Blue Cross complete of Michigan

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CONNECTIONS

July/August 2022

Contents

Changes to Blood Pressure Monitor Policy

As outlined in proposed Medicaid policy **2206-DMEPOS**, the Michigan Department of Health and Human Services will cover manual and automatic blood pressure monitors effective July 1, 2022. This is applicable to Medicaid beneficiaries of any age with uncontrolled blood pressure when all of the following are met:

- The treatment plan requires the beneficiary to self-monitor and record blood pressure readings at a minimum of once daily; and
- The beneficiary has any of the following conditions:
  - A history of heart disease, congenital heart defects or stroke
  - A neurological condition that affects blood pressure
  - Blood pressure fluctuations due to renal disease
  - Hypertensive disorders in pregnancy, childbirth, or the puerperium period (e.g., pre-eclampsia)
  - Chronic hypertension despite beneficiary compliance with the treatment plan (i.e., adherence to medication regimen, dietary changes, smoking cessation, etc.)
- The ordering practitioner or practitioner's nursing staff has educated the beneficiary on self-measurement of blood pressure, recording blood pressure readings, and have fit the beneficiary for the appropriate cuff size; and
- The medical supplier has provided further education regarding use of the monitor cuff, cleaning/maintenance, warranty information, troubleshooting errors, and the medical supplier's contact information for repairs/replacement or assistance for equipment malfunction.

An automatic blood pressure monitor is recommended over a manual blood pressure monitor unless the beneficiary has an adult family member or caregiver available to assist them in taking their blood pressure using the manual monitor. The family member or caregiver must be educated by the beneficiary's practitioner or practitioner's staff regarding proper use of the blood pressure monitor.

The blood pressure monitor must be registered with the Food and Drug Administration. *(Refer to the American Medical Association U.S. Blood Pressure Validated Device Listing of blood pressure monitors that meet the AMA criteria for clinical accuracy at* **validatebp.org**. *Provision of the link to the AMA validated device list is for provider information purposes only.)* Medicaid blood pressure monitor coverage isn't contingent upon the requested device being validated by the AMA.

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Changes to Blood Pressure Monitor Policy (continued from page 2)

Noncovered

Finger or wrist monitors are noncovered items.

Additions to documentation

Documentation must be less than 30 days old and include:

- Complete practitioner's treatment plan, including current blood pressure medications, frequency of checks, lifestyle changes (such as diet and exercise) and specific patient protocol, in case of an abnormal reading.

Frequency

One blood pressure monitor (manual or automatic) may be purchased within a five-year period. The blood pressure cuff may be replaced once every two years.

Changes to prior authorization requirements

Prior authorization isn't required for the following when standards of coverage are met and the beneficiary has one of the following diagnoses or conditions:

- Renal disease
- Hypertensive disorders in pregnancy, childbirth, or the puerperium period (e.g., pre-eclampsia)

Prior authorization is required for the following:

- Diagnoses or conditions other than those listed above
- Medical need beyond the standards of coverage
- Replacement of the monitor or accessories prior to frequency limitations

Warranty

All manual and automatic blood pressure monitors must have a minimum one-year warranty.

Changes to payment rules

A blood pressure monitor is considered a purchase-only item and includes all accessories necessary for operation of the monitor. Any warranties must be expired prior to requesting replacement of the monitor or accessories.

Refer to the Medicaid Code and Rate Reference tool within MDHHS' Community Health Automated Medicaid Processing System for Healthcare Common Procedure Coding System code coverage parameters. Refer to the Medical Supplier Chapter of the ***MDHHS Medicaid Provider Manual*** for all other policy requirements.

As a reminder, blood pressure monitors for Blue Cross Complete members are covered under **pharmacy**. Pregnant moms monitored prenatally via telemedicine may also be eligible to receive a blood pressure cuff with a prescription. To locate a durable medical equipment provider, call Blue Cross Complete Customer Service at **1-800-228-8554**. For questions about the pharmacy benefit, call Pharmacy Customer Service (PerformRx℠) at **1-888-288-3231**.

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Congenital syphilis cases rise in women, posing danger to unborn babies

According to the Michigan Department of Health and Human Services, the rate of primary and secondary syphilis in women has increased substantially across the United States; 21% from 2019-2020 and 147% from 2016 through 2020. Before penicillin was introduced in the 1940s, syphilis plagued U.S. soldiers. In recent decades, syphilis has largely been associated with men who have sex with other men. Data trends show primary syphilis shifting to a heterosexual epidemic. Michigan is following these trends with 21% of primary syphilis cases reported in 2021 occurring among women of childbearing age, leading to concerns about the health of their babies.

