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Implicit bias training rules officially adopted

The Michigan Department of Licensing and Regulatory Affairs adopted new administrative rules on June 1 to require annual implicit bias training as part of the knowledge and skills necessary for licensure or registration of health care professionals in Michigan.

The new rules take effect one year later, on June 1, 2022, to allow training sponsors time to develop courses and give applicants an opportunity to take training prior to their next renewal date. Ordered in Executive Directive 2020-07 upon recommendation by the Michigan Coronavirus Task Force on Racial Disparities, the new rules aim to reduce disparities and improve equity in the delivery of health care to Michigan residents through practical education.

Implicit bias training may be sponsored by a nationally or state recognized health-related organization, an accredited college or university, a state or federal agency, a continuing education program approved by a state licensing board or an organization specializing in diversity, equity and inclusion issues. Several health care providers already offer implicit bias training and various health associations are currently developing training for their members.

Michigan currently licenses over 400,000 health care professionals and is a national leader in recognizing and addressing disparities that affect the equitable provision of health care. The announcement caps nearly 11

months of collaboration and engagement with licensees, insurance providers, hospitals, health care associations, legislators, state agencies, higher education, and community and advocacy groups.

“These rules will save lives and improve health outcomes for generations of Michiganders, especially those who have been historically and systemically discriminated against. They will make Michigan safer, healthier and more just,” said Governor Gretchen Whitmer.

“Implicit, unconscious bias exists within each of us, and as public servants we have a duty to understand and address how our biases can impact the lives of others,” said Lieutenant Governor Garlin Gilchrist. “The health disparities highlighted during the pandemic made it clear that there is more work to do to ensure that bias does not prevent people of color from experiencing the same access to quality, equitable health care as everyone else. Today’s new rules, which were a key recommendation of the Michigan Coronavirus Task Force on Racial Disparities, are additional building blocks that will help us create a culture of responsive inclusion that will make state government and the practice of medical professions in Michigan a national model for equality, understanding and fairness. I sincerely thank the task force members, partners and supporters for their work on this important effort.”

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*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.

Implicit bias training rules officially adopted (Continued from page 2)

New applicants for licensure or registration will need to complete a minimum of two hours of training, and applicants for renewal will need to complete a minimum of one hour of training each year. The annual training curriculum can cover a variety of topics related to implicit bias but must incorporate strategies to reduce disparities, including the administration of self-assessments. "LARA is proud to support our health care professionals in delivering the highest quality of care to all patients," said LARA Director Orlene Hawks. "While technical knowledge and clinical skills should always be held to a high standard, it is equally important that health professionals understand the ways in which they view and interact with the communities they serve. As a result of this new training requirement, we

anticipate improvements in the delivery of care, stronger relationships with communities and ultimately better health outcomes."

The new requirements are included in sections [R 338.7001 – 338.7005](#) of the Public Health Code — General Rules. For more information, visit [Michigan.gov*](#), contact your Blue Cross Complete provider account executive or call Blue Cross Complete Provider Inquiry at **1-888-312-5713**.

We Treat Hep C initiative: All providers able to prescribe hepatitis C medications

To help eliminate hepatitis C in Michigan and improve access to hepatitis C virus treatment for Medicaid beneficiaries, the Michigan Department of Health and Human Services no longer requires prior authorization for Mavyret® (glecaprevir/pibrentasvir) when prescribed in accordance with Food and Drug Administration-approved labeling as of April 1. As a result, hepatitis C medications no longer need to be prescribed by or in consultation with a hepatologist, gastroenterologist or infectious disease specialist.

All professional providers with prescriptive authority can prescribe this treatment to their patients with a hepatitis C diagnosis. While most cases of hepatitis C virus can be treated by primary care providers, some patients may need to have their treatment managed by a specialist, such as those who also have hepatitis B or HIV coinfection, those who previously failed hepatitis C virus treatment, those with liver cancer or those who have had a liver transplant. You can help eliminate hepatitis C as a health threat in Michigan by:

- Screening all adults for the hepatitis C virus infection at least once in their lifetime¹

- Evaluating those with confirmed hepatitis C infection for treatment
- Prescribing curative therapies for any patient infected with hepatitis C

Resources for providers

- Hepatitis C testing and screening recommendations: [cdc.gov*](#)
- Recommended Testing Sequence for Identifying Current Hepatitis C Virus (HCV) Infection: [cdc.gov*](#)
- We Treat Hep C: [michigan.gov/mdhhs*](#)
- Provider resource page on [mibluecrosscomplete.com](#).

