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Blue Cross Complete identifies health disparities

Health disparities are measured health differences between two populations. They exist when a certain group or subpopulation within each measure has a lower compliance rate. The National Committee for Quality Assurance measures indicate that racial and ethnic minority populations experience lower outcomes than the general population for almost every health and social condition.

Blue Cross Complete identifies health disparities within our member populations for the Healthcare Effectiveness Data and Information Set** of NCOA measures.

The Michigan Department of Health and Human Services monitors the efforts of all Michigan Medicaid plans to reduce racial and ethnic disparities for five specific HEDIS® measures:

- Postpartum Care
- Chlamydia Screening — Total
- Child Access to Care — 25 months to 6 years
- Adult Access to Care — 20 to 44 years
- Childhood Immunization Status — Combination 3

The following disparities were identified in the Blue Cross Complete HEDIS 2017 measure ratings categorized by member self-identified race:

	Postpartum Care	Chlamydia Screening	Child Access to Care	Adult Access to Care	Childhood Immunization Status
		Total	25 months to 6 years	20 – 44 years	Combo 3
Caucasian	63.26%	60.52%	90.24%	82.11%	76.87%
African American	45.12%	76.00%	80.34%	74.94%	67.52%
Disparity difference	18.15%	15.48%	9.90%	7.17%	9.34%

The ratings show that African American members have a disparity range from 7.17 to 18.15 percent in all measures identified, except *Chlamydia Screening — Total* measure.

The *Chlamydia Screening — Total* disparity difference reveals that 15.48 percent fewer Caucasian members received screening versus African American members during the HEDIS 2017 time frame. According to MDHHS, there should be an index of disparity less than five percent for each measure within the Michigan Medicaid managed care population.

Here's how you can help:

- Access and review your *Gap in Care* report at [NaviNet](#) to identify members who haven't completed a best practice recommended service within a specified time frame.
- Encourage those members to schedule appointments.
- After each identified member completes an appointment, submit a closed gap report to Blue Cross Complete through www.navinet.com*

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

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

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

Lead screening and testing reminders

The Flint water crisis has highlighted the importance of protecting children from lead exposure through screening and prevention. The Centers for Disease Control and Prevention indicated that there is no safe documented blood lead level in children. Even low levels, with no corrective action to exposure, have been shown to affect IQ, attention span and academic achievement.

The CDC recently updated recommendations on children's blood lead levels. Experts are now using a reference level of 5 micrograms per deciliter to identify children with blood lead levels that are much higher than average. The new level is based on the population of children ages 1 to 5 who are in the highest 2.5 percent tested.

The CDC has also shifted its focus to protecting children from lead exposure by reducing and eliminating dangerous environmental sources.

Recommendations for medical treatment haven't changed. Experts suggest chelation therapy when a child has blood level equal to or greater than 45 micrograms per deciliter.

The Michigan Department of Health and Human Services suggested using these tips for blood lead testing:

- Testing — This requires a blood specimen.
- Screening — Ask exposure-related questions only when a child isn't enrolled in Medicaid and doesn't live in a target community.
- A venous blood specimen isn't required for initial testing; a capillary specimen is acceptable.
- If the capillary result is below 5 µg/dL — the CDC's level of concern — further testing isn't necessary until the next recommended time.
- If the capillary result is equal to or greater than 5 µg/dL, confirm results with a venous sample. The venous sample doesn't need to be taken in the primary care physician's office.
- If the capillary or venous specimen is collected in the provider's office and packaged for mailing, you don't need Clinical Laboratory Improvement Amendments certification.
- Blood specimens may be sent through the U.S. Postal Service.

Lead screening is also a HEDIS® requirement. The *Lead Screening in Children* measure assesses the percentage of children 2 years of age who received one or more capillary or venous blood tests for lead poisoning on or before their second birthday.



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Health officials investigate hepatitis A outbreak in Southeast Michigan

The Michigan Department of Health and Human Services and public health officials have reported nearly 190 confirmed hepatitis A cases — including 10 deaths in Detroit, Macomb, Oakland, Wayne and St. Clair counties — from August 1, 2016 through June 26, 2017. This represents a tenfold increase during the same time last year and poses a significant public health threat to vulnerable community members within Southeast Michigan.

