to limited English proficiency patients

(continued from page 13)



Types of language services

Language interpretation and translation are two different services. Language interpretation refers to the spoken word, where a trained and certified interpreter facilitates communication between two people who speak different languages. Language translation is the process of converting the written word from one language into another in a way that is culturally and linguistically appropriate.[11]

Language access services within a health care setting can include interpretation through telephone services, face-to-face interpretation services and translation of written material, including translation of forms and basic signage. Additionally, it's important that when using interpreters in a health care setting, the interpreters are trained in medical interpretation. Trained medical interpreters are individuals who have received professional instruction in medical concepts and terminology, interpretation skills and processes, communication skills, ethics, confidentiality, and cultural issues.[12]

The following are useful tips from the American Medical Association providers can use to better communicate with LEP patients:[12]

- Develop policies and strategies to identify and address patients' needs for language assistance for both commonly and rarely encountered languages.
- Inform LEP patients of their rights to interpretation and translation services.
- Assign responsibility to a staff member for arranging interpretation services when needed. Designate another staff member to take the lead in incorporating language assistance services into continuous quality improvement activities.
- Implement a system to track patient needs for language assistance services.
- Reserve blocks of time for LEP patients to schedule appointments and arrange for interpreters to be available during these times.
- Ensure all signs are understandable (for example, multilingual or symbol based).
- Provide vital documents and patient education materials in English and in the language of patients (translated by certified translators). Even though your patients may not read English, someone at home may.
- Use professional interpreters:
  - Providers can contract with interpreters through a language service vendor, such as Language Service Associates.
  - Providers can use bilingual health care providers or staff by getting them appropriately certified to offer language interpretation within a medical setting.
- It's not recommended to use family members and other ad hoc individuals as language interpreters. However, in cases where these individuals are the only option to communicate with LEP patients, providers should never ask children to serve as the interpreters for their parents.
- Train clinical and nonclinical staff members on how to work with interpreters.

(continued on page 15)

*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.

Providing quality, equitable care to limited English proficiency patients

(continued from page 14)

Language and translation services

Blue Cross Complete provides free language services to members who don't speak or understand English or who are deaf or have difficulty hearing.

To help ensure our members continue to have access to the best possible health care and services in their preferred language, Blue Cross Complete is extending to our network providers the opportunity to contract with Language Services Associates at Blue Cross Complete's corporate telephone rates.

To learn more about LSA services, go to **lsaweb.com/**.*

Resources for providers

- Office for Civil Rights, "Limited English Proficiency (LEP) Resources for Effective Communication," U.S. Department of Health and Human Services, June 18, 2019, **https://www.hhs.gov/civil-rights/for-individuals/special-topics/hospitals-effective-communication/limited-english-proficiency/index.html**.*
- "Guide to Developing a Language Access Plan," Centers for Medicaid and Medicare Services, **https://www.pewtrusts.org/en/research-and-analysis/reports/2018/06/07/philadelphias-immigrants***
- "A Patient-Centered Guide to Implementing Language Access Services in Healthcare Organizations," Office of Minority Health, **https://minorityhealth.hhs.gov/Assets/pdf/Checked/HC-LSIG.pdf***

[1] Office for Civil Rights, "Limited English Proficiency (LEP)," Department of Health and Human Services, Nov. 2, 2020, **https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/index.html**.*

[2] "QuickFacts: Michigan," U.S. Census Bureau, **https://www.census.gov/quickfacts/fact/table/MI,PA/PST045223**

[3] Alice Chen et al., "The Legal Framework for Language Access in Healthcare Settings: Title VI and Beyond," Journal of General Internal Medicine, Vol. 22, Suppl 2, pp. 362 – 367, Oct. 24, 2007, doi:10.1007/s11606-007-0366-2.

[4] "The National CLAS Standards," US Department of Health and Human Services, Think Cultural Health. Accessed Nov. 2, 2022. **https://thinkculturalhealth.hhs.gov/clas/standards***

[5] Yael Schenker, "Patterns of Interpreter Use for Hospitalized Patients with Limited English Proficiency," Journal of General Internal Medicine, Vol. 26, No. 7, July 2011, pp. 712 – 7 17, doi:10.1007/s11606-010-1619-z.

