



## Table of Contents

Medicaid expansion allows more angioplasty, coronary bypasses.....	2	Reminder: Use claims modifiers 25 and 59 appropriately .....	9
Alert: Nationwide scams involving faxed prescriptions .....	3	State offers education on HIV prophylaxis .....	10
Coordination between behavioral health specialists and primary care physicians .....	4	Blue Cross Complete adds new Care Gap alerts to align with Early and Periodic Screening, Diagnostic, and Treatment specifications.....	11
State finds disparities in timeliness of prenatal care.....	5	Receive payments through electronic funds transfer .....	12
Blue Cross Complete’s website gets a new look .....	7	Help us keep the Blue Cross Complete provider directory updated .....	13
State offers dental benefits for pregnant women.....	8	Report suspected fraud to Blue Cross Complete.....	14

## Medicaid expansion allows more angioplasty, coronary bypasses

Michigan expanded Medicaid in 2014 with the goal of increasing access to primary care, lowering costs and improving overall health.

The expansion appears to be working, as a new University of Michigan study of cardiac care found.

Due to the Medicaid expansion, more Michigan residents are having angioplasty and coronary bypass surgery, according to a study published March 6 in the *Journal of the American College of Cardiology*. Blue Cross Blue Shield of Michigan's Cardiovascular Consortium Percutaneous Coronary Intervention Collaborative Quality Initiative contributed funding to the study.

**"We've heard lots of anecdotal evidence that the Medicaid expansion is making a real difference in the lives of people who would otherwise not have health insurance," said Heidi Chan, Market President of Blue Cross Complete. "It's always gratifying when research shows how Medicaid is making a difference."**

Owned and operated as a joint venture between BCBSM and AmeriHealth Caritas, Blue Cross Complete covers approximately 200,000 members and is the fourth-largest Medicaid plan in Michigan. The Medicaid expansion enabled adults with incomes up to 133 percent of the federal poverty level to receive coverage, requires that enrollees take a health risk assessment and includes cost sharing by enrollees.

As a managed-care plan, Blue Cross Complete contracts with the state, which monitors the quality of services it provides to Medicaid members. Blue Cross Complete serves eligible Medicaid beneficiaries in 32 counties across Michigan's Lower Peninsula. About 57 percent of members live in Southeast Michigan's three largest counties: Wayne, Oakland and Macomb.

### Learn more

Would you like to learn more about the University of Michigan study?

Check out [this blog](#) from our Value Partnerships website.



**Heidi Chan**

Market President  
Blue Cross Complete of Michigan



\*Our website is [mibluecrosscomplete.com](http://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.

## Alert: Nationwide scams involving faxed prescriptions

The Blue Cross Complete Special Investigations Unit has been informed of a number of scams involving marketing companies that have obtained and are using member health information to generate fraudulent prescriptions or orders for the patient. The prescriptions, being sent to providers, appear to come from a legitimate pharmacy or medical equipment supplier, requesting new medications, refills or durable medical equipment supplies. The provider is then asked to sign and return the request. This can result in patients receiving unnecessary medication or DME supplies.

The most common requests have included:

- Topical pain-relief creams, especially for quantities greater than 300 grams (e.g., lidocaine, diclofenac sodium gel)
- Over-the-counter topical pain creams repackaged in kits (e.g., a Livixil Pak: lidocaine 2.5 percent, prilocaine 2.5 percent, bandages)
- Diabetic supplies, often in quantities of 100 (e.g., Infinity test strips, ultrathin lancets, alcohol prep pads)
- DME, especially back and knee braces

Because the list changes frequently, it's not enough to focus only on certain types of medication or DMEs. Instead, examine requests you receive for telltale signs that they could be fraudulent.

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



\*Our website is [mibluecrosscomplete.com](https://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.

### Red flags:

Be especially on guard when you receive prescriptions:

- By paper fax
- From a pharmacy that isn't the state where the patient lives
- Written for just below the threshold requiring prior authorization
- For new medication or DME for a patient

### Action needed:

- Pay special attention to prescription requests you receive by fax, as well as requests you haven't initiated
- Before signing and returning any prescription requests, review and reconcile the request with the patient's medical record to ensure it's appropriate and necessary
- Share this information with the appropriate staff at your practice or organization
- Encourage your patients to always discuss their prescriptions with their primary care physicians
- Report questionable prescriptions to our Fraud Tip Hotline at **1-855-232-7640** or by visiting [michigan.gov/fraud](https://michigan.gov/fraud)



## Coordination between behavioral health specialists and primary care physicians

Blue Cross Complete encourages behavioral health providers to share information about treatment for behavioral health conditions with primary care physicians.