Ages of those diagnosed range from 21 to 86 years, with 44 years being the average age.

Of those:

- Forty-seven percent have a history of substance use.
- Twenty percent also have hepatitis C.
- Six percent were recently incarcerated.

While no common source of the outbreak has been identified, such as contaminated food or water, transmission appears to be person-to-person through illicit drug use, sexual activity and close contact among household members. To end the outbreak in Southeast Michigan, MDHHS recommends vaccinations for the following at-risk individuals:

- People who use injection and non-injection illegal drugs
- People who participate in commercial exchange of sexual practices
- Close personal contacts (for example, household, sexual) of hepatitis A patients
- Gay men
- People with liver diseases such as hepatitis B or hepatitis C. People with chronic liver disease have an elevated risk of death from liver failure.
- Anybody who wants to be vaccinated for hepatitis A
- People who live, work or recreate in Southeast Michigan and are concerned about getting hepatitis A

Individuals with hepatitis A are contagious for two weeks prior to the onset of symptoms.

Symptoms include:

- Jaundice (yellowing of the skin)
- Nausea
- Vomiting
- Fever
- Abdominal pain
- Fatigue
- Dark urine
- Loss of appetite
- Light-colored stools

Symptoms usually appear over a number of days and last less than two months. However, some people can be sick for as long as six months. Hepatitis A can cause liver failure and death. MDHHS urges individuals with the greatest risk to get a hepatitis A vaccination. We encourage you to talk to your patients who may be at risk for hepatitis A. As a reminder, vaccinations for hepatitis A are a covered benefit under Blue Cross Complete's preventive care guidelines. For information, go to Section 3 of the *Blue Cross Complete Provider Manual* at mibluecrosscomplete.com/providers.



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Blue Cross Complete Formulary Maintenance Program

Blue Cross Complete maintains a formulary, or preferred drug list, to promote medically necessary, safe and cost-effective prescription medications. It's part of the management of our pharmacy benefit. At a minimum, our formulary includes all therapeutic classes that are listed on the Michigan Department of Health and Human Services *Fee-for-Service Michigan Pharmaceutical Product List*. It's compliant with the Michigan Common Formulary and reflects the state's coverage exclusions and carved-out categories. Common formulary requirements from the state include a mandate regarding the contents of a plan's formulary. Plans can be less stringent than the common formulary coverage allows, but not more stringent.

Formulary management decisions are based on scientific evidence and, sometimes, pharmacoeconomic considerations that achieve appropriate, safe and cost-effective drug therapy. The Michigan Common Formulary workgroup provides direction on pharmaceutical product selection for the core portion of the formulary mandated to each contracted Michigan Medicaid managed care organization. In addition to the workgroup, Blue Cross Complete participates in the AmeriHealth Caritas Pharmacy and Therapeutics committee, which provides additional direction on pharmaceutical product selection, evidence-based appropriate use criteria, guidelines and algorithms for the health plans' lines of business. Prior to Blue Cross Complete's acceptance of any proposed formulary changes, the formulary direction supplied by the AmeriHealth Caritas committee is vetted for compliance with the requirements of the common formulary.

The committee also:

- Oversees the development, implementation and maintenance of formulary strategies and other drug utilization controls within the State of Michigan Common Formulary guidelines
- Bases formulary decisions on cost factors only after safety, clinical efficacy and therapeutic need is established and supported by evidence-based data
- Reviews all therapeutic classes and approves inclusion or exclusion annually of any therapeutic classes on the formulary
- Evaluates and analyzes treatment protocols and procedures related to the formulary or preferred drug list at least annually

As part of its requirement under the common formulary, and in conjunction with the Fee-for-Service schedule, Blue Cross Complete will be reviewing the following drug classes during the next four quarterly common formulary workgroup meetings.

