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Reminder: Michigan Medicaid beneficiaries have access to personal protective equipment

Michigan Medicaid beneficiaries are eligible to receive personal protective equipment, such as a face mask and latex gloves, at no cost. For your Blue Cross Complete members to receive PPE, primary care physicians will be required to send a prescription to a durable medical equipment provider. Blue Cross Complete is allowing DME providers to obtain retrospective authorizations to expedite services to members. Northwood Inc. is Blue Cross Complete's preferred DME vendor. Contact Northwood Provider Inquiry at **1-800-393-6432** to identify a contracted supplier of PPE.

If your Blue Cross Complete member has a question about PPE, they should contact our Customer Service at **1-888-228-8554**. Providers can contact their 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 does not control these sites and is not responsible for their content.

Blue Cross Complete performs annual access and availability study

Blue Cross Complete conducts an annual study that measures provider compliance with health care access and availability standards set by Blue Cross Complete and the National Committee for Quality Assurance.

The study includes primary care providers, pediatricians, specialists, behavioral health prescribers and behavioral health nonprescribers. The study also measures wait times for various types of appointments and access to providers outside normal business hours.

Below is a summary of the 2020 overall compliance summary by appointment type:

Appointment Availability — Overall Compliance				
	# Providers	# Compliant	# Non-Compliant	% Compliant
Total	845	680	165	80%
PCPs	150	103	47	69%
Pediatrics	50	41	9	82%
High volume	419	399	20	95%
High impact	270	251	19	93%
Prescribers	30	9	21	30%
Non-prescribers	150	88	62	59%

Appointment availability behavioral health summary:

Appointment Availability — Compliance Summary by Appointment Type				
	2019 Total Behavioral Health	2020		
		Total Behavioral Health	Prescriber	Non-Prescribers
Overall compliance	45%	54%	30%	59%
Urgent care	76%	84%	79%	85%
Initial visit routine care (BH)	80%	78%	57%	82%
Follow-up routine care (BH)	99%	99%	97%	100%
Emergent care	91%	91%	97%	90%
Non-life-threatening emergency care	82%	88%	86%	89%
Wait time	96%	98%	96%	99%

Appointment availability specialist summary:

Appointment Availability — Compliance Summary By Specialist Type				
	2019 Total	2020 Total	High Volume Specialists	High Impact Specialists
Specialist appointment	94%	94%	95%	93%

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Blue Cross Complete performs annual access and availability study

(continued)

After-hours availability summary:

After Hours — Overall Compliance				
	# Providers	# Compliant	# Non-Compliant	% Complaint
Total sample	250	179	71	72%

Improving member access to care and availability:

We're aware that each provider office is unique and faces its own challenges. That's why we've provided a list of strategies that can be useful in improving overall access to care and availability:

- Implement same-day appointments for certain patient types.
- Allow walk-in appointments.
- Leave appointment slots open daily.
- Train office staff to identify emergency situations and triage the call with a provider so the patient can be seen immediately or directed to the emergency room.
- Identify patterns of care in office: If more urgent or sick-care appointments are needed earlier in the week, schedule routine-care appointments for later in the week.
- Extend office hours.
- Educate members on appropriate use of after-hours services to manage utilization:
 - What symptoms require after-hours advice?
 - Use urgent care versus emergency room for low acuity illnesses or symptoms after hours.
 - Emphasize importance of after-hours advice to prevent emergency room visits.

We appreciate the quality care and access you provide to our members. To discuss additional strategies for improving access to care and availability, contact your Blue Cross Complete provider account executive or Blue Cross Complete's Provider Inquiry at **1-888-312-5713**.

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MDHHS provides direction on COVID-19 vaccine services

In December 2020, the Michigan Department of Health and Human Services released a bulletin providing direction to Michigan Medicaid providers on the coverage of the COVID-19 vaccine effective for dates of service on or after December 1, 2020.