Congenital syphilis can cause a range of severe health impacts for infants, including blindness and other disabilities. Nearly two out of five die from the infection. But it's preventable and treatable if caught in time.

In 2013, 6% of Michigan syphilis cases were among women. By 2020, the most recent year for which data is available, the rate increased to 14%. In 2020, there were 29 cases of congenital syphilis, the disease occurring when pregnant women with syphilis pass it on to their babies. This was the highest number since 2003, when there were 34, according to MDHHS.

The U.S. Centers for Disease Control and Prevention reported 2,148 cases of syphilis in 2020. The nation hasn't seen such a number since 1994, and the CDC says totals have been rising every year since 2012. Preliminary 2021 data shows another jump to 2,268 cases.

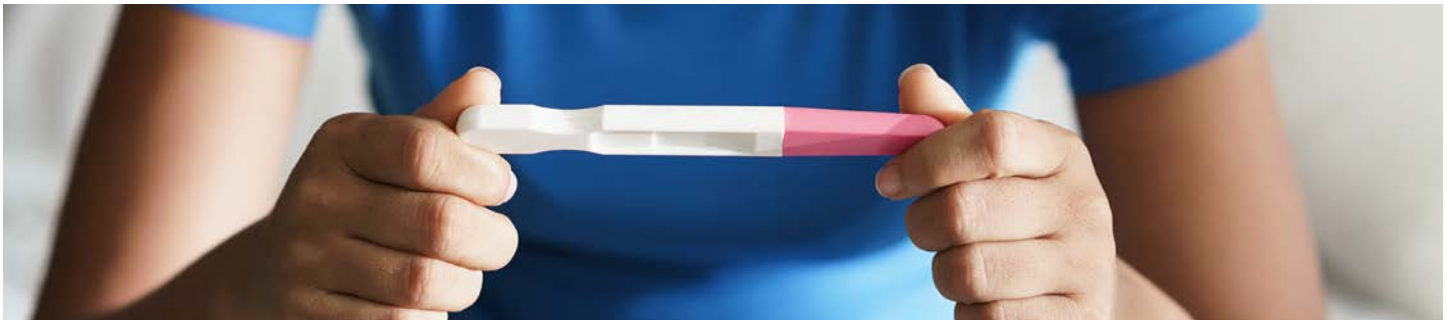
Syphilis symptoms can present in several stages. The primary stage is typically painless and may not be noted by those infected, as it resolves without treatment. When present, it's typically marked by painless sores in the genital area, mouth or rectum. In the secondary stage, skin rashes can appear on one or more areas of the body, possibly on the hands or soles of feet. Most patients who seek care do so with secondary syphilis symptoms. The disease is most likely to be transmitted during these phases. People can live for years without signs or symptoms of syphilis, but left untreated too long, it can develop into tertiary syphilis, affecting the heart and other organs.

To identify cases early in infection and prevent further transmission, clinicians are requested to follow these recommendations:

- **Test all women** who present with other sexually transmitted infections or have risk factors for STIs.
- **All pregnant women** who live in Michigan should be screened for syphilis at their first prenatal appointment and again in the third trimester between 28 to 32 weeks, as required by state law.
- **Infants** shouldn't be discharged from the hospital unless the mother has been tested for syphilis at least once during pregnancy and, preferably, again at delivery.

Treatment for syphilis should be appropriate for the diagnosed stage with one to three shots of benzathine penicillin G, 2.4 million units IM. (See **CDC Treatment Guidelines - Syphilis During Pregnancy**). Infants born to untreated mothers, or mothers with inadequate treatment (including those already treated **CDC Treatment Guidelines – Congenital Syphilis)**.

For more information on congenital syphilis, email Aleigha Phillips, MDHHS Congenital Syphilis Coordinator, at **phillipsa3@michigan.gov.** For other syphilis questions, email Karen Lightheart, MDHHS Statewide Provider Liaison, at **lightheartk@michigan.gov.**



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Lead screening and testing reminders

Lead is a poison that affects virtually every system in the body and is especially harmful to young children. The Flint water crisis brought attention to the importance of protecting children from lead exposure through screening and prevention.

The Centers for Disease Control and Prevention indicated 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.

Michigan Medicaid requires all children be tested at 12 and 24 months of age. Children from 36 to 72 months of age must be tested at least once. For more information on requirements and resources, visit **michigan.gov/mileadsafe**.

The CDC recently updated recommendations on children's blood lead levels and **uses a reference level of 3.5 micrograms per deciliter** to identify children with higher than average blood lead levels. The CDC's level is based on the population of children ages 1 to 5 who are in the highest 2.5% tested.