[6] Stella Yu et al. "Parental English Proficiency and Children's Health Services Access," American Journal Public Health, Vol. 96, No. 8, August 2011, pp. 1449 – 1455, doi:10.2105/AJPH.2005.069500.

[7] Cheri Wilson, "Patient Safety and Healthcare Quality: The Case for Language Access," International Journal of Health Policy and Management, Vol. 1, No. 4., November 2013, pp. 251 – 253, doi:10.15171/ijhpm.2013.53.

[8] Mary Lindholm et al., "Professional Language Interpretation and Inpatient Length of Stay and Readmission Rates," Journal General Internal Medicine, Vol. 27, No. 10, October 2012, pp. 1294 – 1299. doi:10.1007/s11606-012-2041-5

[9] Elizabeth Jacobs, "Shared Networks of Interpreter Services, at Relatively Low Cost, Can Help Providers Serve Patients With Limited English Skills," Health Affairs, Vol. 30, No 10, October 2011, pp. 1930 – 1938, doi:10.1377/hlthaff.2011.0667.

[10] Cory Markert, "The Difference Between Language Translation and Interpretation Services," LanguageLine Solutions, July 3, 2019, **https://blog.languageline.com/explaining-the-difference-between-language-translation-and-interpretation***

[11] "Language & Communication Access Services" Mount Sinai. Accessed November 2, 2022. https://www.mountsinai.org/about/language-accessibility "Types of Interpreters Used - UCLA Health Interpreter Services," UCLA Health, **https://www.uclahealth.org/interpreters/types-of-interpreters-used***

[12] Alice Chen et al., "Office Guide to Communicating With Limited English Proficient Patients," August 2007, **https://multiculturalmentalhealth.ca/wp-content/uploads/2019/11/lep_booklet.pdf**.*

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

Blue Cross Complete highlights clinical practice, 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. These guidelines promote the delivery of quality care and reduce variability in physician practice.

Blue Cross Complete adopts clinical practice guidelines that consider the needs of Blue Cross Complete members and may be related to applicable acute or chronic conditions, behavioral health-related issues and preventive or non-preventive guidelines. Guidelines are adopted in consultation with contracted health care professionals and are reviewed and updated at least every two years.

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 on the **Blue Cross Complete website** for 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 through a link 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.

Do you know your Blue Cross Complete provider account executive?

