

March/April 2022

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Improving health equity

Health equity is a priority at Blue Cross Complete. Our goal is to help ensure each member has access to timely, quality care that suits the unique needs of each member. We believe every member deserves the opportunity to achieve optimal health regardless of race, gender identity, sexual orientation, level of education, ZIP code and other social factors that often play a role in health inequities.

Working together with providers is vital to achieving health equity. You play a critical role in the care our members receive and the daily decisions they make about their health.

As we work toward health equity, several initiatives are underway — some with a provider focus. These include providing enhanced reporting on member disparity information and sharing monthly Gaps in Care reports are shared with primary care providers at quarterly meetings.

We also know improving health equity requires a collaborative, evidence-based approach. Integrating science-based interventions with community preferences is being used nationwide to improve the health of underserved populations.

How you can practice evidenced-based health equity:

- Ask members questions to learn more about the social, economic and environmental factors they live in.
 - These conditions are also known as social determinants of health.
 - Social factors can impose significant barriers to a person’s health and wellness and may affect their ability or willingness to follow a recommended treatment plan.
 - Working together to adopt a “patient-centered” approach helps remove barriers to improved health and enhances quality of life for our members.
- Utilize Social Determinants of Health ICD-10 Z codes on all claims. This data helps us track and identify the unique, social needs impacting our members, specific populations who have similar struggles and connect them to resources.
- Form partnerships with community resource centers in the area who will collaborate with the members to assist with needs beyond their health concerns.

(continued on page 3)

*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.

Improving health equity (continued)

Any clinician (physician, nurse, social worker, community health worker, case manager or other provider) can document a patient's social needs.¹ SDoH code categories include:

- Z55 Problems related to education and literacy
- Z56 Problems related to employment and unemployment
- Z57 Occupational exposure to risk factors
- Z59 Problems related to housing and economic circumstances
- Z60 Problems related to social environment
- Z62 Problems related to upbringing
- Z63 Other problems related to primary support group, including family circumstances
- Z64 Problems related to certain psychosocial circumstances
- Z65 Problems related to other psychosocial circumstances
- Z75 Problems related to medical facilities and other health care

Each patient has unique life circumstances in addition to the symptoms they present when visiting your office or a clinic. Members often rely on their health plan to help eliminate barriers they're facing, such as access to better health care, safe and convenient transportation, safe housing and access to nutritional foods. These are only a few of the obstacles standing between minority populations and better health care.

How to reduce barriers to care:

- Listen to all your members' concerns and continue to be an advocate for healthy decisions. We want to encourage members to be self-sufficient while supporting them in any way we can.
- Form better relationships with our members (and all patients). This can help bridge the gap in communication between members and providers.
- Provide healthy equity training to staff for a better understanding of factors that cause inequities in health care, so member needs are recognized and addressed.
- Collaborate with area agencies, health departments and other resource centers who can

help assist members with things such as utility shutoffs, rent assistance and home improvements.

- Give options for telehealth. This allows members with transportation issues to still be seen and have their health concerns addressed.

Providers are critical in fostering a foundation in wellness for members that also offers support and advocacy. We actively offer gift card rewards to encourage members to schedule regular appointments and keep up with their routine screenings and vaccinations.

Offering members such rewards helps ensure they get needed care. Working together, we can implement best practices, bridge gaps and reduce barriers to help ensure health equity for all members.

Where are you in your health equity and social determinants of health journey? What challenges are you facing? What successes have you achieved? **We want to hear from you.** Your input will help us continue to enhance our efforts and provider resources. [Take our brief survey.](#)

¹American Hospital Association. ICD-10-CM Coding for Social Determinants of Health. Nov. 2019, [aha.org/system/files/2018-04/value-initiative-icd-10-code-social-determinants-of-health.pdf](https://www.aha.org/system/files/2018-04/value-initiative-icd-10-code-social-determinants-of-health.pdf). The information above is intended as a general resource for health care providers and isn't meant as a substitute for practitioner's medical judgment. Health care providers are encouraged to use their own judgment based upon all available information, best practice standards and the condition of the patient.



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Doing our part to support the community

Blue Cross Complete supports community organizations, shelters, churches and schools across Michigan to keep vital social service programs running and pantries stocked.

