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## Reminder: Healthy Michigan Plan has requirements for appointment times

Blue Cross Complete wants to remind providers of the requirements for members enrolled in the Healthy Michigan Plan:

- Members are required to schedule an appointment with their assigned primary doctor within 60 days of enrollment.
- Primary doctors are required to complete the initial appointment within 150 days of the date that the member's coverage starts.
- Primary doctors are encouraged to help members schedule an appointment.
- Blue Cross Complete will help coordinate appointment scheduling and transportation on behalf of the member.
- Providers should identify Healthy Michigan members before the date of service in **NaviNet**,\* in the Eligibility and Benefits Details section.
- All Healthy Michigan members receive an annual reminder letter to get an annual visit and complete the health risk assessment.
- Newly enrolled members receive a reminder letter after 60 days of enrollment to schedule a visit with their primary doctor and complete the health risk assessment.

### Health risk assessment required

Under the Healthy Michigan Plan, primary doctors are required to complete a health risk assessment at the time of the appointment. Here are some helpful reminders:

- Blue Cross Complete members must have a health risk assessment during the first 150 days of coverage with the health care plan and then annually thereafter.
- Blue Cross Complete members will receive the Health Risk Assessment form in their welcome packet that they may bring to their appointment. If members forget to bring the form, they can get a copy on [mibluccrosscomplete.com/providers](http://mibluccrosscomplete.com/providers) and on **NaviNet**.
- The form must be completed legibly and in its entirety.

- Although the HRA form can be completed by a member of the clinical team, the primary care physician must sign it.
- Providers need to fax the completed form to **1-855-287-7886** within five business days of the appointment.
- A claim must be submitted with CPT code \*96160 with modifier 25 to indicate that a health risk assessment was completed.
- Blue Cross Complete will pay a \$15 incentive upon receipt of the claim.
- Blue Cross Complete will pay a \$50 incentive to members upon completion of their HRA.

If you have questions, call **1-888-312-5713** or contact 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.

\* CPT codes, descriptions and two-digit modifiers only are copyright 2016 American Medical Association. All rights reserved.

## Providers must enroll in CHAMPS

Effective January 1, 2018, all current and new Michigan Medicaid providers, including out-of-state providers who service Michigan Medicaid beneficiaries, must be enrolled in the Michigan Department of Health and Human Services Community Health Automated Medicaid Processing System to participate in the Michigan Medicaid program.

Beginning March 1, 2018, MDHHS will prohibit Blue Cross Complete from making payments to all typical rendering, referring, ordering and attending providers not enrolled in CHAMPS. Providers who don't enroll may no longer be eligible to receive reimbursement using Medicaid funding.

Additionally, effective dates for service on and after May 1, 2018, MDHHS will prohibit payment for prescription drug claims written by prescribers who aren't enrolled in CHAMPS.

This requirement applies to all individuals who provide services of any type to Medicaid beneficiaries, including but not limited to, health care providers, social services workers, pharmacies and family members who provide home care services. Additionally, providers who don't bill directly to Medicaid Fee-for-Service but receive payment through a Medicaid managed care plan are also required to enroll.

For instructions on enrollment, visit [Michigan.gov/medicaidproviders](http://Michigan.gov/medicaidproviders)\*\* or contact the MDHHS Provider Enrollment Help Desk at **1-800-292-2550**.

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



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# Consider referring patients to our Integrated Health Care Management program

The goal of our Integrated Health Care Management program is to improve the health and welfare of our members. The following specific objectives direct our activities:

- Improve the health outcome measures of our members (as reflected by the HEDIS®\* scores)
- Improve the coordination of care for our members — to include more consistent use of primary care physicians and more appropriate use of specialists
- Facilitate more efficient use of resources — including the appropriate level of care (setting and intensity)
- Improve the access to health care for our members
- Increase the empowerment of our members to embrace self-care behaviors

IHCM offers several programs that allow us to meet the specific needs of our members. Each program's focus is to maintain and improve the targeted population's health status through assessment, coordination of resources and promotion of self-management through education.

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We welcome your referrals of patients with Blue Cross Complete who you feel would benefit from our programs. Call us at **1-888-288-1722** and we'll reach out to the member to design a specific care plan.