- **April 2018** — Cardiac and Ophthalmic, Electrolyte Balance-Nutritional Products, Smoking Deterrents
- **July 2018** — Anti-infective, Respiratory (Asthma, Allergy, and COPD), Contraceptives, and MCO Miscellaneous
- **October 2018** — Diabetes, GI, FFS P&T Miscellaneous, Endocrine & Metabolic, and NDI Drug Types
- **January 2019** — Analgesics, CNS, Dermatological, and Antineoplastics

When a new U.S. Food and Drug Administration-approved, drug comes to market, the Pharmacy and Therapeutics committee reviews it to determine formulary status within 180 days of its release date. Until the drug is presented to the committee, coverage will be reviewed on a case-by-case basis for medical necessity. Under the Michigan Common Formulary, the workgroup won't review a new agent until it's been on the market for at least 180 days. Therefore, a new medication may be added to the Blue Cross Complete formulary, or considered for coverage, prior to being reviewed by the Common Formulary workgroup.

If there's a formulary change, various types of communications may be used. Communication strategies may include letters, fax blasts, web documents, provider portal posts, and so forth. Any necessary communication will be completed as early as possible and prior to the implementation of a change. Most direct communications will be initiated when there's a negative formulary change — such as removal of a medication from the formulary or the addition of a clinical edit.

Reminder: Naloxone coverage

Naloxone is covered for Blue Cross Complete of Michigan members when prescribed by a medical provider or through the State of Michigan's standing order at participating pharmacies. Coverage includes the naloxone 0.4mg/mL and 1mg/mL intramuscular injections as well as the 2mg and 4mg Narcan nasal sprays.

The naloxone intramuscular injection and the 4mg Narcan nasal spray are limited to 2 units every 90 days. The 2mg Narcan nasal spray is limited to 4 units every 90 days. If a Blue Cross Complete member needs additional doses, a medical provider may request the supply through the prior authorization process.

To initiate the prior authorization process, complete the Blue Cross Complete *Prior Authorization Request* form at mibluccrosscomplete.com/provider.

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Receive payments through electronic funds transfer

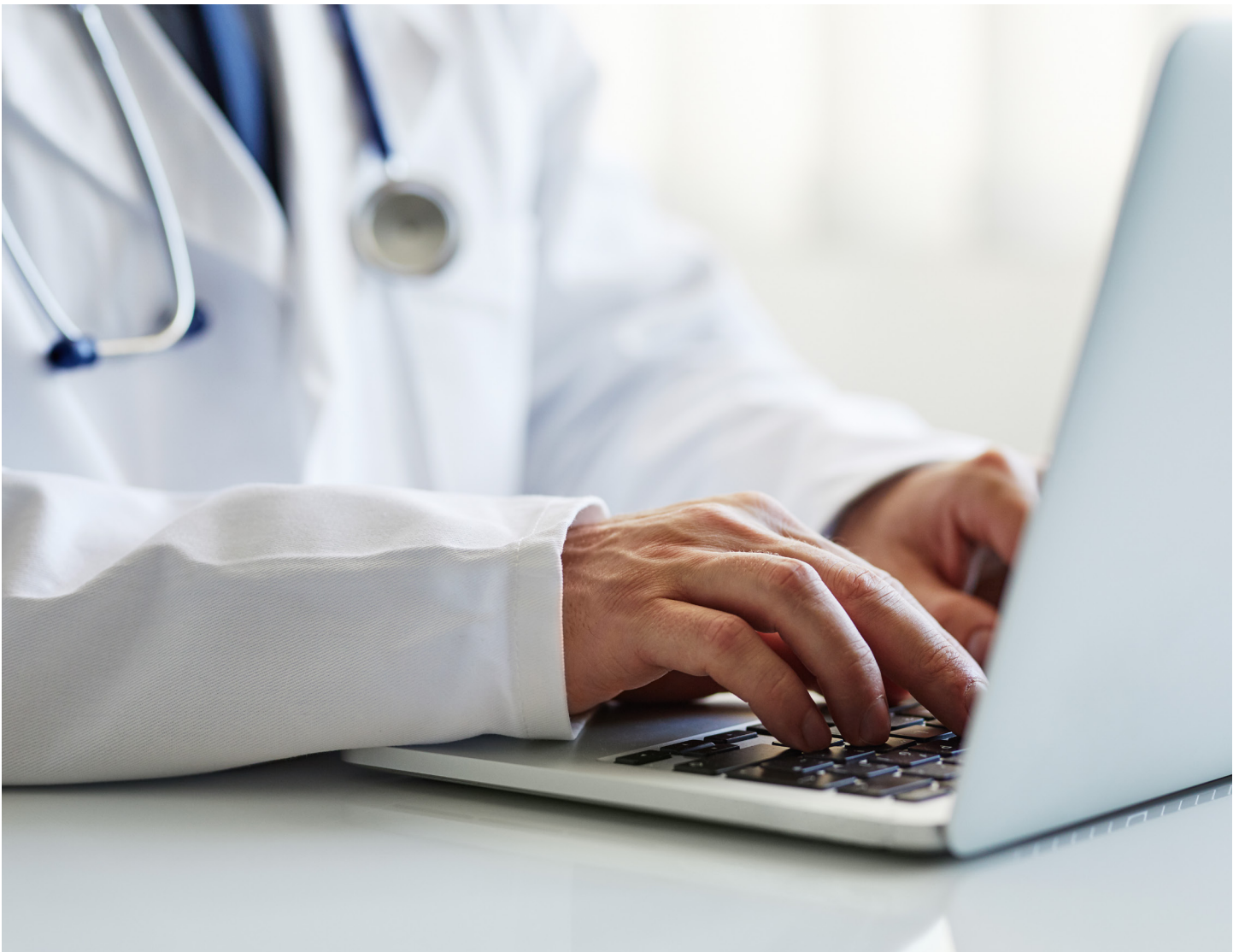
An electronic funds transfer is the electronic exchange or transfer of funds from one account to another. EFT is Blue Cross Complete's recommended choice of payment because of its overall efficiency. It improves the processing of all payments and simplifies payment reconciliation when used with a standard electronic remittance advice. An electronic remittance advice 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 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.