Robert Bush

Phone: **1-248-663-7366**

Email: **rbush@mibluecrosscomplete.com**

Counties: Barry, Mecosta, Montcalm, Ionia, Kent

Bren Christner

Phone: **1-248-663-7476**

Email: **bchristner@mibluecrosscomplete.com**

Counties: Allegan, Lake, Mason, Muskegon, Newaygo, Oceana, Osceola, Ottawa

Havard Cole

Phone: **1-248-663-7457**

Email: **hcolejr@mibluecrosscomplete.com**

Counties: Huron, Lapeer, Macomb, Sanilac, St. Clair, Tuscola

Nicole Copper

Phone: **1-248-978-5984**

Email: **ncopper@mibluecrosscomplete.com**

Counties: Livingston, Oakland, Shiawassee, Genesee

Pat Embry

Phone: **1-248-663-7341**

Email: **pembry@mibluecrosscomplete.com**

County: Wayne

Michele Jackson

Phone: **1-313-654-6792**

Email: **mdjackson@mibluecrosscomplete.com**

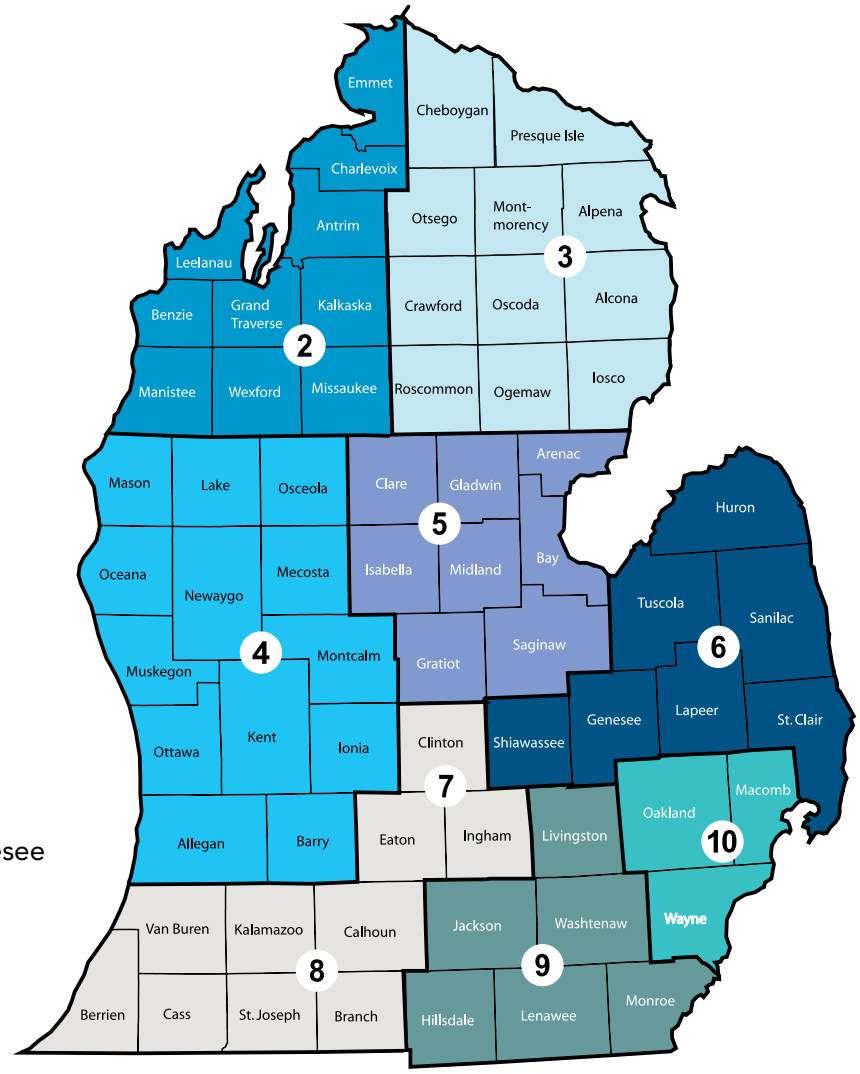
Counties: Emmet, Charlevoix, Manistee, Genesee, Kalkaska, Antrim, Wexford, Benzie, Grand Traverse, Leelanau, Alcona, Alpena, Cheboygan, Crawford, Iosco, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle, Roscommon

Jazlyn McLittle

Phone: **1-248-798-2294**

Email: **jmclittle@mibluecrosscomplete.com**

Counties: Arenac, Bay, Clare, Gladwin, Gratiot, Isabella, Midland, Saginaw



Janise Plata

Phone: **1-313-410-8715**

Email: **jplata1@mibluecrosscomplete.com**

Counties: Clinton, Ingham, Eaton, Van Buren, Cass, Saint Joseph, Branch, Calhoun, Kalamazoo

Hillary Woodruff

Phone: **1-248-663-7342**

Email: **hwoodruff@mibluecrosscomplete.com**

Counties: Hillsdale, Jackson, Lenawee, Monroe and Washtenaw

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 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 **mibluecrosscomplete.com**:

- On the blue bar, click on Providers.
- In the drop-down menu, click on Training.
- 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.**

*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.

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 **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.

*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.