¹The Centers for Disease Control and Prevention defines a hepatitis C virus screen to mean a blood draw to detect antibodies to hepatitis C virus, which are indicative of hepatitis C virus exposure. For people who are reactive for hepatitis C virus antibody, a subsequent test can be run (often from the same specimen) to detect hepatitis C virus ribonucleic acid in the blood to confirm presence of hepatitis C virus infection. See the CDC's recommended testing sequence flow for identifying current hepatitis C virus infection at [cdc.gov](#).*

*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.

Flu prevention season is here

As we enter flu season, it's time to start a flu prevention plan for your patients. The Centers for Disease Control and Prevention recommends a flu vaccine during each flu season as the first and most important step in protecting against the virus.

Here are a few additional reminders for your patients:

- Get the recommended amount of sleep.
- Eat a healthy, well-balanced diet.
- Minimize stress.
- Keep moving — exercise has numerous health benefits, such as boosting mood and energy. It also helps to promote better sleep.

To help prevent the flu, also remind your patients to:

- Wash their hands frequently with soap and warm water.
- Cover their nose and mouth if they sneeze or cough.
- If they feel sick or have flu-like symptoms, stay home to prevent further spread of the illness.
- If possible, avoid people who are sick.

Blue Cross Complete covers seasonal flu vaccines with no copayment for all of our members. They can receive the vaccine from a medical provider, local health department or pharmacy. For the pharmacy, call ahead to determine availability and ask about age limits, as most pharmacies have restrictions on vaccinating children under a certain age.

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



*Our website is [mbluecrosscomplete.com](https://www.mbluecrosscomplete.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.



Know the difference between the flu and COVID-19

As we enter into flu season while continuing to manage the COVID-19 pandemic, the Centers for Disease Control and Prevention has released articles on the difference between the two viruses.

In an article titled, "[Similarities and Differences Between Flu and COVID-19*](#)," the CDC listed the similarities as varying degrees of signs and symptoms. They range from no symptoms (asymptomatic) to severe symptoms. The most common symptoms of both flu and COVID-19 are:

- Fever, feeling feverish or having chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue (tiredness)
- Sore throat
- Runny or stuffy nose
- Muscle pain or body aches
- Headache
- Vomiting and diarrhea
- Change in, or loss of, taste or smell, although this is more frequent with COVID-19

According to the CDC, the difference between the two is that COVID-19 can cause more serious illnesses in some people. COVID-19 can also take longer before people show symptoms and some can be contagious for longer. Because many symptoms of flu, COVID-19 and other

respiratory illnesses are similar, the difference between them cannot be made based on symptoms alone. The CDC recommends testing to confirm a diagnosis. People can be infected with both flu and the virus that causes COVID-19 at the same time, while experiencing symptoms of both influenza and COVID-19.

The CDC indicated that flu or COVID-19 symptoms can appear within one or more days of a person becoming infected. If a person has COVID-19, it could take longer to experience symptoms than if they had flu.

Most people who get flu will recover on their own in a few days to two weeks, but some people can experience severe complications, requiring hospitalization. Additional complications associated with COVID-19 can include blood clots in the veins and arteries of the lungs, heart, legs or brain, and multisystem inflammatory syndrome.

While there are several prescription influenza antiviral drugs already approved by the Food and Drug Administration to treat flu, only one drug, remdesivir (Veklury®), has been approved to treat COVID-19.

[**Guidance on the treatment of COVID-19* is available from the National Institutes of Health.**](#)

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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Avoid antibiotic treatment for acute bronchitis

Antibiotic resistance has become a serious public health problem in the United States. The Centers for Disease Control and Prevention has been educating both physicians and patients to improve how we prescribe and use antibiotics.

Acute bronchitis is among the 10 most common reasons for outpatient visits in the U.S. each year. While the majority of acute bronchitis cases (more than 90%) have a nonbacterial cause, the CDC estimates that 30% of all antibiotics prescribed in outpatient clinics are unnecessary and can cause greater risk of side effects and potential for antibiotic resistance¹.

To protect your patients, be sure to let them know that antibiotics:

- Don't work on viruses
- Are only needed for treating certain infections caused by bacteria
- Won't work for cold or flu

It's important to only take antibiotics for bacterial infections, since they can put the member or his or her child at risk for harmful side effects and antibiotic-resistant infection.