Primary care physicians can also treat some mental health conditions, such as depression and anxiety. It's important to share treatment information to help ensure members aren't receiving duplicate or conflicting treatments. Behavioral health providers should encourage members to disclose the names of their primary care physicians and sign a release of information that allows behavioral health providers to share treatment records with their primary care physician.

Care Management services are also available to help manage member care. If you think a member would benefit, you can refer him or her by calling **1-888-288-1722**. As a reminder, we don't require a referral from primary care physician for members to receive outpatient behavioral health care from a Blue Cross Complete participating behavioral health provider.

All other behavioral health treatment services, such as inpatient care, partial hospitalization and psychotropic medications, are administered by the Pre-Paid Inpatient Health Plans, in the member's county of residence. For a list of PIHPs, go to the Michigan Department of Community Health's website at [Michigan.gov](https://www.michigan.gov)\*

---

\*Our website is [mibluccrosscomplete.com](https://www.mibluccrosscomplete.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.

## State finds disparities in timeliness of prenatal care

The Michigan Department of Health and Human Services identified disparities in timeliness of prenatal care as a performance improvement project that will run through November 2019. Blue Cross Complete is also participating in the project and has identified timeliness of prenatal care disparities in African American women who reside in areas of Wayne County.

Blue Cross Complete created and implemented a prenatal PIP survey to gather useful data to assist in streamlining interventions to the HEDIS<sup>1</sup> measurement:

- Timeliness of Prenatal Care measure: Prenatal visit that occurred within the first trimester or within 42 days of enrollment into Blue Cross Complete, if enrollment occurred after first trimester

### The following study question was identified for the prenatal PIP:

- Do targeted interventions increase the percentage of timely prenatal visits for the African American population in Wayne County and demonstrate there is not a statistically significant disparity between the two subgroups?

Blue Cross Complete selected 45 members to answer 15 questions related to the members' prenatal experiences.

### Eligible members were chosen based on:

- Falling in the denominator of the Timeliness of Prenatal Care HEDIS measure for HEDIS 2018
- Members who live in the **48219** or **48227** ZIP code area
- Members who self-identified as African American

### Based on the analysis, there were four major areas that lend to interventions:

1. Education of members on getting timely prenatal care: necessity, time frame, access points and transportation availability
2. Training to providers on appropriate billing and coding based on HEDIS specifications
3. Working with providers to have appointments available to members in a timely manner
4. Encouraging providers to maintain a more accurate appointment time (less waiting time for scheduled appointments)



<sup>1</sup>HEDIS® is a registered trademark of the National Committee for Quality Assurance.

\*Our website is [mibluccrosscomplete.com](http://mibluccrosscomplete.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.

## State finds disparities in timeliness of prenatal care (continued)

### The overall findings led to the following myth busters:

**Myth:** Members don't get timely prenatal care because they don't believe it's important.

**Reality:** Members believe prenatal care is important and are getting prenatal care, just not timely.

**Myth:** Members know they're pregnant early in their pregnancy.

**Reality:** Many members didn't know they were pregnant until after their first trimester had ended.

**Myth:** First-time mothers are the most compliant with timely prenatal care.

**Reality:** Members whose pregnancy ended with the second birth were most compliant.

**Myth:** Members discovered they were pregnant through a test done at their primary physicians' office.

**Reality:** More than 87 percent of the survey respondents reported that they found out they were pregnant through an emergency department visit or a home pregnancy test.

**Myth:** A high ratio of our pregnant members is teenagers.

**Reality:** Very few (0.6 percent) of our members were under the age of 18 years when they delivered their babies.

Additional survey findings	Why this matters to you	How you can help
Members are receiving prenatal care, but claims aren't being coded appropriately to the HEDIS specifications. We discovered that 25 percent of providers were not billing to the highest level of specificity as related to prenatal visits.	If a bill doesn't match HEDIS specifications, then no HEDIS hit will occur.  Accurate billing may lead to increase in QEP performance.	Review the Prenatal HEDIS Guide for tips and hints on billing to the highest degree of specificity.  Ensure that your biller is accurately billing for the correct services you provided.
Members didn't know they were pregnant during the first trimester.	The HEDIS specification requires that the member receive care within her first trimester or within 42 days of enrollment with the plan, if she enrolled after the first trimester.	Discuss with members the signs and symptoms of pregnancy.  Encourage members to set up appointments with you, if they suspect they may be pregnant.
Members reported that the largest barrier was the inability to get a timely appointment.	This assists with closing your gaps in care.  It also maintains compliance with contract access standards.	Schedule and prioritize initial appointments for members within their first trimester.

