

May/June 2022

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Eliminating preventable maternal mortality

According to the Centers for Disease Control and Prevention, over 700 women die every year nationwide due to pregnancy-related complications. Although rare, these deaths are particularly tragic because about two in three could be prevented. Health care providers play a critical role in eliminating preventable maternal mortality.

To help reduce pregnancy-related deaths, the CDC recently released an updated website with new resources for health care professionals related to the [Hear Her](#) campaign. The website contains specific information for specialty providers focused on obstetrics, pediatrics and other fields of medicine.

- Obstetric professionals, such as OB-GYNs, obstetric nurses, midwives and women’s health nurse practitioners, have an opportunity to provide important education to pregnant and postpartum patients about the urgent maternal warning signs. It’s important for obstetric providers to build trust with patients when prenatal care begins and encourage them to share any concerns they may have.
- Pediatricians, pediatric nurses and other pediatric staff can be an important connection to care for postpartum patients. Women can suffer from pregnancy-related complications up to a year after birth. When doing infant check-ups, pediatric staff can ask moms how they are feeling and listen for urgent maternal warning signs that may be mentioned.
- Emergency department staff, paramedics, urgent care staff, primary care providers, mental health professionals and others have an important role to play in asking about recent pregnancy status and recognizing the signs and symptoms of pregnancy-related complications. It’s critical for providers to always ask if patients are pregnant or were pregnant in the last year.
- [Hear Her campaign](#) materials for providers include posters, palm cards, shareable graphics and sample social media content in English and Spanish. [Clinical resources](#), health equity, implicit bias awareness and other educational tools from a variety of organizations are also available. Information for health care professionals is available at [cdc.gov](#).

How you can promote

- Consider posting *Hear Her* campaign information in your office or publishing content in your newsletter, if applicable.
- Post on your social media channel using images and text found at [cdc.gov](#). Label your message with #HearHer.
- Embed one of the shareable graphics onto your webpage. Shareable graphics are found at [cdc.gov](#).

Thank you for your support and work to promote the health and well-being of pregnant and postpartum members.

*Our website is [mibluecrosscomplete.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 non-prescribers. 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 2021 overall compliance summary by appointment type:

Appointment availability — overall compliance				
	Providers	Compliant	Non-compliant	% Compliant
Total	734	554	180	75%
Primary care providers	153	92	61	60%
Pediatricians	51	39	12	76%
High volume	364	348	16	96%
High impact	218	205	13	94%
Prescribers	17	6	11	35%
Non-prescribers	119	46	73	39%

Appointment availability behavioral health summary:

Appointment availability — compliance summary by appointment type				
	2020 Total behavioral health	2021		
		Total behavioral health	Prescribers	Non-prescribers
Overall compliance	54%	38%	35%	39%
Urgent care	84%	72%	60%	73%
Initial visit routine care (BH)	78%	81%	60%	84%
Follow-up routine care (BH)	99%	98%	81%	100%
Emergency care	91%	91%	88%	91%
Non-life threatening emergency care	88%	71%	100%	67%
Wait time	98%	96%	100%	96%

Appointment availability specialist summary:

Appointment availability — compliance summary by specialist type				
	2020 Total	2021 Total	High volume specialists	High impact specialists
Specialist appointment	94%	94%	96%	94%

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Blue Cross Complete performs annual access and availability study

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2020/2021 overall compliance summary by appointment type comparison:

Appointment availability — compliance summary by appointment type				
	2020 Total behavioral health (BH)	2021		
		Total primary care providers	Primary care providers	Pediatricians
Overall compliance	72%	64%	60%	76%
Urgent care	99%	99%	99%	100%
Routine care	92%	99%	99%	100%
Preventive care	93%	92%	90%	100%
Emergency care	90%	78%	75%	86%
Wait time	92%	86%	85%	90%

After-hours availability summary:

After hours — overall compliance				
	Providers	Compliant	Non-compliant	Compliant
Total sample	252	169	82	67%

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.
- Offer telehealth 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 Provider Inquiry at 1-888-312-5713.