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Our care managers will then contact you to seek input for the care plan, potential interventions and goals. We'll also contact other appropriate members of the treatment team, including behavioral health providers, if applicable. Collaboration is an essential component of the care plan process to ensure that all involved parties are aware of and in agreement.

**Complex care management:** This program targets our members with complex medical conditions that could include multiple comorbidities or a single serious diagnosis like HIV or cancer. Our nurses work one-on-one with these patients to meet their care needs. Here are some of the interventions provided by our nurse case managers:

- **Coordination of care:** We make sure the member is seeing his or her doctor. We also assist with referrals to specialists, and make sure the primary doctor is aware of other care the member is receiving (e.g., specialists, emergency room).
- **Patient education:** We make sure the member understands the disease and treatment regimen.
- **Self-management:** We provide guidance that motivates the member toward compliance and self-management.

**Disease management programs:** We have several disease-specific management programs. Interventions range from one-on-one nurse interaction for high-risk members to periodic educational mailings for low-risk members. The goal of all of our disease-specific management programs is to improve the quality of life for the involved members. We strive to accomplish this goal by providing risk-appropriate case management and education services with a special emphasis on promoting self-management.

- **Asthma:** The asthma management program is for members of all ages with asthma. We especially promote member compliance with controller medications. Our program is based on current asthma practice guidelines from the National Heart Lung and Blood Institute, accessible by this link: <http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.htm>\*\*
- **Diabetes:** The diabetes management program is for members of all ages. The goal is to prevent or reduce long-term complications. Our program is based on current diabetes practice guidelines from the American Diabetes Association, accessible by this link: [http://professional.diabetes.org/CPR\\_search.aspx](http://professional.diabetes.org/CPR_search.aspx)\*\*
- **Cardiovascular disease:** The heart failure management program emphasizes self-management interventions, such as daily weight measurements and medication compliance. Our program is based on current heart failure guidelines from the American College of Cardiology Foundation and the American Heart Association.

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

# Quality improvement program gives our members better care and service

As part of our accreditation with the National Committee for Quality Assurance, we report our Consumer Assessment of Healthcare Providers and Systems®\* survey results. Each year, Blue Cross Complete sends the CAHPS surveys to a random selection of members. The 2017 survey asked members about their health plans and invited them to rate the care and service they received from their doctors.

Here are some of the results from the adult survey:

- **Getting Care Quickly, Getting Needed Care and Customer Service** ratings all increased in 2017 from the previous year's scores. For all three of these, Blue Cross Complete of Michigan was in the top 25 percent of all accredited health plans. This means that members said that they were able to access care as quickly as they needed it and received positive customer service throughout their experiences with the Blue Cross Complete health plan.
- The overall rating of **Specialist Seen Most Often** also increased from the previous year, meaning members were more satisfied with the quality of the specialty doctor services.

Results for the child CAHPS survey:

- Rating of **all health care** was in the top 10 percent of all accredited health plans. This means that members thought that Blue Cross Complete provided close to the best health care possible for children.
- **How Well Doctors Communicate** was in the top 25 percent. This means that members felt respected and heard by the doctors, and that the doctors talked to members in ways that made sense to them.

Both the adult and child CAHPS have opportunities for improvement for **rating of personal doctor** and rating of **specialist seen most often**. These scores didn't meet our standard of being in the top 25 percent. Members are asked to rate their personal doctor and specialist seen most often on a scale of 0 to 10, with 0 being "worst" and 10 being "best." Providers should be striving to have members rate them a 9 or 10 with each and every interaction.

For more information about the CAHPS survey, visit [cahps.ahrq.gov](http://cahps.ahrq.gov)\*\*

Blue Cross Complete also uses HEDIS®.\* This measures how well we provide care to members. HEDIS compares the performance of all health care plans across the country. Blue Cross Complete scored in the top 10 or top 25 percent of health care plans in 2017 in these areas:

- Antidepressant medication management: Acute and continuation phases
- Childhood immunizations, Combo 2
- Chlamydia screening (total)
- Immunizations for adolescents
- Medication management for people with asthma (75 percent compliance –total)
- Pharmacotherapy management of chronic obstructive pulmonary disease exacerbation – bronchodilator
- Use of imaging studies for low back pain
- Weight assessment and counseling for nutrition and physical activity for children and adolescents (body mass index - total)
- Well-child visits in third, fourth, fifth and sixth years of life

This year, Blue Cross Complete's focus is on improving timeliness of prenatal care and reducing unnecessary emergency room utilization. Blue Cross Complete is also committed to reducing disparities through population health management programs in the upcoming year.