If you'd like additional information on the disparities in timeliness of prenatal care, contact your Blue Cross Complete provider account executive.

\*Our website is [mibluecrosscomplete.com](http://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.

## Blue Cross Complete's website gets a new look

Blue Cross Complete unveiled its new website at [mibluccrosscomplete.com](http://mibluccrosscomplete.com) on June 1, 2018. The site was redesigned to provide ease of use and understanding for members and providers.

Specific to providers, users are now able to select from six pages of resources and information that includes:

- Provider programs
- Resources
- Training
- News and updates
- Self-service tools
- Forms

On the new site, providers can download Blue Cross Complete and state forms and view training videos online. They can also locate their Blue Cross Complete provider account executive by clicking on their county in the **Resource** section. In addition, providers can receive monthly newsletters and alerts by registering in the **News and updates** section of the provider site.

Visit the new website at [mibluccrosscomplete.com](http://mibluccrosscomplete.com) for all of your provider resource needs. For assistance navigating the new website, contact Blue Cross Complete Provider Inquiry at **1-888-312-5713** or your Blue Cross Complete provider account executive.



\*Our website is [mibluccrosscomplete.com](http://mibluccrosscomplete.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.



## State offers dental benefits for pregnant women

The Michigan Department of Health and Human Services will provide managed care dental services for pregnant beneficiaries who are eligible for the Medicaid dental fee-for-service benefit and enrolled in a Medicaid health plan, effective July 1, 2018.

Beneficiaries will be eligible for dental benefits for the duration of their pregnancy and three months following birth. Benefits will be administered through a contracted Michigan health plan dental vendor in the beneficiaries' service area.

Eligible Blue Cross Complete members can locate a dentist by calling Blue Cross Complete's Dental Customer Service at **1-844-320-8465** from 9 a.m. to 5 p.m., Monday through Thursday, and 9 a.m. to 3:30 p.m. on Friday.

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

---

\*Our website is [mibluecrosscomplete.com](http://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.



## Reminder: Use claims modifiers 25 and 59 appropriately

The Centers for Medicare & Medicaid Services has adopted modifiers and guidelines for documenting and billing multiple services and procedures performed on the same date of services.

Blue Cross Complete has created a provider reference guide with examples and modifiers to assist your practice in correctly billing for services where modifiers 25 or 59 are used. The reference manual is located at [mibluecrosscomplete.com](http://mibluecrosscomplete.com) in **Resources** section of the provider website.

### Additional resources from CMS and the American Medical Association on appropriate use of modifiers are found at:

- Modifier 59 Article\* [www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/Downloads/modifier59.pdf](http://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/Downloads/modifier59.pdf)
- The Medicare Claims Processing Manual, Publication 100-04, Chapter 12, Section 30.6.6, regarding the use of CPT modifiers, pages 36 and 49\* [www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c12.pdf](http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c12.pdf)
- Chapter 1: General Correct Coding Policies for National Correct Coding Initiative Policy Manual for Medicare Services\* [www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html](http://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html)
- HCPCS Level II Coding Procedures\* [www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/Downloads/HCPCSLevelIICodingProcedures7-2011.pdf](http://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/Downloads/HCPCSLevelIICodingProcedures7-2011.pdf)

### Assessment of usage of appropriate modifiers:

- Blue Cross Complete follows CMS guidelines on the appropriate use of modifiers and will be conducting an assessment of claims containing modifiers 25 and 59 for appropriate use.
- Claims reviews may occur when we detect a high use of modifier 25 and 59 by individual providers, groups or facilities. We'll notify and educate providers, if inappropriate use of modifiers is found.

### Action needed:

- Share the reference guide with your billing or practice management staff.

### Reminder:

- Correct modifier use is important to avoid fraud and abuse or noncompliance issues, especially in coding and billing processes involving the federal and state governments. One of the top 10 billing errors determined by federal, state, and private payers involves the incorrect use of modifiers.

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

---

\*Our website is [mibluecrosscomplete.com](http://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.

## State offers education on HIV prophylaxis

The Michigan Department of Health and Human Services' Division of HIV and STD programs is working to reduce the rate of HIV transmission in the state by following guidelines from the U.S. Centers for Disease Control and Prevention on the use of antiretroviral non-occupational post-exposure prophylaxis medication in the event of potential non-occupational exposure to HIV.