Over the past four years, Blue Cross Complete has donated approximately \$55,000 to the following organizations in need of toiletries for individuals and families experiencing homelessness and food insecurity.

Our Community Outreach team routinely stocks hygiene closets and pantries with self-care necessities including deodorant, toothpaste, dental floss, shampoo, soap and other toiletries.

Wayne Westland Schools, Region 10, Cities of Wayne and Westland

- School district with hygiene pantries for students

All Saints Episcopal Church, Region 10, Pontiac

- Church with free Saturday meal service and personal needs pantry

Common Ground Teen Sanctuary Crisis Center, Region 10, Pontiac

- Shelter and housing for teens in crisis, many needing hygiene items
- Other items include soap, deodorant, cleaning supplies, feminine hygiene needs

The WAVE Essentials Van, Region 10, Macomb County

- Mobile shower, clothing and personal needs pantry

Cristo Rey, Region 7, Lansing

- Community center with personal needs pantry

Helping Hands, Region 7, Charlotte

- Food pantry with personal needs and hygiene items available

Harbor Impact Ministries, Region 6, Kimball/Port Huron

- Community organization with monthly distribution of food, pet needs, personal needs and clothing. The Bear Necessities room is for personal hygiene items.

Project Starburst, region 4, Big Rapids

- Food pantry in west Michigan that began offering personal need and hygiene items

Tiny Pantries, statewide – five locations

- Tiny Libraries is an initiative, in partnership with Cardboard Prophets (Lansing) to have food pantries in areas of need.

Top to bottom:

Blue Cross Complete sponsorship plaque for the Faith and Femininity event.

Faith and Femininity: a nonprofit, student-led volunteer organization in Genesee County, filled over 500 women's personal hygiene bags with items including tampons, pads, and more. Bags were distributed to homeless shelters, churches and community agencies.

Community Outreach Team at Wayne Westland Schools Pantry



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Medicaid to cover coronavirus vaccine counseling for children

In December 2021, the Centers for Medicare & Medicaid Services announced state Medicaid programs must cover vaccine counseling visits for eligible children and beneficiaries under age 21. COVID-19 vaccine counseling visits will fall under COVID-19 vaccine administration as part of the Medicaid Early and Periodic Screening, Diagnostic and Treatment benefit and will be federally matched at 100% under the American Rescue Plan Act.

This action not only underscores the importance of vaccination education, but serves as a critical step toward boosting COVID-19 vaccine rates by increasing families' access to information when making decisions about vaccinations for their children.

According to CMS, Medicaid provides health insurance coverage to more than 40% of all children in the United States and a primary source of coverage for minority children.²

"By supporting conversations between families and health care providers and answering parents' questions, we can connect more children to effective vaccines," said CMS Administrator Chiquita Brooks-

LaSure. "Requiring states to cover vaccine counseling through Medicaid create[s] the space for children and parents to ask questions, get answers and receive the information they need from trusted partners."

The 100% federal match runs through the last day of the first quarter that begins one year after the end of the COVID-19 public health emergency. After the 100% federal match rate for COVID-19 vaccine administration (including pediatric COVID-19 vaccine counseling) that is available under the ARP expires, the federal government will match state Medicaid expenditures on COVID-19 vaccine administration at the state's applicable federal match rate.

As a reminder, states have the option to cover and reimburse counseling visits about COVID-19 vaccine administration, during which a COVID-19 vaccine isn't injected, for all Medicaid and Children's Health Insurance Program populations. State expenditures on such visits are matched at the state's applicable federal match rate.

²Centers for Medicare & Medicaid Services: [cms.gov](https://www.cms.gov)

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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 randomly selected 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.

See below for examples. 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 a better understanding about where we perform satisfactorily and what areas that need improvement. 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.