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How members access specialty care

Blue Cross Complete members may access specialty care services without an authorization through our comprehensive network of affiliated providers. Services rendered by providers not affiliated with Blue Cross Complete, including those outside the state of Michigan, must be preauthorized by calling **1-888-312-5713** (press 1).

In situations where an in-network specialist is unavailable, providers can request member referrals to access a specialty care provider affiliated with one of the public entities Blue Cross Complete doesn't contract with (Central Michigan University and Western Michigan University). This table shows the hospital systems that would require authorization before a member is seen there.

Public entity	Hospital system
Central Michigan University	Covenant HealthCare Ascension St. Mary's of Michigan
Western Michigan University	Ascension Borgess

To request assistance with an authorization, providers can contact Blue Cross Complete's Utilization Management department at **1-888-312-5713** (press 1).

Blue Cross Complete also covers services provided by unique providers, such as for services from federally qualified health centers, rural health clinics, local health departments, family planning clinics and child-adolescent health center services (immunizations, etc.).



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New online tool for prior authorizations

Blue Cross Complete has worked with [NantHealth|NaviNet](#) to bring providers **Open Authorizations**, a robust, intuitive and streamlined online authorization workflow. The new tool will replace JIVA in June 2022.

In addition to submitting and inquiring on existing authorizations, you'll also be able to:

- Verify if **no authorization is required**
- Receive **auto approvals**, in some circumstances
- Submit **amended authorization**
- **Attach supplemental documentation**
- Sign up for **in-app status change notifications** directly from the health plan
- Access a **multi-payer authorization log**

Want to learn more about **Open Authorizations**? Video tutorials and step-by-step instructions will be available in the [NantHealth|NaviNet](#) help center.

Will training be offered?

Blue Cross Complete will offer training on the new system. Provider account executives will contact providers with training dates and times as implementation approaches.

Tips for prior authorization

Inpatient admissions and certain outpatient procedures require prior authorization from Blue Cross Complete's Utilization Management department. The ordering provider or specialist should contact Utilization Management prior to the scheduled admission or procedure to confirm member eligibility.

All emergency or urgent inpatient admissions should be reported to Utilization Management by the next business day following an admission.

To prevent a delay in processing an authorization of inpatient hospital services, submit the following documents at the time of the request, if applicable:

- History and physical exam
- Pertinent labs
- Imaging findings

To submit a request with supporting documentation:

- Call **1-888-312-5713** (press 1, then 4 to request authorization).
- Fax **1-888-989-0019**.
- Visit the [NaviNet provider portal](#).

For more information, refer to Section 10 (Managing Utilization) of the [Blue Cross Complete Provider Manual](#).

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National Imaging Associates to manage diagnostic imaging services

Blue Cross Complete has entered into an agreement with National Imaging Associates Inc., a subsidiary of Magellan Health, to manage diagnostic imaging services such as MRI/CT/PET scans. **Effective May 1, 2022**, Blue Cross Complete will require prior authorization from NIA for the following non-emergency outpatient diagnostic imaging services under NIA's Medical Specialty Solutions program:

- CT/CTA
- MRI/MRA
- Myocardial perfusion imaging
- CCTA
- PET scan
- MUGA scan

Blue Cross Complete will oversee the NIA Medical Specialty Solutions program and continue to be responsible for claims adjudication.

- **The ordering physician is responsible for obtaining authorization prior to rendering any of the services listed above.** To obtain authorization, the provider should visit NIA's website at [RadMD.com](https://www.radmd.com), or call NIA toll-free at **1-800-424-5351**.
- Providers rendering any of the services above, should verify the necessary authorization was obtained by visiting [RadMD.com](https://www.radmd.com), or by calling NIA at **1-800-424-5351**. Failure to do so may result in nonpayment of claims.
- Emergency room, observation and inpatient imaging procedures don't require authorization.

As a reminder, an authorization number isn't a guarantee of payment. Authorizations are based on medical necessity and are contingent upon eligibility and benefits.

Blue Cross Complete encourages providers to develop a process to ensure appropriate authorization was obtained. Payment to the ordering physician and rendering facility will be denied for procedures performed without appropriate authorization.