One out of five medication-related visits to the emergency room are from reactions to antibiotics.

Any time antibiotics are used, they can cause side effects. When antibiotics aren't needed, they won't help the member, and the side effects could hurt him or her.

For more information, read the CDC article "[Be Antibiotics Aware: Smart Use, Best Care](#)"* or visit the CDC website for [Emerging and Zoonotic Infectious Diseases](#).* If you have any questions, contact your Blue Cross Complete provider account executive or call Provider Inquiry at **1-888-312-5713**.



¹National Center for Biotechnology Information, U.S. National Library of Medicine, Acute Bronchitis, ncbi.nlm.nih.gov/books/NBK448067, ncbi.nlm.nih.gov/pmc/articles/PMC2278319/.

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Help children and adolescents get caught up on recommended vaccines

In May, the Michigan Department of Health and Human Services reported a sharp decline in state vaccination rates for both pediatric and adolescent populations due to the COVID-19 pandemic. The downward trend for routine vaccination has continued through 2021.

There is an urgent need to protect pediatric and adolescent patients from a resurgence in vaccine-preventable diseases, such as meningococcal meningitis, measles and pertussis (whooping cough). For everyone's safest return to both school and other activities, it is imperative to ensure that everyone is up to date on all recommended vaccines.

Below are strongly recommended strategies from the Michigan Department of Health and Human Services Division of Immunization:

- Notify and schedule annual physical exams, required MHSAA sports participation visits and other medical visits for school-aged patients.
- Focus efforts to send recall letters using the Michigan Care Improvement Registry and messages to patients who are behind on vaccines ([instructions are here](#)*). Some recommended age groups are:
 - Children (4 to 6 years old)
 - Adolescents (11 to 13 years old)
 - Older adolescents (14 to 18 years old)

- Identify and contact patients who are due or coming due for a vaccination by using [MCIR QI reports](#).* Guidance on how to generate this report is available at [michigan.gov](#).*
- Offer convenient appointments, including nurse-only and vaccine-only visits for working parents and adolescents, such as times that are later into the evening and on weekends.
- Create and use [standing orders](#)* for nurse-only and vaccine-only appointments.
- Consider partnerships for school immunization clinics, offering vaccines to students, staff and the community (in-person or mobile units).

Michigan vaccinating providers have the opportunity to get everyone back on track with all immunizations and protected from vaccine-preventable diseases. You have an important role and are appreciated; we continue to need your help with these efforts.

*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 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%

2019 overall compliance summary by appointment type:

Appointment Availability — Compliance Summary By Appointment Type			
	2019		
	Total PCPs	PCPs	Pediatricians
Overall compliance	75%	71%	88%
Urgent care	98%	98%	100%
Routine care	94%	93%	98%
Preventive care	92%	91%	98%
Emergent care	96%	96%	98%
Wait time	88%	87%	92%

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Blue Cross Complete performs annual access and availability study

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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 Provider Inquiry at **1-888-312-5713**.

Transition of care requirements available

Members currently receiving services from a provider prior to enrolling with Blue Cross Complete may be able to continue receiving services at the time of enrollment for 90 days. This may also include certain prescriptions without prior authorizations. To review Blue Cross Complete's transition of care requirements for new members, visit mibluccrosscomplete.com.

*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.

Certain Philips Respironics ventilators, BiPAP and CPAP machines recalled due to potential health risks

On June 14, Philips Respironics issued a recall notification for certain CPAP, BiLevel PAP and mechanical ventilators manufactured before April 26, 2021, due to potential health risks. Philips indicated this recall was issued out of an abundance of caution and based on available information of potential health risks related to sound abatement foam used in specific Philips devices.

If your patient has one of these machines, you should have received a letter from Philips containing login credentials for a registration website. If you did not receive this letter, please call Philips at **1-877-907-7508**. After registration, Philips will notify you with additional information as it becomes available. DME providers can also initiate the registration process by visiting philipssrcupdate.expertinquiry.com.*

All affected devices are to be managed through the Philips recall process described above. Requests and claims for repair or replacement of these devices under recall should not be sent to Northwood. Providers must process requests through the Philips claims process and support center directly.

For more information on the recall and instructions for customers, users and physicians, visit philips.com.*



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Review criteria used for Blue Cross Complete utilization management determinations available

Criteria used for utilization management determinations are available upon request to all Blue Cross Complete practitioners, providers and members free of charge. Members, practitioners and providers are made aware of the availability of review criteria and how to obtain clinical criteria used for a utilization management determination through the provider and member handbooks and written utilization management determination letters.