MDHHS indicated that coverage for the administration services of the COVID-19 vaccine would be similar to existing vaccine administration services billed to Medicaid. Reimbursement for the vaccine administration services would be at 100% of Medicaid rates for equivalent services. All reimbursement rates would be reviewed and updated as applicable and are published on the MDHHS website at [Michigan.gov](https://www.michigan.gov).*

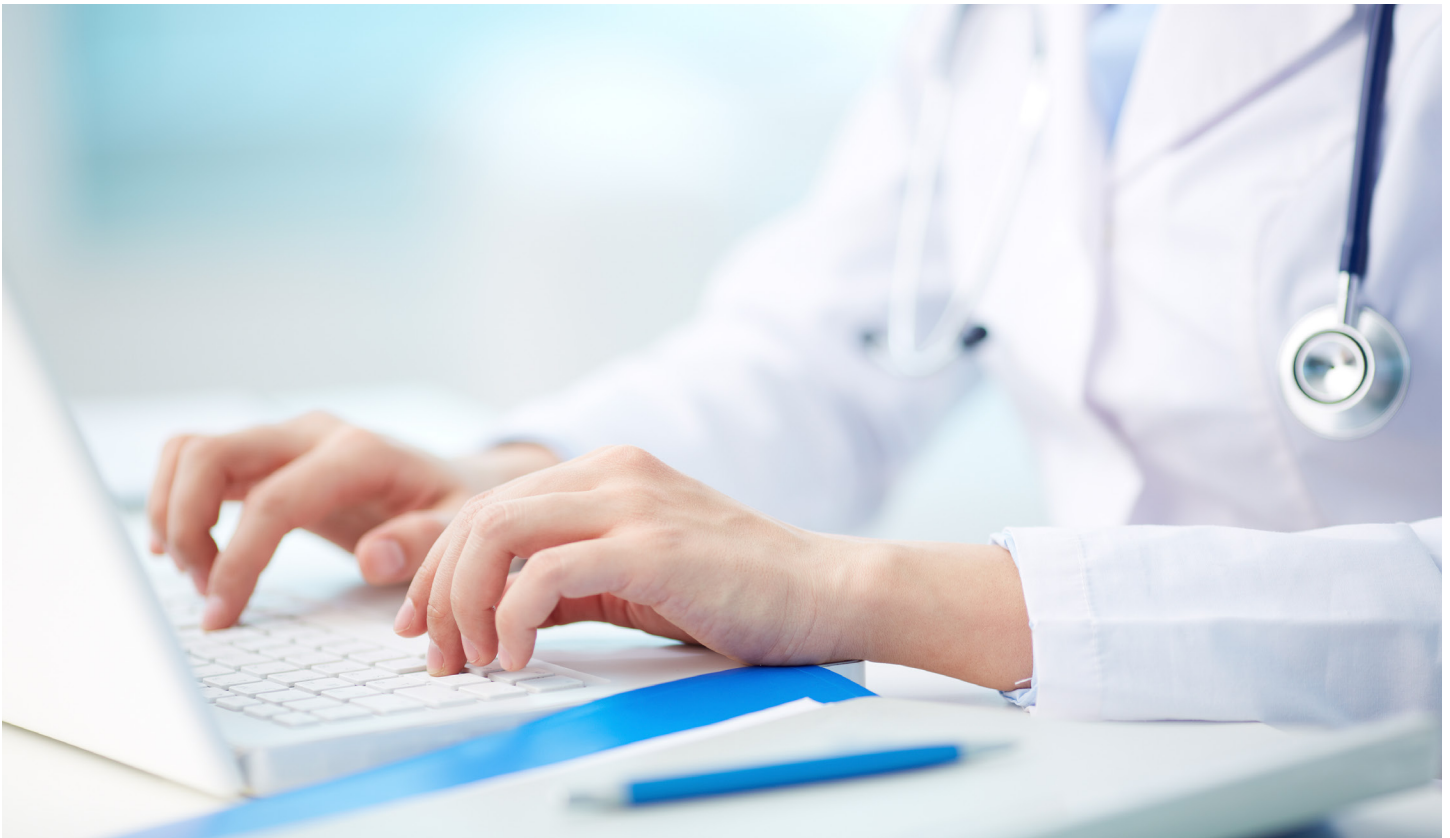
MDHHS also stated that it would be covering new CPT codes for reporting COVID-19 vaccines services. The coding information is based on the most recent information from the Centers for Medicare & Medicaid Services and the American Medical Association. Providers are encouraged to review the latest CPT coding guidance on the new reporting structure and additional resources available for COVID-19 vaccine and immunization services provided by the AMA at www.ama-assn.org/practice-management/cpt/covid-19-cpt-vaccine-and-immunization-codes.*