We appreciate your continued support and look forward to your assistance in assuring that Blue Cross Complete members receive diagnostic imaging services delivered in a quality, clinically appropriate manner. If you have any questions, contact your Blue Cross Complete provider account executive or call Provider Inquiry at **1-888-312-5713**.



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What's an ancillary provider?

What to do if a member requires ancillary services

Ancillary services are diagnostic or support services physicians often use to help treat patients. One of the fastest growing sectors in health care, ancillary services represent almost 30% of medical spending nationwide, bankrate.com reports.¹ As health care costs continue to rise, ancillary service providers are an effective and cost-effective alternative to outpatient hospital and physician services.

Ancillary services are typically rendered in hospitals, skilled nursing facilities, medical offices, free-standing diagnostic testing facilities, ambulatory surgical centers or laboratories. During a hospital stay, any service or treatment that doesn't include room and board or direct care by a nurse or physician is considered ancillary. Outpatient physical therapy, X-rays, laboratory tests and ultrasounds are also examples of ancillary services.

Other examples of ancillary services include durable medical equipment, supplies and laboratory tests provided under home care, home infusion, hospice care and dialysis.

Ancillary services are specialized in nature, allowing physicians more time to work directly with patients and provide the best care possible. Without ancillary services, many providers wouldn't be able to function effectively.

Affiliated providers should use Blue Cross Complete's network of ancillary vendors, when possible. The table shows vendors preferred by Blue Cross Complete that provide covered services to members for outpatient laboratory services, durable medical equipment, prosthetics and orthotics and diabetic supplies for providers.

Guidelines related to ancillary vendors:

- Providers should use Blue Cross Complete's network of laboratory vendors, when possible.
- Providers should refrain from referring members to ancillary providers who aren't contracted with Blue Cross Complete, including those who operate exclusively outside of Michigan.

Type of service	Ancillary vendor
Laboratory	JVHL provides statewide network and third-party administration for outpatient laboratory services. Refer to the <i>Blue Cross Complete Claims</i> section of the <i>Provider Manual</i> for information on billable in-office laboratory procedures and guidelines for submitting claims. Phone: 1-800-445-4979 .
	Quest Diagnostics provides statewide outpatient laboratory service for Blue Cross Complete. Refer to the <i>Blue Cross Complete Claims</i> section of the <i>Provider Manual</i> for information on billable in-office laboratory procedures and guidelines for submitting claims. Phone: 1-866-697-8378 .
	Drugscan provides statewide outpatient clinical laboratory services. Refer to the <i>Blue Cross Complete Claims</i> section of the <i>Provider Manual</i> for information on billable in-office laboratory procedures and guidelines for submitting claims. Phone: 1-800-235-4890 .
DME, P&O and nondiabetic supplies	Northwood, Inc. provides the statewide network and third-party administration for most DME and P&O covered services and is contracted by Blue Cross Complete to authorize and pay for all DME and P&O covered services. Call Northwood at 1-800-393-6432 to identify a contracted supplier. Note: As a general rule, outpatient diabetic supplies aren't provided through the Northwood network.
Diabetic and incontinence supplies	J&B Medical Supply is Blue Cross Complete's statewide network vendor for outpatient diabetic and incontinence supplies. Phone: 1-888-896-6233 .

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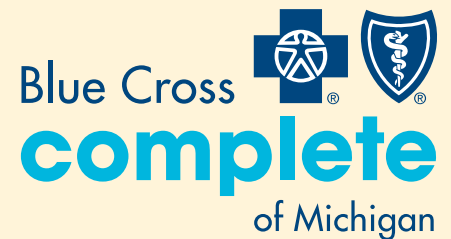
What's an ancillary provider? (continued from page 8)

Providers who believe a Blue Cross Complete ancillary provider can't meet member needs should contact the vendor or call Blue Cross Complete Utilization Management at **1-888-312-5713** (press 1) to submit a request for a service by a non-contracted vendor. This should occur prior to the service being rendered, unless it's an emergency.

¹<https://www.bankrate.com/glossary/a/ancillary-services/> Retrieved April 4, 2022.