Eligibility for free or low-cost child care expanded

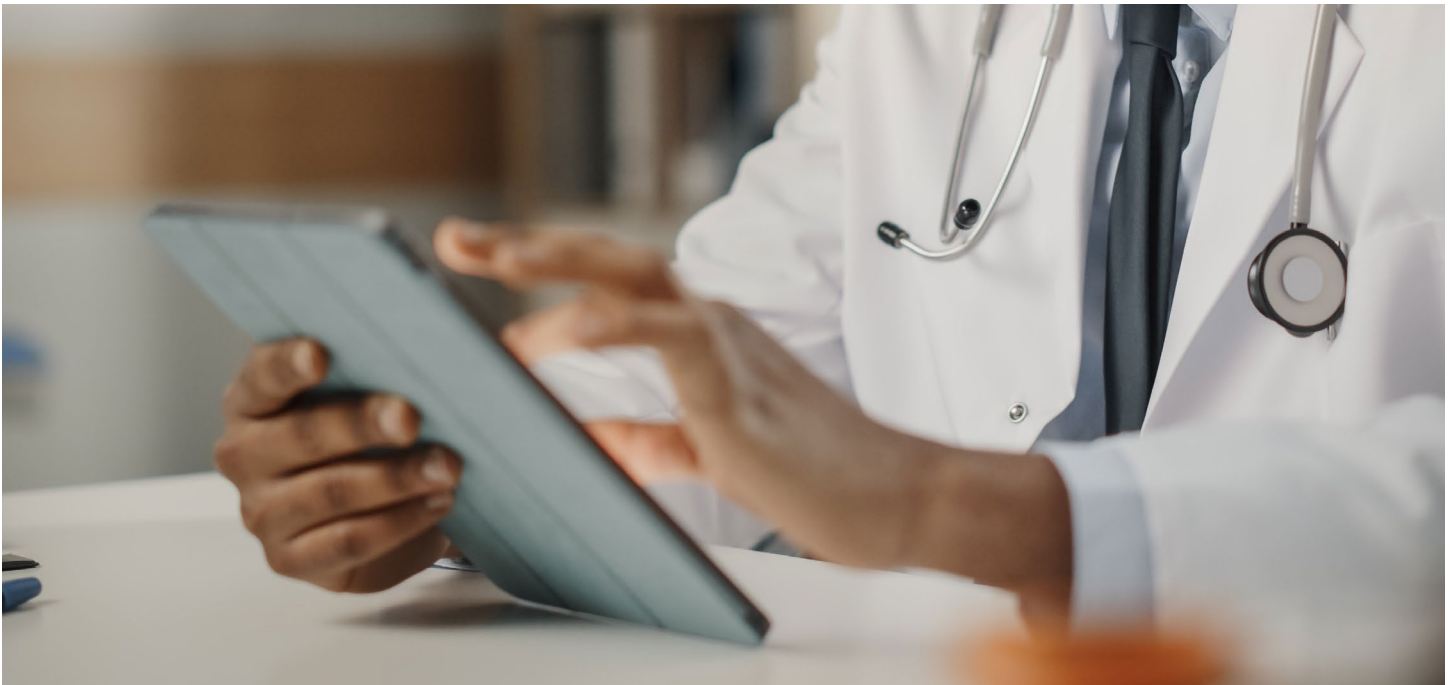
In November of 2021, [Governor Whitmer](#)* announced the expansion of free or low-cost child care to 105,000 more Michigan children. This action is helpful for parents trying to cover child care costs and get back to work. For example, working families of four earning up to \$49,000 will now be eligible for free or low-cost child care.

In addition to expanded eligibility, the amount a family contributes toward the cost of child care is being waived until September 30, 2022. This lifts some of the financial burden on the nearly 40,000 families currently receiving child care support from the state.

Eligible families must apply to receive child care support through the Child Development & Care Program, commonly known as the child care subsidy. To qualify, families must be income eligible, have a child under age 12 and have a qualifying need, such as working or going to school. Families can apply at michigan.gov.*



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It's HEDIS medical record review time

The annual Healthcare Effectiveness Data and Information Set, or HEDIS^{®*}, reporting period is just around the corner and we need your cooperation with our efforts to collect medical record data.

HEDIS is a performance measurement tool 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 contracted with CiOX and Optum to assist with the annual medical record review process. CiOX and Optum are required to comply with Health Insurance Portability and Accountability Act, or HIPAA, privacy requirements throughout the retrieval process.

CiOX and Optum are trained in medical record retrieval for HEDIS, CMS and state quality reporting programs. This data collection is permitted under HIPAA legislation.