For review the MDHHS bulletin in full visit [Michigan.gov](https://www.michigan.gov).*

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



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Blue Cross Complete update payment systems with more options for providers

Effective October 22, 2020, Blue Cross Complete implemented payment systems to meet providers' requests for more payment options. The payment systems will allow providers the ability to receive the following payment options for claims reimbursement:

Virtual credit card — A virtual debit transaction in which randomly generated, temporary credit card numbers are either faxed or mailed to providers for claims reimbursement. The virtual credit card payment notification will contain a number unique to that payment transaction and an instruction page for processing the payment.

Note: Providers who aren't enrolled to receive electronic funds transfer, or EFT, will automatically receive the virtual credit card. If you don't wish to receive your claim payments through a virtual credit card, you can opt out by calling ECHO Health at **1-888-492-5579** to receive a paper check.

Electronic funds transfer — This option allows providers to receive payments directly in the bank account of their choice. When enrolled in EFT, providers will automatically receive electronic remittance advices for those payments. **If you are currently enrolled in EFT, no action is required.** If you'd like to enroll in EFT, visit [ECHO Health](#).*

Electronic remittance advice — Providers may also receive their electronic remittance advice from Change Healthcare and ECHO Health by including both the Change Healthcare payer ID: 32002 and the ECHO payer ID: 58379.

For more information, visit mibluccrosscomplete.com.

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

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Reminder: Health risk assessment required for Healthy Michigan beneficiaries

The health risk assessment is used to give providers and their Healthy Michigan plan patients a place to start when making health care choices that are right for them.

Providers now have alternative ways to submit the completed HRA form. In addition to submitting to Blue Cross Complete, providers can now submit HRA forms to MDHHS by fax to **1-855-287-7886** or through direct data entry in the Community Health Automated Medicaid Processing System otherwise known as CHAMPS within five business days of the member's appointment.

As a reminder, 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.

To access the HRA form visit: mibluccrosscomplete.com/providers.

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



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CAHPS survey going out to members

As a part of our NCQA* accreditation, Blue Cross Complete sends the Consumer Assessment of Healthcare Providers and Systems survey each year to random members. It asks them a series of questions about their experiences with their health plan and health care for the previous year. The survey will be distributed in February and March.

Here are some of the questions in the CAHPS* survey:

- In the last six months, how often did your personal doctor explain things in a way that was easy to understand?
- In the last six months, how often did your personal doctor listen carefully to you?
- In the last six months, how often did your personal doctor show respect for what you had to say?
- In the last six months, how often did your personal doctor spend enough time with you?
- In the last six months, how often did you get an appointment to see a specialist as soon as you needed?
- In the last six months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?

Please encourage your patients to complete the survey as it gives us an understanding about where we are performing satisfactorily and areas we can improve processes and procedures. If you have any questions about the CAHPS survey, contact your Blue Cross Complete provider account executive.