Save the date for our virtual provider conference

Thursday, June 9, 2022
10 a.m. – 12 p.m.



Please save the date for Blue Cross Complete's Summer 2022 virtual provider conference scheduled for Thursday, June 9, 2022, from 10 a.m. to Noon. The virtual provider conference will be hosted exclusively on Zoom and will cover some of the following topics:

- Integration between health care and behavioral health
- Health equity
- NaviNet
- Doing business with Blue Cross Complete

Providers should receive a formal invitation with Zoom link registration instructions in May. If you have any questions about this event, contact your Blue Cross Complete provider account executive.

If you're unsure who your account executive is, scroll down to the bottom of the **Resources** page on mibluccrosscomplete.com to find **County-based contacts for providers**. Select your county, and the name and contact information for the appropriate account executive will appear.



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Blue Cross Complete behavioral health toolkit

Blue Cross Complete offers a Behavioral Health Provider Toolkit to help primary care providers identify conditions such as attention deficit hyperactivity disorder, anxiety and depression, and substance use disorders. The toolkit provides an array of materials that include screenings, medication management options and resources to help your practice manage our members.

To get the toolkit, visit mibluccrosscomplete.com/provider. If you have any questions, contact your Blue Cross Complete provider account executive or call Blue Cross Complete Provider Inquiry at **1-888-312-5713**.

Remind your patients about effective treatments for ADHD

Blue Cross Complete encourages you to remind patients diagnosed with attention deficit hyperactivity disorder, and their families, that they can receive medicine and behavioral health therapy, which may help with behavior changes. Children who get a prescription for ADHD medicine should see their doctor for a follow-up visit within 30 days. Your patient may need a second and third follow-up visit to make sure the medicine is working. With treatment, ADHD can be managed well. If your patient has been diagnosed with ADHD, it's important that they get the right treatment.

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

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

Accurate provider directory information ensures 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 items in the directory are:

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

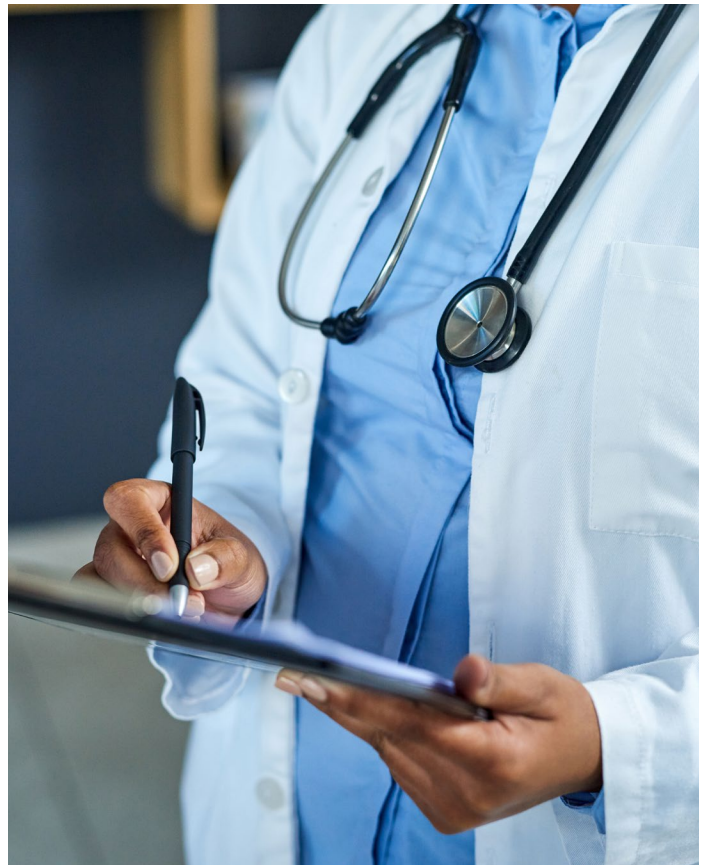
Keep medical records up to date for your patients

Medical records are important and help facilitate good care. Clear and legible records allow subsequent caregivers to understand the patient's condition and the basis for current medical testing, investigations or treatments. Proper record maintenance helps ensure treatment is carried out properly and facilitates communication between team members within a patient's "medical home."