For more information about these programs, call **1-888-288-1722** Monday through Friday from 8 a.m. to 6:30 p.m. We also provide information online at [mibluecrosscomplete.com](http://mibluecrosscomplete.com).



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## How to submit an authorization request to Blue Cross Complete

You may submit a request for authorization to Blue Cross Complete in one of the following ways:

- Phone: Utilization Management **1-888-312-5713** (option 1, then option 4) Monday through Friday from 8 a.m. to 5 p.m.
- Fax: **1-888-989-0019**
- Website: NaviNet provider portal at **navinet.net\*\***

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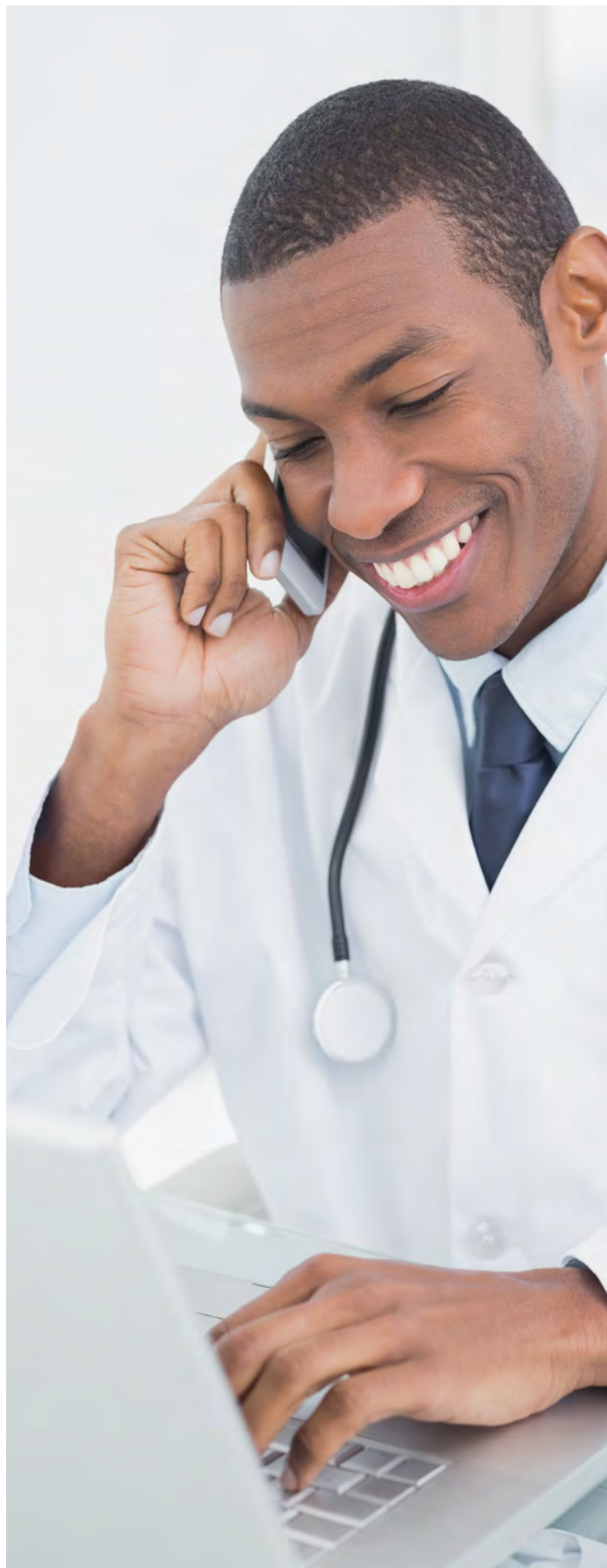
For your convenience, clinical documents, such as discharge summaries and laboratory and radiology reports, can be uploaded into the NaviNet system to eliminate the need to fax documentation after submitting the request in the provider portal.

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In addition, if the requests are started in NaviNet, you can also view the status of the authorization in the portal.

Please be advised that there is a 14-day turnaround time for all standard prior authorization requests. The *Blue Cross Complete Provider Manual* at **mibluecrosscomplete.com/providers** lists additional timeframes for authorization requests.