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State revises Health Risk Assessment form

The Michigan Department of Health and Human Services recently made updates to the Healthy Michigan Health Risk Assessment form, which gives providers and their patients a place to start when making health care choices.

MDHHS made the following changes:

- Five new questions were added in the member section related to:
 - Mental
 - Dental
 - Pregnancy
 - Transportation
 - Assistance with food, clothing, utilities and housing

Four additional healthy behavioral goals were included in the provider section:

- Follow up for cancer or preventive screenings
- Dental visit
- Follow up for maternity/reproductive health
- Follow up for mental/behavioral health

Providers can send a completed HRA form to any of the following within five business days of the member's appointment:

- Blue Cross Complete
- MDHHS fax: **1-855-287-7886**
- Direct data entry into the Community Health Automated Medicaid Processing System

Incentives are available for members who complete the HRA. They can receive a **\$50 gift card** or a 50 to 100 percent discount on their cost-sharing contribution from MDHHS, depending on their income.

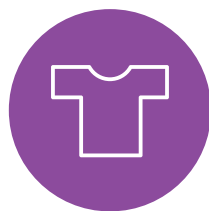
Blue Cross Complete would also like to remind providers that:

- Members must schedule an appointment with their assigned primary care physician within 60 days of enrollment.
- Primary care physicians must complete the initial appointment within 150 days of the date that the member's coverage starts.
- Primary care physicians are encouraged to help members schedule an appointment.
- Blue Cross Complete will help coordinate appointment scheduling and transportation on behalf of its members.
- Providers should identify Healthy Michigan members prior to the date of service in **NaviNet***, in the *Eligibility and Benefits Details* section.
- Although the HRA form can be completed by a member of the clinical team, the primary care physician must sign it.
- 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.

Contact Blue Cross Complete Provider Inquiry regarding questions about the status of a health risk assessment at **1-888-312-5713**.