Upon request, Blue Cross Complete personnel will fax a copy of the criteria used in the review.

To request criteria, contact Blue Cross Complete at **1-800-228-8554**. TTY users should call **1-888-987-5832**.

Clinical practice and preventive care guidelines endorsed

Blue Cross Complete endorses the clinical proactive and preventive care guidelines developed by the Michigan Quality Improvement Consortium to help ensure the delivery of consistent, quality medical care to our members. Approved clinical practice guidelines are available to all primary care providers and specialists.

In addition to the MQIC guidelines, Blue Cross Complete maintains an internal guideline for the diagnosis and management of chronic obstructive pulmonary disease and we use Change Healthcare's InterQual^{®**} criteria to make utilization management determinations regarding bariatric surgery.

Note: Blue Cross Complete guidelines supersede any other applicable guidelines.

Adherence to the clinical practice and preventive care guidelines is encouraged by Blue Cross Complete.

All guidelines are intended as a general resource to assist the practitioner and aren't meant as a substitute for the practitioner's medical judgment.

Ongoing monitoring of compliance with the preventive health guidelines is conducted through medical record reviews and quality studies.

Guidelines and updates are accessible to all providers at mibluccrosscomplete.com in the provider section under **Resources**. Blue Cross Complete also distributes clinical practice guidelines to members and prospective members upon request. More information about the guidelines can be found in Section 3 of the [Blue Cross Complete Provider Manual](#) at mibluccrosscomplete.com.

Blue Cross Complete will mail clinical practice guidelines to those who do not have fax, email or internet access.

To see the MQIC guidelines, visit mqic.org and click [CURRENT GUIDELINES](#).*

If you have any questions or want to request a copy of the specific criteria used to make a decision on a member's case, contact your Blue Cross Complete provider account executive or call Provider Inquiry at **1-888-312-5713**.

**InterQual[®] is a registered trademark of Change Healthcare LLC and/or one of its subsidiaries.

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Requirements for physical therapy billing explained

Blue Cross Complete provides reimbursement only for those services that are furnished in the most appropriate and cost-effective setting for the member's medical needs and condition. As a reminder, prior authorization is required for all physical therapy providers after the 24th visit.

Blue Cross Complete reimburses physical, occupational and speech therapy services reported by the same provider, for the same individual, on the same date of service according to the following guidelines:

- The procedure code with the highest total allowance is eligible for reimbursement at 100% of the provider's applicable contracted rate.
- Each subsequent procedure code will have a 30% reduction applied to the provider's applicable contracted rate when performed for the same individual, on the same date of service, by the same provider or practice.

Therapy multiple procedure reduction does not apply to claims submitted for children six years of age or younger.

Therapy services must be reported using the appropriate procedure code and modifier to distinguish the discipline under which the service was delivered. Physical therapy providers should always report modifier "GP" on claims.

In addition, when services are habilitative, they must be billed with the appropriate modifier that represents the nature of the therapy performed. For Blue Cross Complete members, physical therapy providers should refer to [prior authorization requirements](#). Here's how you can find them:

- Visit mibluccrosscomplete.com
- Click **Resources** under the **Providers** tab
- Scroll down to **Clinical and administrative resources**
- Click the **Administrative** tab
- Click on **Utilization management authorization requirements**.

For more information on Medicaid billing, refer to the Therapy Services chapter of the [Michigan Medicaid Provider Manual](#).*

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

Accurate provider directory information is crucial to help members get access to 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](https://navinet.net).^{*} 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.



^{*}**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.

^{*}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.



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 record of outpatient and emergency care
- Specialist referrals
- Ancillary care
- Diagnostic test findings, including all laboratory and radiology
- Therapeutic services
- Prescriptions for medications
- Inpatient discharge summaries
- Histories and physicals
- Allergies and adverse reactions
- Problem list
- Immunization records
- Documentation of clinical findings and evaluations for each visit
- Preventive services-risk screening
- 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, call your provider account executive or Blue Cross Complete Provider Inquiry at 1-888-312-5713.

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Report 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 by:

- Website: michigan.gov/fraud*
- Mail:
Office of Health Services Inspector General
P.O. Box 30062
Lansing, MI 48909

You can make reports anonymously.



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