You'll find Information on guidelines for authorizations on the Blue Cross Complete Plan Notification and Authorization Requirements grid at **mibluecrosscomplete.com/providers**. You can also contact your Blue Cross Complete account executive.



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# Prevent preterm births in your high-risk pregnant population

- **Did you know that Blue Cross Complete covers medications that help decrease the rate of preterm births (births before 36 weeks, 6 days' gestation)?**

Blue Cross Complete covers the compounded medication 17 – alpha-hydroxyprogesterone caproate (17P). This medication is a weekly injection administered by the member's doctor or home care nurse. It's proven to help prevent preterm deliveries in high-risk women (women who have had at least one preterm birth in the past).

- **Did you know that Michigan is ranked 13th for the highest amount of preterm births in the United States?**

It's estimated that approximately 8 percent of all Michigan births result in a preterm delivery. This rate increases significantly to more than 11 percent in the African American and Native American populations.

- **Do you know what Michigan's grade is on preterm birth rates?**

According to the March of Dimes, Michigan isn't doing a very good job at decreasing preterm birth rates. The national organization that works to improve infant health and reduce infant mortality gave Michigan a "C" for its preterm delivery rates. Wayne County received a "D" and Genesee County got an "F."

- **Did you know that decreasing preterm births is a goal for the State of Michigan's Infant Mortality Reduction Plan?**

The *State of Michigan's 2016–2019 Infant Mortality Reduction* plan includes a goal to reduce premature births and low birth weight to improve the opportunity for babies to survive and thrive. Among its efforts are:

- a. To promote adoption of policies that eliminate medically unnecessary deliveries before 39 weeks' gestation, minimizing complications of the mother and baby
- b. To promote adoption of policies for progesterone protocol for high-risk women to prevent preterm births, which is a leading cause of infant mortality in Michigan

- c. To promote tobacco cessation among pregnant women to reduce the significant health risks to mother and baby from tobacco and e-cigarette use, which was found to increase the risk of preterm and low-birth-weight babies

- **Did you know that decreasing preterm births is also a primary goal and focus of Blue Cross Complete?**

Blue Cross Complete is committed to ensuring our members have the access and care they need for healthy pregnancies. Our efforts include making 17P, a medication that helps prevent preterm deliveries in high risk women, accessible.

Remember: Women who have had a previous preterm delivery are at a higher risk for having a subsequent preterm birth. The use of progesterone for high-risk women to prevent preterm births is highly recommended, and a covered pharmacy benefit with Blue Cross Complete.

Please complete a Blue Cross Complete Medication Prior Authorization Request form to request 17P for your patients who meet the clinical guidelines. The form is at [mibluccrosscomplete.com/provider](http://mibluccrosscomplete.com/provider) under the pharmacy tab.

If you have questions, call Blue Cross Complete Provider Inquiry at **1-888-312-5713**.



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## Reduce sexually transmitted infections with expedited partner therapy

Sexually transmitted infections, such as chlamydia and gonorrhea, disproportionately affect women and potentially threaten their fertility. Additionally, the racial and ethnic disparity rates for the chlamydia screening measure are the largest disparity for any measure included in the Michigan Department of Health and Human Services Medicaid Health Equity Project. The white subpopulation is screened less frequently than other races. To prevent further transmission, doctors now have the option to prescribe medication or a prescription to patients to give to their sexual partners without a medical evaluation or clinical assessment of their partners. This prevents reinfection and stops the infection from spreading. Expedited partner therapy is an effective alternative when a partner is unable or unlikely to seek medical care. The Centers for Disease

Control and Prevention determined that EPT is a useful option to facilitate partner therapy, particularly for treating male partners of women who have been infected by these STIs.

Additionally, doctors who provide EPT in accordance with the law aren't subject to liability, with the exception of gross negligence cases. Because repeat infection from exposure to an untreated partner is a high risk, STIs can't be considered properly treated until all partners have been treated. Talk to your patients about screenings for chlamydia and gonorrhea. The American Academy of Pediatrics recommends screenings for males 16 to 18 years old, and the Centers for Disease Control and Prevention recommends screening for females 16 to 24 years old. It's important for your patients to be treated as soon as possible to protect their health, avoid spreading infections and prevent reinfection. For more information on EPT, go to the Michigan Department of Health and Human Services' website at [www.michigan.gov](http://www.michigan.gov).\*\*



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## Recent changes at MedEquip could affect your patients

MedEquip, a University of Michigan-affiliated provider of home equipment, supplies and related services, recently made some changes in services.