When taken within 72 hours after possible exposure, HIV non-occupational post-exposure prophylaxis, or nPEP, is a preventable treatment strategy that may reduce, but not eliminate, the possibility of becoming infected with HIV among individuals who have experienced high-risk exposures such as:

- Unprotected vaginal or anal sex with a partner of known or unknown HIV status
- Sharing needles or other injectable drug use equipment
- Sexual assault

To highlight the CDC guidelines on nPEP, MDHHS created two new documents:

- An excerpt of the CDC guidelines
- A comprehensive clinical guide to assist in implementing the new strategy to reduce the rates of HIV transmission in the state

MDHHS found that many hospital systems don't have access points for nPEP, or only have protocols for nPEP for sexual assault victims or nPEP protocols for employees with occupational exposures.

MDHHS has asked health care providers and health systems to familiarize themselves with the guidelines and to share the information with colleagues and other medical professionals to improve knowledge of and access to nPEP.

To access the full MDHHS guidance on nPEP, visit [Michigan.gov/MDHHS](https://michigan.gov/MDHHS).



\*Our website is [mibluccrosscomplete.com](https://mibluccrosscomplete.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.

# Blue Cross Complete adds new Care Gap alerts to align with Early and Periodic Screening, Diagnostic, and Treatment specifications

To better align the data returned via NaviNet Care Gaps with the current Early and Periodic Screening, Diagnostic, and Treatment schedule, we have updated the following measures:

- Lead screening
- Developmental screening

## We've also added the following care gap:

- Well-child visit at 30 months

The following care gap alerts will now appear on your screen (as applicable) when checking a member's eligibility and benefits, and through the **Reports Inquiry** or **Member Clinical Summary** option:

### Lead screening

- **New:** Members from 8 and 23 months
- Members between 24 months and 6 years
- Members who had at least two lead capillary or venous blood tests:
  - One between 9 and 11 months
  - One between 24 months and 6 years

### Developmental screening

- **New:** Members 11 months of age who had at least one developmental screening performed by a primary care physician from 11 to 12 months of age.
- Members 18 months of age who had at least one developmental screening performed by a primary care physician from 18 to 19 months of age.
- Members 30 months of age who had at least one developmental screening performed by a primary care physician from 30 to 31 months of age.

### **New:** Well-child visit at 30 months

- Members from 30 to 36 months of age who had a single qualifying well visit with a primary care physician from 30 to 36 months of age.

To review the complete specification documents for these measures, visit the NaviNet Care Gap timing and status section of the provider website at [mibluecrosscomplete.com](http://mibluecrosscomplete.com).

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



\*Our website is [mibluecrosscomplete.com](http://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.

## Receive payments through electronic funds transfer

An EFT is the electronic exchange or transfer of funds from one account to another.

EFT is Blue Cross Complete's recommended choice of payment because of its overall efficiency. It improves the processing of all payments and simplifies payment reconciliation when used with a standard electronic remittance advice. An ERA is an electronic explanation to the provider of the payment made that includes:

- Information about the patient
- Services rendered
- Name of the provider that rendered services
- Any claims adjustments

EFT is a solid investment and a long-term, efficient tool for receiving payments.