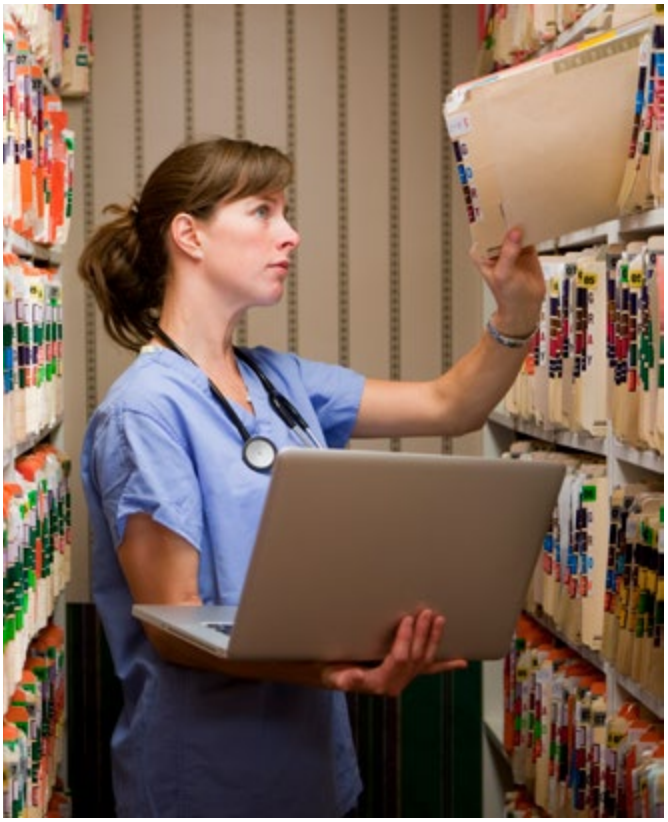
NaviNet* is a contracted vendor that provides a payer-provider web portal on behalf of Blue Cross Complete through which member information can be accessed, including but not limited to tracking claims status.

Keep medical records up to date for your patients

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: Michigan Department of Health and Human Services

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

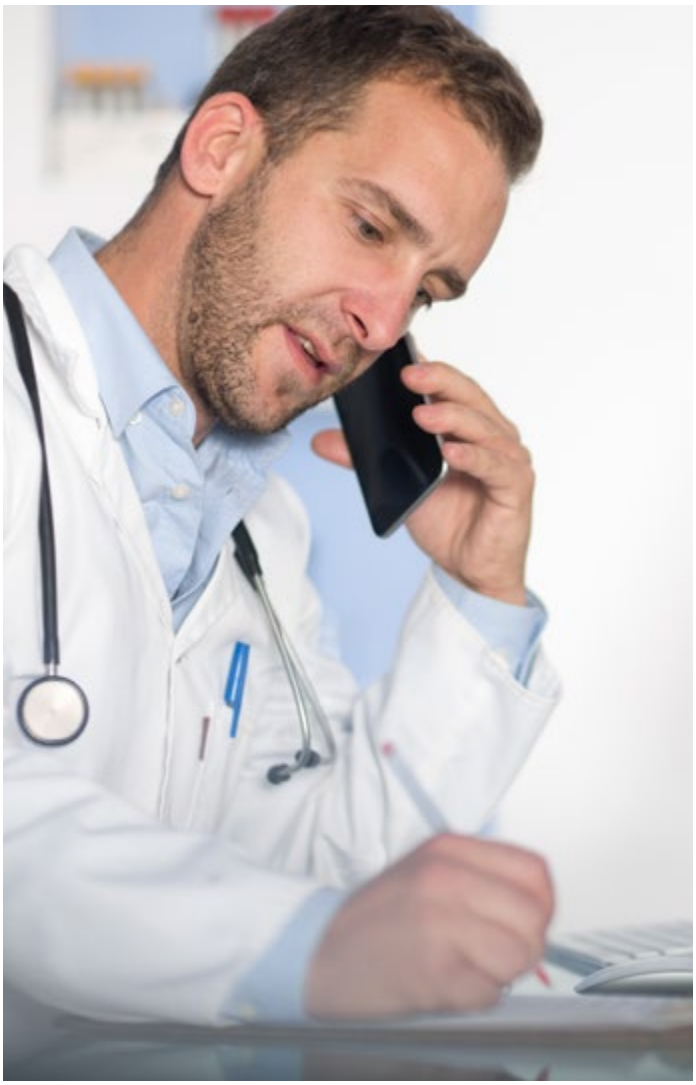
Blue Cross Complete's Special Investigations Unit supports local and state authorities in investigating and prosecuting fraud. You can also report suspected fraud related to Blue Cross Complete to the Michigan Department of Health and Human Services Office of Inspector General in one of the following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



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

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

*The content presented is for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients and should not use the information presented to substitute independent clinical judgment.

BCC_243638364-1

mibluecrosscomplete.com