Support



Clothing



Transportation



Housing



Food

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State works to resolve newborn enrollment issue

The Michigan Department of Health and Human Services issued a notice on March 28, 2018, to let providers know they're working on the delay in newborns being retroactively enrolled in the appropriate managed care plan. The process to enroll a newborn normally takes up to 60 days to complete. MDHHS asked providers to allow additional time for managed care plans to be retroactively added. MDHHS also asked providers to work directly with the managed care plan prior to contacting MDHHS's provider support with enrollment issues.

If you experience enrollment issues with your patients, contact Blue Cross Complete Provider Inquiry at **1-888-312-5713**.

Immunization records available online for Medicaid beneficiaries

The Michigan Department of Health and Human Services announced in March that Medicaid beneficiaries can now access their immunization records online or by mobile app, from the Michigan Care Improvement Registry, also known as MCIR.

Both the online portal and the mobile app require users to provide information to protect the health privacy of residents and ensure that access is given to the right beneficiaries. Current Medicaid, Healthy Michigan Plan, MICHild and Children's Special Healthcare Services members can create myHealthPortal or myHealthButton accounts at <https://myHB.state.mi.us>*. The myHealthButton app is available for download on Google Play Store or Apple App Store.

For registration help, beneficiaries can access the registration user's guide on the [myHealthportal](#)* website.

Reminder: Providers can request criteria for utilization management decisions

Blue Cross Complete's Utilization Management department responds to authorization requests within the following guidelines:

- Decision-making related to authorization requests is based only on the existence of coverage and appropriateness of the care and service.
- Practitioners and other individuals aren't rewarded for issuing denials of coverage.
- Decision-makers for authorization requests don't receive financial incentives for decisions that result in underutilization.

Providers have the right to request the information used to make a decision. This includes benefit guidelines or other criteria. To request this information, providers should call Utilization Management or write the appeals coordinator at the following address:

Appeals Coordinator

Blue Cross Complete of Michigan
P.O. Box 40849
Charleston, SC 29423

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



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

View your provider information at mibluccrosscomplete.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.

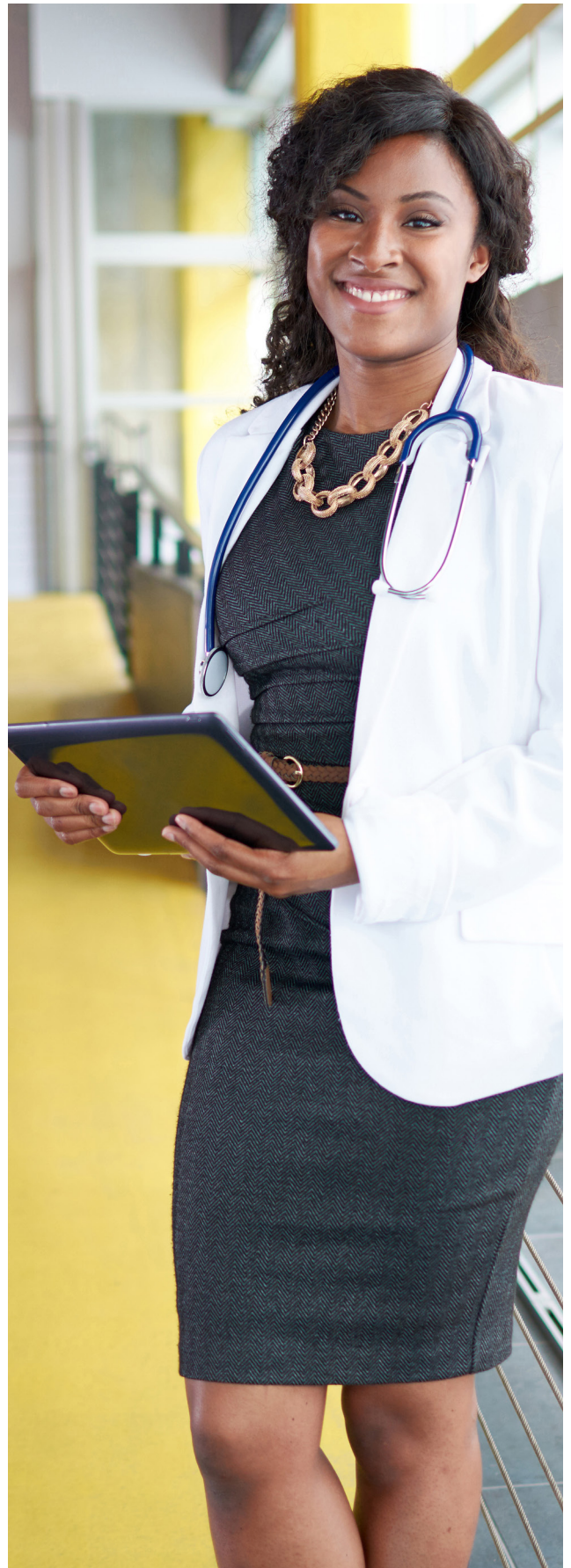
Note: Changes submitted to Blue Cross and Blue Care Network aren't automatically updated in the Blue Cross Complete system. You must also submit them directly to Blue Cross Complete for the provider directory.