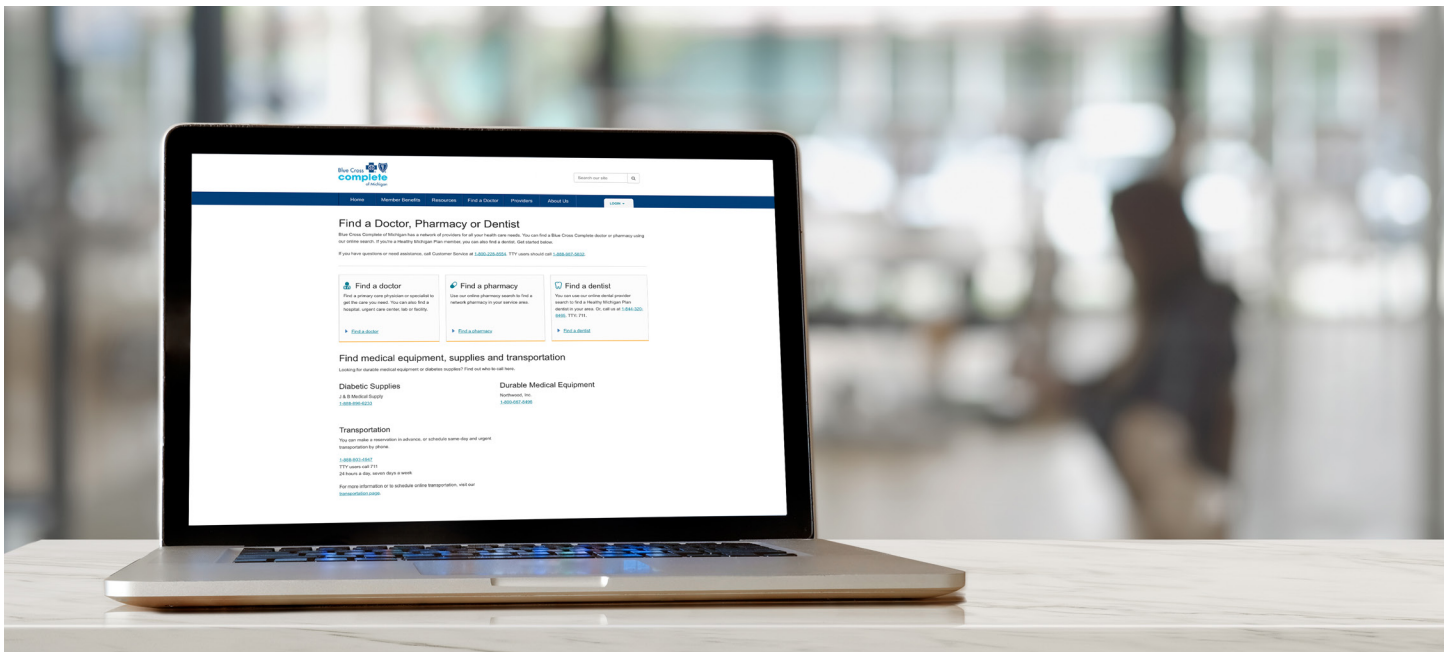
If you're interested in receiving electronic payments and remittance from Blue Cross Complete, enroll now at [changehealthcare.com](https://changehealthcare.com) and select Blue Cross Blue Shield of Michigan (payer ID: 32002) as your receiver.

If you have questions about EFT or enrollment, call Change Healthcare at **1-866-506-2830, (option 1)** or your Blue Cross Complete provider account executive.



---

\*Our website is [mibluecrosscomplete.com](https://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.



## Help us keep the Blue Cross Complete provider directory updated

Please 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 we include in the directory are:

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

View your provider information at [mibluecrosscomplete.com](http://mibluecrosscomplete.com). Click on the **Find a Doctor** tab. Let us know in writing of any discrepancies or changes to Blue Cross Complete. Submit changes at least 60 days in advance, if possible.

Note: Changes submitted to Blue Cross and Blue Care Network aren't automatically updated in the Blue Cross Complete system. You must also submit them directly to Blue Cross Complete for the provider directory.

You can use the Blue Cross Complete Provider Change Form at [mibluecrosscomplete.com/provider](http://mibluecrosscomplete.com/provider). Completed change forms must be submitted by:

- Email: [bccproviderdata@mibluecrosscomplete.com](mailto:bccproviderdata@mibluecrosscomplete.com)
- Fax: **1-855-306-9762**
- Mail:  
Blue Cross Complete of Michigan  
Attention: Provider Network Management  
100 Galleria Officentre, Suite 210  
Southfield, MI 48034

In addition, you must make these changes with NaviNet at [www.navinet.net](http://www.navinet.net).<sup>\*</sup> Contact NaviNet at **1-888-482-8057** or [support@navinet.net](mailto:support@navinet.net).

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

<sup>\*</sup>Our website is [mibluecrosscomplete.com](http://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.