Covered entities, including health plans and providers, are permitted to use and disclose protected health information to carry out treatment, payment or health care operations in accordance with the HIPAA Privacy Rule (see 45 C.F.R. §164.502 (a)(1)(ii)).

As a Medicaid health plan, Blue Cross Complete doesn't reimburse providers for medical records.

We appreciate 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](http://www.ncahq.org).

Help us keep the Blue Cross Complete provider directory up to date

Accurate provider directory information is critical to ensuring members can easily access their health care services. Please confirm the accuracy of your information in our online provider directory so our members have up-to-date resources. Some of the key items in the directory are:

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

To view your provider information, visit mibluccrosscomplete.com, then click the **Find a doctor** tab and search your provider name. If any changes are necessary, you must submit them in writing using Blue Cross Complete's **Provider Change Form** also at mibluccrosscomplete.com. Go to the **Providers** tab, click **Forms** and then click **Provider Change Form**.

Send completed forms by:

- Email: bccproviderdata@mibluccrosscomplete.com
- Fax: **1-855-306-9762**
- Mail: Blue Cross Complete of Michigan
Provider Network Operations
Suite 1300
4000 Town Center
Southfield, MI 48075

You must also make these changes with **NaviNet**. Call NaviNet at **1-888-482-8057** or email support@navinet.net. If you have any questions, contact your Blue Cross Complete provider account executive.



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

Keep medical records up to date for your patients

Providers are required to maintain accurate and timely medical records for Blue Cross Complete members for at least 10 years in accordance with all federal and state laws. Providers must also ensure the confidentiality of those records and allow access to medical records by authorized Blue Cross Complete representatives, peer reviewers and government representatives within 30 business days of the request at no charge.

As a reminder, medical records must include, at a minimum:

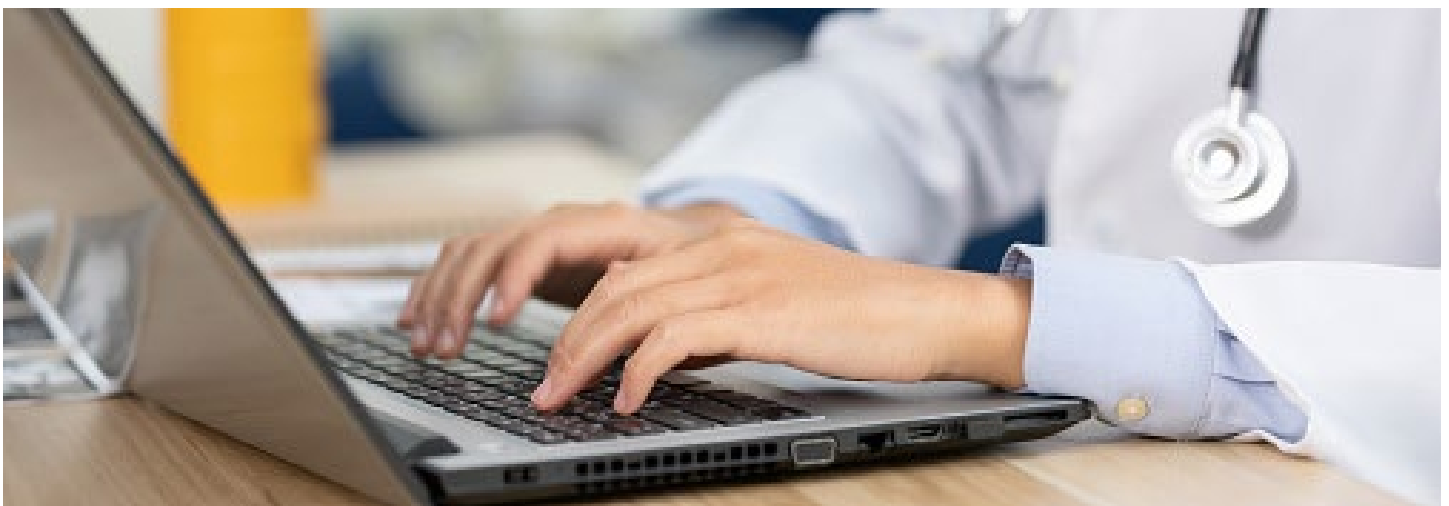
- | | |
|---|--|
| A. A record of outpatient and emergency care | I. Allergies and adverse reactions |
| B. Specialist referrals | J. Problem list |
| C. Ancillary care | K. Immunization records |
| D. Diagnostic test findings, including all laboratory and radiology | L. Documentation of clinical findings and evaluations for each visit |
| E. Therapeutic services | M. Preventive services — risk screening |
| F. Prescriptions for medications | N. Other documentation sufficient to fully disclose the quantity, quality, appropriateness and timeliness of services provided |
| G. Inpatient discharge summaries | |
| H. Histories and physicals | |