You can use the Blue Cross Complete Provider Change form at mibluccrosscomplete.com/provider. Completed change forms must be submitted by:

- Email: bccproviderdata@mibluccrosscomplete.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.* Contact NaviNet at **1-888-482-8057** or support@navinet.net.

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



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Report suspected fraud to Blue Cross Complete

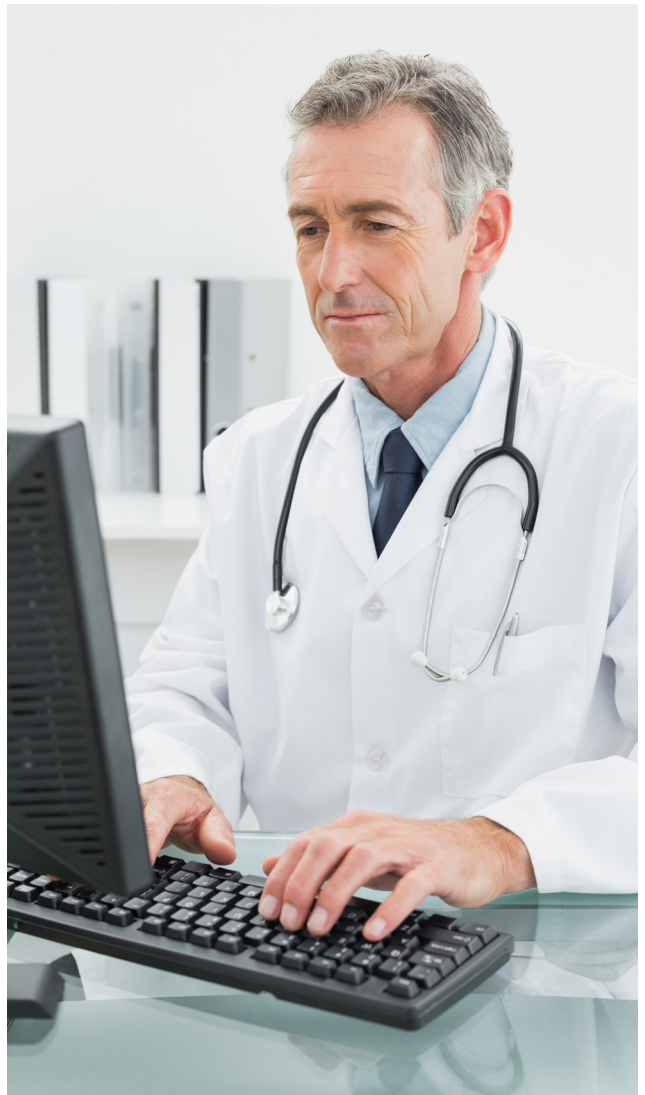
Providers who suspect that another Blue Cross Complete provider, employee or member is committing fraud should notify the Blue Cross Complete Antifraud Unit as follows:

- Phone: **1-855-232-7640**. TTY users call **711**
- Fax: **1-215-937-5303**
- Email: fraudtip@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*
- Mail:
Office of Inspector General
P.O. Box 30062
Lansing, MI 48909

You can make reports anonymously.



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