Effective October 20, 2017, MedEquip stopped accepting new patients for all therapies. However, the following therapies will continue for new and current patients:

- Left ventricular assist device supplies
- Home ventilators and other supplies for adult and pediatric patients
- Serum ketone testing supplies for ketogenic diet pediatric patients
- Inpatient specialty beds
- Cochlear processors
- Ambulatory aids (wheelchairs, walkers, etc., for Medicare patients only)

Additionally, effective December 31, 2017, MedEquip will no longer fill prescriptions for the following:

- Wound supplies (dressings, gauze bandage roll, petroleum jelly-based products, etc.)
- Incontinence supplies (diapers, under pads, wipes, etc.)
- Ostomy supplies (barriers, stoma caps and plugs, bags, bottles and associated supplies such as powder, flanges, wipes, adhesive, rings, etc.)
- Urological supplies (catheters, urethral inserts, drainage collection systems and associated supplies, such as anchoring devices, clamps, appliance cleaner, etc.)

- Voice prosthetics
- Custom and standard trach units

MedEquip will continue to provide resupply to services to CPAP, oxygen, hospital beds, wheelchairs and other selected capped rental items.

Please refer Blue Cross Complete members to our preferred vendors for durable medical equipment and diabetic supplies.

If you have questions, call Blue Cross Complete Provider Inquiry at **1-888-312-5713**.



Type of service (outpatient)	Preferred vendor
Laboratory	<ul style="list-style-type: none"> <li>• JVHL: <b>1-800-445-4979</b></li> <li>• Quest Diagnostics: <b>1-866-897-8378</b></li> </ul>
DME, P&O and nondiabetic medical supplies	<ul style="list-style-type: none"> <li>• Northwood, Inc.: Call Northwood's Customer Service department at <b>1-800-393-6432</b> to identify a contracted supplier.</li> </ul>
Diabetes and incontinence supplies	J&B Medical Supply: <b>1-888-896-6233</b>

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## Blue Cross Complete actively participates in our communities

Blue Cross Complete associates volunteer throughout the year at a variety of events across the state. In August, they assisted Life Remodeled, a Detroit-based nonprofit that invests in one Detroit neighborhood each year. Nearly 40 volunteers from Blue Cross Complete of Michigan joined Life Remodeled and its 11,000 volunteers to clean up 300 city blocks in six days.

As this year marked the 50th anniversary of the 1967 Detroit uprising, Life Remodeled focused on the neighborhood surrounding Central High School. This was the city's first public high school, and it is in the community where Detroit's civil unrest began.

**Blue Cross Complete of Michigan** spent the entire morning on August 3, 2017, mowing lawns, cutting hedges, cleaning front porches and picking up trash. The volunteers from Blue Cross Complete of Michigan came together to help clean up a community where some of their own members live. Years ago, some of their own associates lived there.

"It was a beautiful area when I lived there," said Doug Curtis, community health navigator at Blue Cross Complete of Michigan. "It's hard to see so many homes being torn down. It's a sign of the times. Things change."

Working with fellow associates, as well as Life Remodeled, gives Doug hope for the area. "It's a good feeling to see Life Remodeled breathing life back into the area. In a time when a lot of Detroit public schools are closing, Life Remodeled found a way to give the kids of Durfee Junior High somewhere to go."

The students of Durfee will be moving to Central High School to accommodate the full renovation of the Durfee building. According to Life Remodeled, Durfee will become a community innovation center focused on entrepreneurship, education and community. The center will provide recreation and after-school programming for Detroit Public School Community District students. It'll also connect and provide a space for entrepreneurs and small businesses committed to innovating and launching impactful ventures in the central neighborhood and throughout Detroit.

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"At Blue Cross Complete of Michigan, we volunteer to improve the communities that our own members live in and try to make their homes and neighborhoods safer," said Dena Nagarah, community outreach manager at Blue Cross Complete of Michigan. "We can't wait to continue our work with Life Remodeled next year."