As of May 1, 2022, Michigan Medicaid policy aligns with CDC updates (MDHHS Bulletin 22-11). A blood lead level of 3.5 micrograms per deciliter or higher is now considered elevated. This is a change from the previous state standard of 4.5 micrograms per deciliter. The new blood lead reference value is based on the 97.5th percentile of the blood lead distribution in U.S. children ages 1 to 5 years from the National Health and Nutrition Examination Survey.

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 3.5 micrograms per deciliter. The MDHHS recommends using these tips for blood lead testing:

- Screening — Ask exposure-related questions only when a child isn't enrolled in Medicaid and doesn't live in a target community.
- Testing — Requires a capillary or venous sample from the patient to test for lead exposure.
  - Venous blood specimens aren't required for initial testing; capillary specimens are acceptable.

- If the capillary result is equal to or below 3.5 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 3.5 µg/dL, confirm results with a venous sample. The venous sample doesn't need to be taken in the primary care provider'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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Sickle cell disease coverage available for adults through MDHHS

Effective October 1, 2021, the Michigan Department of Health and Human Services expanded benefits under the Children's Special Health Care Services program to include sickle cell disease coverage for adults. As part of the 2022 fiscal year budget signed by Governor Whitmer, $6.7 million is projected to cover treatment costs for 400 adults with sickle cell who weren't previously covered.

"One of MDHHS's top priorities is expanding access to health care coverage through innovation," said Kate Massey, senior deputy director for the department's Health and Aging Services Administration." Addressing the needs of adult patients has been a challenge for many years. Expanding eligibility for sickle cell disease coverage to adults over age 21 improves the quality of care provided in Michigan."

The program covers services directly related to sickle cell disease, such as copays, deductibles, transportation, care coordination, access to CSHCS clinics and case management services. Approximately 2,800 adults in Michigan have sickle cell disease. To see the state's sickle cell disease **call to action** for health care providers, visit **michigan.gov**.

MDHHS encourages residents with sickle cell disease to contact their local health department for assistance with applying for coverage. Eligibility is based on medical circumstances, not income. Call MDHHS' CSHCS Family Phone Line for more information at **1-800-359-3722**.

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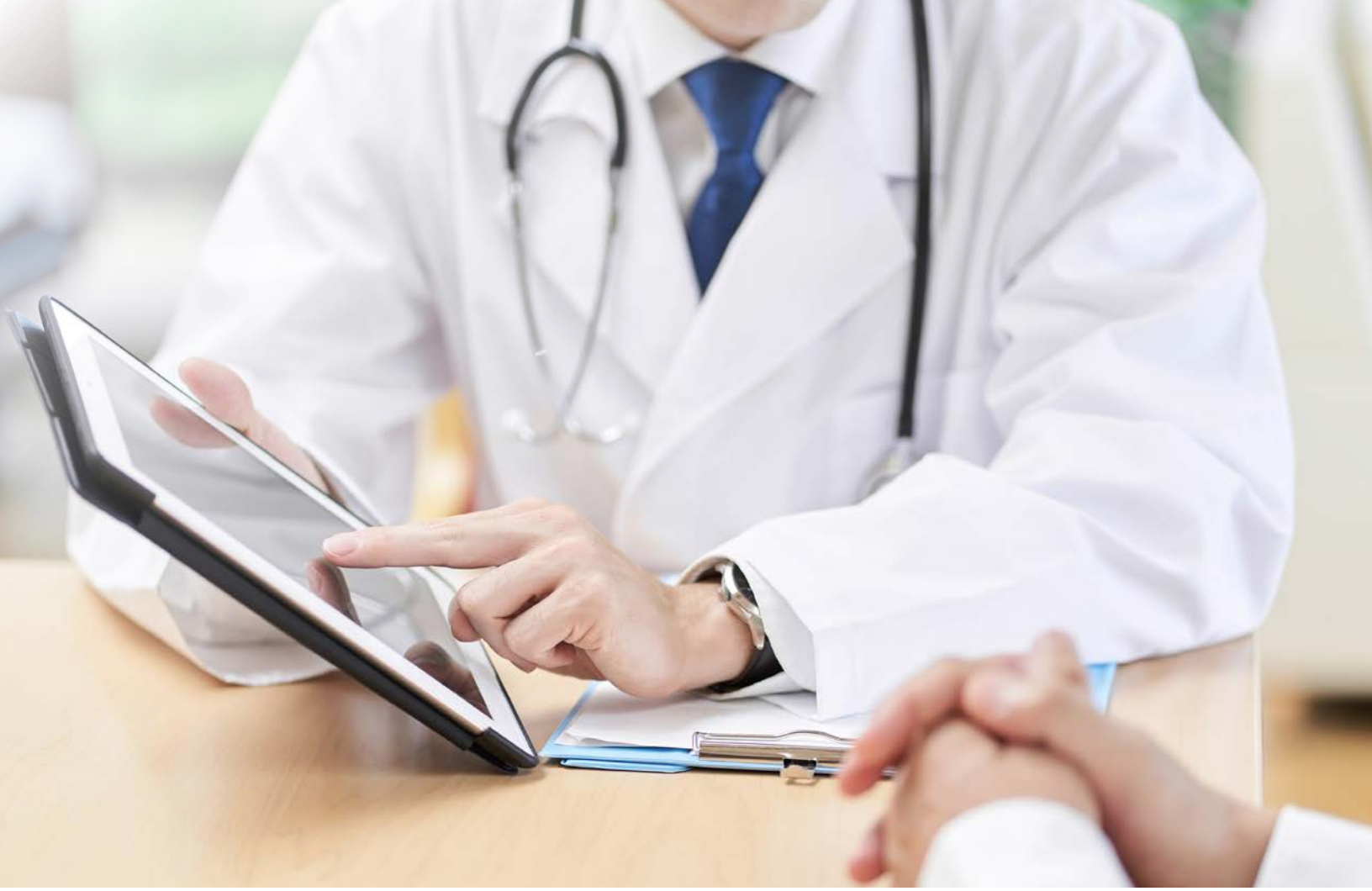