Medical records must be signed, dated and maintained in a detailed, comprehensive manner that conforms to professional medical practice, permits effective medical review and medical audit processes, and facilitates an organized system for coordinated care and follow-up treatment.

Providers must store medical records securely and maintain written policies and procedures to:

- Allow access to authorized personnel only.
- Maintain the confidentiality of all medical records.
- Maintain medical records so that records are documented accurately and in a timely manner, are readily accessible and permit prompt and systematic retrieval of information.
- Train staff periodically on proper maintenance of member information confidentiality.

Blue Cross Complete provides training and evaluates providers' compliance with these standards. If you have any questions, contact your provider account executive or call Blue Cross Complete Provider Inquiry at 1-888-312-5713.



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Reporting suspected fraud to Blue Cross Complete

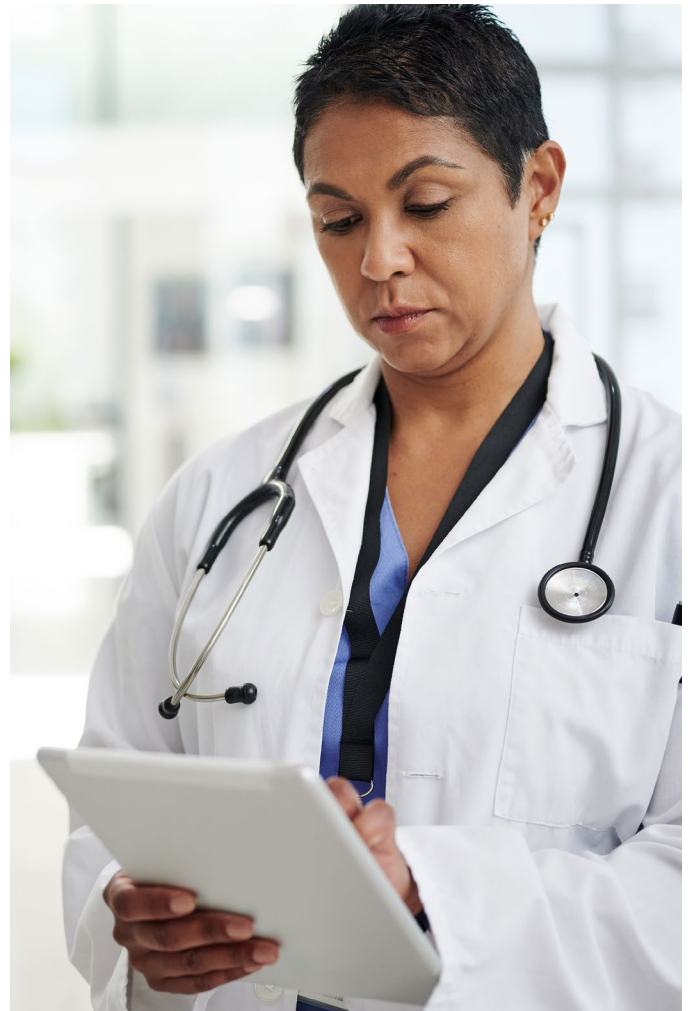
If you suspect another Blue Cross Complete provider, employee or member is committing fraud, notify Blue Cross Complete's Special Investigations Unit:

- Phone: **1-855-232-7640 (TTY 711)**
- Fax: **1-215-937-5303**
- Email: fraudtip@mibluecrosscomplete.com
- Mail: Blue Cross Complete
Special Investigations Unit
P.O. Box 018
Essington, PA 19029

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

- Website: michigan.gov/fraud
- Phone: **1-855-643-7283**
- Mail: Office of Inspector General
P.O. Box 30062
Lansing, MI 48909

You can make reports anonymously.



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