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## Statewide inspections indicate a reduction in youth tobacco sales

The Alcohol, Drug Abuse and Mental Health Administration Reorganization Act, which includes an amendment aimed at decreasing youth access to tobacco, requires all states and territories to conduct inspections. These inspections use a scientific random sample study protocol approved by the federal Center for Substance Abuse Prevention to demonstrate that their tobacco vendor compliance rate meets or exceeds the federal minimum of 80 percent.

During the summer of 2017, the Michigan Department of Health and Human Services conducted random unannounced statewide inspections to measure the rate of illegal sales of tobacco to Michigan youth. With the assistance of an adult chaperone, a youth inspector visited a retailer and attempted to purchase tobacco.

The amendment requires that states enact and enforce laws prohibiting the sale or distribution of tobacco products to individuals younger than 18 years old. States that fall below an 80 percent minimum compliance rate are subject to a penalty of 40 percent from their federal Substance Abuse Prevention and Treatment Block Grant funding. That could mean more than \$22 million for Michigan.

The MDHHS statewide inspections determined that 89.3 percent of retailers refrained from selling tobacco to minors younger than 18 years old. According to the MDHHS Office of Recovery Oriented Systems of Care, this is the 17th consecutive year that Michigan vendors have complied with the federal minimum rate of 80 percent. Nick Lyon, MDHHS director, stated, "We commend the business community for doing its part to protect Michigan youth from the dangers of smoking, and our affiliate partners for conducting high-quality inspections."

The state continues to reinforce tobacco education and awareness through its "Do Your Part" campaign at [www.michigan.gov/doyourpart](http://www.michigan.gov/doyourpart)<sup>\*\*</sup>. The website is designed to educate adults and teens about the dangers of smoking.

Blue Cross Complete also has a free, phone-based tobacco quit program that covers group and individual counseling or coaching. It includes support and encouragement that help members stick to their plan.

Call **1-800-784-8669** from 8 a.m. to 1 a.m. seven days a week. Drug benefits include over-the-counter and prescription medicines.

For additional information on Blue Cross Complete's tobacco cessation program, go to the Blue Cross Complete Provider Manual at [mibluecrosscomplete.com/provider](http://mibluecrosscomplete.com/provider) or contact Blue Cross Complete Provider Inquiry at **1-888-312-5713**.



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# Blue Cross Complete adds admission and discharge alerts to NaviNet

Blue Cross Complete is pleased to announce an exciting new feature on NaviNet. Effective January 25, 2018, near real-time member admission and discharge alerts will be available on NaviNet.

Blue Cross Complete has contracted with a local Health Information Exchange to deliver automatic ADT\* alerts to notify physicians when our members have been either admitted to or discharged from the hospital or treated in an emergency room within the last seven days.

This critical information will be available via our secure provider portal, NaviNet, within 24 hours of the event, allowing physicians to efficiently and effectively address member health issues in a timely manner.

Admissions and discharges will be displayed as either Emergency Room Alerts or Inpatient Alerts.



The following information will be displayed for each alert:

- **Member ID**
- **Member name**
- **Facility**
- **Date of birth**
- **Alert type**  
(emergency room or inpatient)
- **Admit date and time**
- **Discharge date and time**
- **Reason**  
(diagnosis)
- **Event type**  
(admit or discharge)
- **Pregnancy**  
(Y or N)
- **High risk**  
(Y or N)
- **Readmission**  
(Y or N)
- **Alt. phone number**  
(contact information given at the time of admission)

You can access admission and discharge alerts through four NaviNet functionalities:

1. Activity tab
2. Patient Clinical Documents workflow
3. Eligibility and Benefits workflow
4. Member Clinical Summary workflow

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For a step-by-step ADT alert user guide, go to Blue Cross Complete's NaviNet Plan Central Page at **navinet.net** or contact your Blue Cross Complete provider account executive.

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

Please confirm your information for our member provider directory. Some of the key items we include 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 on the *Find a Doctor* tab. Submit written notice of any changes to Blue Cross Complete, using the Blue Cross Complete Provider Change Form at **mibluecrosscomplete.com/provider**.

Send completed forms by:

- Email: **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

If you have questions, contact your Blue Cross Complete provider account executive. In addition, you must make these changes with NaviNet at **www.navinet.net**.\* Contact NaviNet at **1-888-482-8057** or **support@navinet.net**.