Providers are required to maintain accurate and timely medical records for Blue Cross Complete members for at least 10 years in accordance with National Committee for Quality Assurance requirements and state law. 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
- B. Specialist referrals
- C. Ancillary care
- D. Diagnostic test findings, including all laboratory and radiology
- E. Therapeutic services
- F. Prescriptions for medications
- G. Inpatient discharge summaries
- H. Histories and physicals
- I. Allergies and adverse reactions
- J. Problem list
- K. Immunization records
- L. Documentation of clinical findings and evaluations for each visit
- M. Preventive services-risk screening
- N. Other documentation sufficient to fully disclose the quantity, quality, appropriateness and timeliness of services provided



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**.

Reporting suspected fraud to Blue Cross Complete

Health care fraud affects everyone. It significantly impacts the Medicaid program by squandering valuable public funds needed to help vulnerable children and adults access health care.

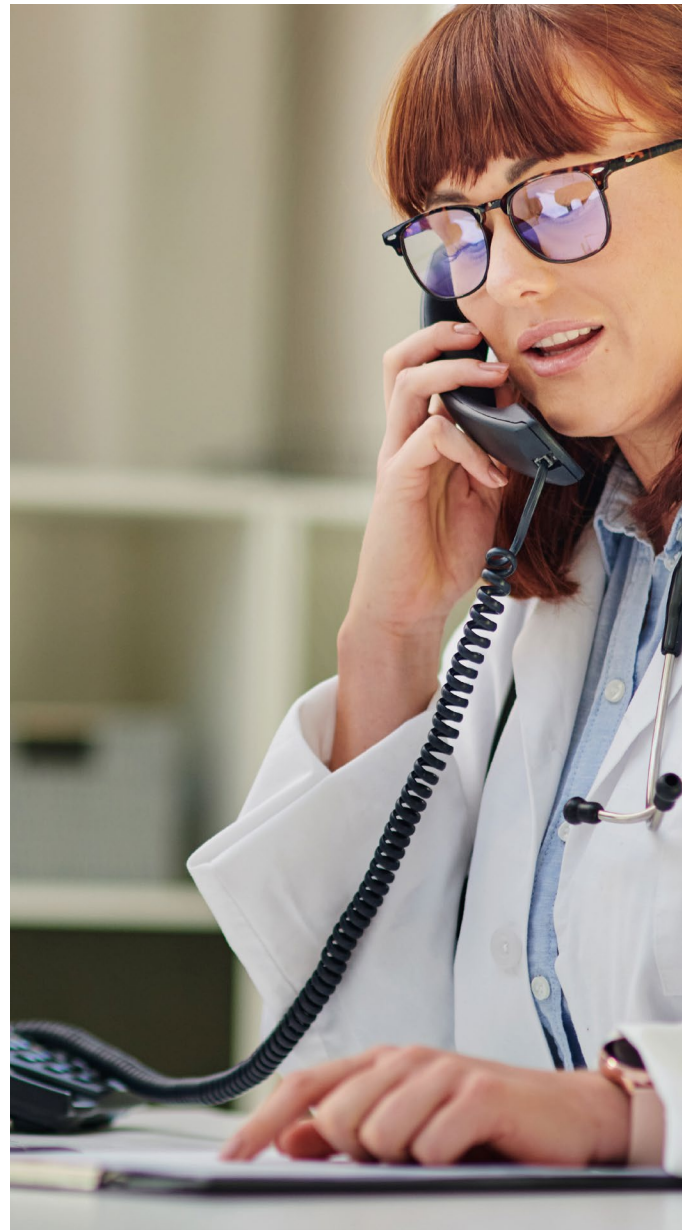
If you or any entity with which you contract to provide health care services suspect another Blue Cross Complete provider, employee or member is committing fraud, notify Blue Cross Complete's Special Investigations Unit:

- Phone: **1-855-232-7640 (TTY 711)**
- Fax: **1-215-937-5303**
- Email: fraudtip@mibluccrosscomplete.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

Reports can be made anonymously.



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