## Report suspected fraud to Blue Cross Complete

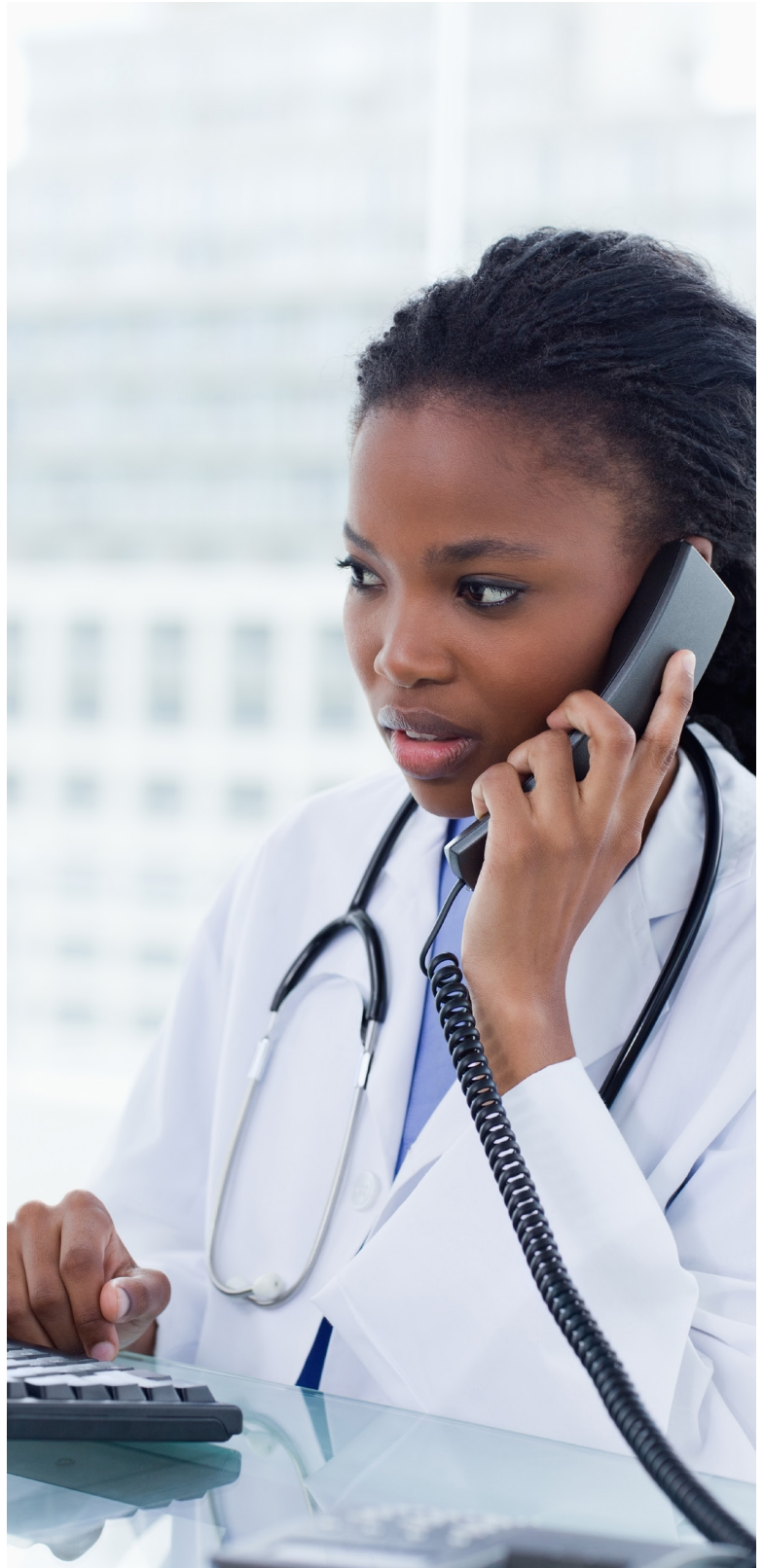
Providers who suspect that another Blue Cross Complete provider, employee or member is committing fraud should notify the Blue Cross Complete Antifraud Unit as follows:

- Phone: **1-855-232-7640** TTY users call **711**
- Fax: **1-215-937-5303**
- Email: [fraudtip@mibluccrosscomplete.com](mailto:fraudtip@mibluccrosscomplete.com)
- Mail:  
Blue Cross Complete Antifraud Unit  
P.O. Box 018  
Essington, PA 19029

The Blue Cross Complete Antifraud Unit supports local and state authorities in prosecuting fraud. You can also report suspected fraud related to Blue Cross Complete to the Michigan Department of Health and Human Services by:

- Phone: **1-855-MI-FRAUD (1-855-643-7283)**
- Website: [michigan.gov/fraud](http://michigan.gov/fraud)\*
- Mail:  
Office of Inspector General  
P.O. Box 30062  
Lansing, MI 48909

You can make reports anonymously.



\*Our website is [mibluccrosscomplete.com](http://mibluccrosscomplete.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.

Blue Cross     
**complete**  
of Michigan

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

BCC-18276117

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

[MiBlueCrossComplete.com](https://MiBlueCrossComplete.com)