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# Report suspected fraud to Blue Cross Complete

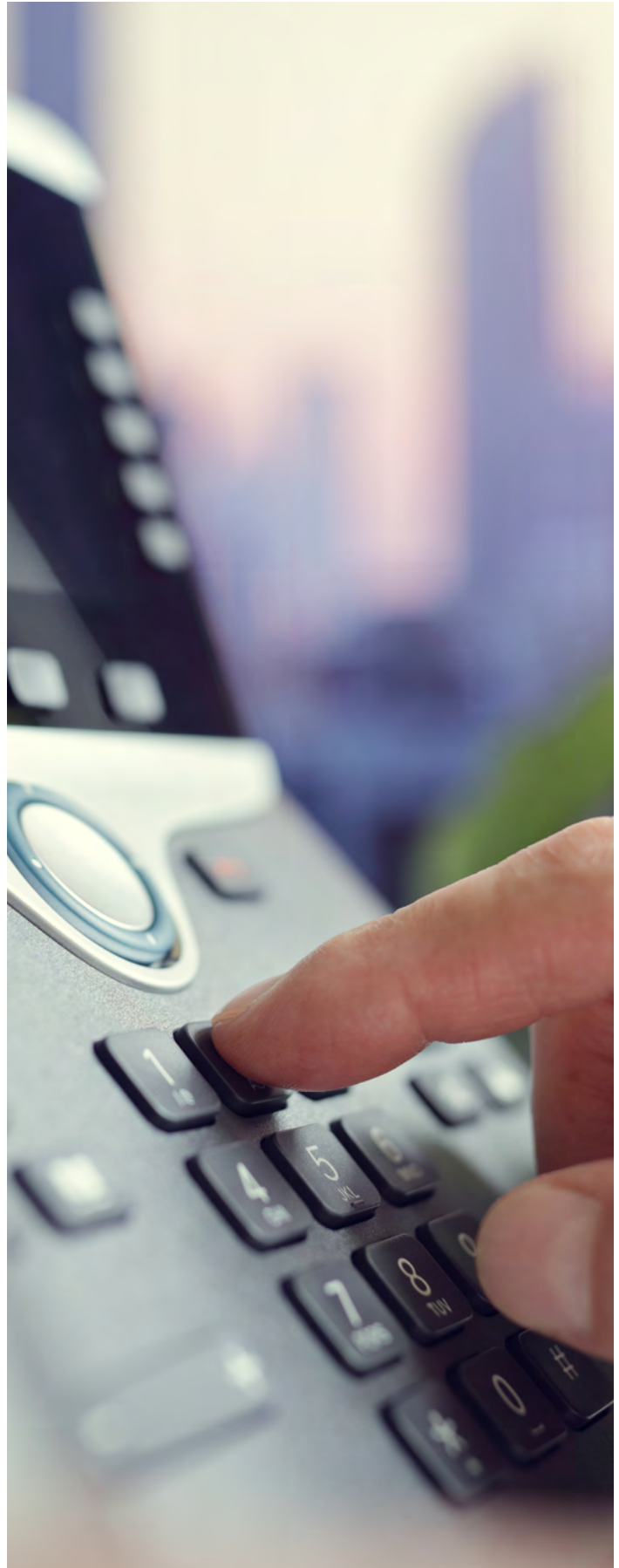
Providers who suspect that another Blue Cross Complete provider, employee or member is committing fraud should notify the Blue Cross Complete Antifraud Unit as follows:

- Phone: **1-855-232-7640**. TTY users call **711**.
- Fax: **1-215-937-5303**
- Email: **fraudtip@mibluecrosscomplete.com**
- U.S. mail:  
Blue Cross Complete Antifraud Unit  
P.O. Box 018  
Essington, PA 19029

The Blue Cross Complete Antifraud Unit supports the efforts of local and state authorities in prosecuting fraud. Reports of suspected fraud related to Blue Cross Complete may also be sent directly to the Michigan Department of Health and Human Services in one of the following ways:

- Call **1-855-MI-FRAUD (1-855-643-7283)**
- Online at **michigan.gov/fraud\*\***
- By writing to:  
Office of Inspector General  
P.O. Box 30062  
Lansing, MI 48909

You can make reports anonymously.



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