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*CAHPS®, which stands for Consumer Assessment of Healthcare Providers and Systems, is a registered trademark of the Agency for Healthcare Research and Quality

It is HEDIS® medical record review time

HEDIS®* is a performance measurement tool that is coordinated and administered by the National Committee for Quality Assurance* and used by the Centers for Medicare & Medicaid Services for monitoring the performance of managed care organizations. Results are used to measure performance, identify quality initiatives and provide educational programs for providers and members.

You play a central role in promoting the health of our members and you and your staff can help facilitate the HEDIS® review process by:

- Providing the appropriate care within the designated time frames
- Documenting all care in the patient's medical record
- Accurately coding all claims
- Responding to our requests for medical records in a timely manner

HEDIS data collection and release of information is permitted under HIPAA since the disclosure is part of quality assessment and improvement activities.*

We have a contract with Reveleer to assist us with this year's annual medical record review process. Reveleer employs licensed nurses and field technicians who have significant experience in medical record review and quality measurement. Reveleer and its staff have signed a confidentiality agreement with us.

As a reminder, as a Medicaid health plan, we don't reimburse providers for medical records.

Thank you for your cooperation with this important quality initiative. If you have any questions, contact your Blue Cross Complete provider account executive or Blue Cross Complete's Provider Inquiry at 1-888-312-5713.



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



Support for primary care physicians who manage patients with behavioral health programs

Launched in 2012 in collaboration with the Michigan Department of Health and Human Services, Community Mental Health, primary care physicians and local physician champions, the MC3 program offers same-day psychiatry phone consultation for primary care providers who treat women who are contemplating pregnancy, pregnant or postpartum (up to 12 months).

Primary care physicians who serve children, adolescents and young adults up to 26 years old are also eligible to participate. This includes medical doctors; doctors of osteopathic medicine; nurse practitioners; and physician assistants and certified nurse midwives in pediatric, family medicine and obstetrics and gynecology practices.

Through the program, psychiatrists are available through same-day phone consultations to offer guidance on:

- Diagnostic questions
- Medication recommendations
- Appropriate psychotherapy
- Local resources

How does it work?

- The treating provider or clinic designee initiates a call to the behavioral health consultant, a master's-level mental health professional based locally.
- The behavioral health consultant triages the referral, responds to any questions within the scope of his or her expertise, and forwards appropriate cases to the MC3 psychiatrist for a same-day phone consultation. In cases deemed urgent, the behavioral health consultant will suggest local resources for referral.
- Upon completion of the consultation between the psychiatrist and treating provider, a written summary of the consultation is sent to the provider, along with local resources. In select regions, telepsychiatry evaluations may be available as an additional resource.
- As a follow-up to the phone consultation, telepsychiatry evaluations are available as a one-time consultation, based on insurance.

University of Michigan psychiatrists and local behavioral health consultants are available by phone Monday through Friday from 9 a.m. to 5 p.m., excluding holidays. Extended hours are available on Mondays from 5 p.m. to 7 p.m.

For full details of the program, visit mc3.depressioncenter.org.*

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State offers communication toolkits to promote infant safe sleep

The Michigan Department of Health and Human Services offers a safe sleep e-toolkit that includes a variety of communication resources for providers to promote infant safe sleep on their social media platforms, website, email messaging and more.

According to the MDHHS website, guidelines in the toolkit to keep babies safe during sleep include:

- Placing baby on back, in a crib, bassinet or pack 'n' play for every sleep time — nap time and night time
- Using a firm mattress with a tightly fitted sheet
- Keeping baby's sleep space clutter-free — no pillows, blankets or toys
- Avoiding covering baby's head or overheating. Instead of a blanket, consider using a sleep sack, wearable blanket or footed sleeper to keep baby warm
- Reminding everyone who cares for baby, including babysitters and family members, how to keep baby safe while sleeping
- Keeping baby in a smoke-free environment.
- Supporting breastfeeding and immunization

Providers can learn more about the safe sleep toolkit and guidelines by visiting [Michigan.gov](https://www.michigan.gov).*



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