Connecting patients to community resources

Blue Cross Complete recognizes many things in life can also affect your patients' health. For instance, some patients may struggle with having enough to eat or need assistance finding a place to stay. Some might need help with heating and paying water bills. Do they need a ride to your office for appointments? We know it's difficult to get patients to their visits for important health screenings or other care when they're facing many of these other challenges.

To make it easier for you to assist your patients in meeting both their health and social needs, we've added a **Community Resource Hub** to our website. You'll find a variety of programs offering no-cost or reduced-cost services, including utilities, household items (clothing, home goods, medical supplies, toys), transportation, housing and food that may assist your patients in improving their quality of life. To find resources:

Visit **mibluecrosscomplete.com**.

1. Click **Resources**.
2. Click **Community Resources**.
3. Enter your patient's ZIP code into the search box.
4. Select the category that fits their needs.

Patients who don't have access to the internet can call our Rapid Response and Outreach Team at **1-888-288-1722** from 8 a.m. to 5:30 p.m. Monday through Friday. TTY users should call **1-888-987-5832**.

For more information, contact your Blue Cross Complete provider account executive or call Provider Inquiry at **1-888-312-5713**.

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Maternal Infant Health program

The Maternal Infant Health Program is Michigan's largest home visitation program designed for pregnant women and newborns. Blue Cross Complete members who are pregnant can get their primary maternal-infant health services through Blue Cross Complete's Bright Start® program or through a certified MIHP provider.

These preventive health services are intended to supplement regular prenatal and infant care and help providers manage the member's health and well-being. MIHP services include:

- Psychosocial and nutritional assessment.
- Professional services rendered by a multidisciplinary team that includes a social worker, nurse and nutritionist.
- Transportation.
- Childbirth (including midwife and nurse practitioner services, if billed as an obstetrics benefit).
- Parenting education.
- Referral to community services.
- Coordination with medical care providers.

For information on MIHP services, providers can call Blue Cross Complete's Provider Inquiry department at **1-888-312-5713**. Members interested in receiving MIHP services should be referred to Blue Cross Complete's Member Services department at **1-888-288-1722**.

Smoking cessation programs available for members

Members considering quitting tobacco have multiple resources available for support. The Michigan Tobacco Quitline offers free information, tobacco treatment referral, an online programs, and text-messaging 24 hours a day, seven days a week at **1-800-QUIT-NOW (784-8669)**. All Quitline coaches have a minimum of a bachelor's degree and have extensive training in tobacco dependence treatment. Many coaches are also certified tobacco dependence treatment specialists. Visit the **Make a Referral** page at **michigan.quitlogix.org** to refer patients to the program.

The Blue Cross Complete tobacco quit program is no-cost and phone-based. It helps members make a plan to quit using tobacco and offers support and encouragement to help them stick to their plans. Members interested in smoking cessation can call **1-800-QUIT-NOW (784-8669)**, 24 hours a day, seven days a week.

Drug benefits include over-the-counter and prescription medicines. See the Pharmacy Services section of ***Blue Cross Complete's Provider Manual*** for additional coverage information.

For more information, call Blue Cross Complete's Provider Inquiry at **1-888-312-5713**.

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Breastfeeding support during infant formula recall

There's a current nationwide shortage and widely reported access issues to standard infant formula (for use with healthy infants), as well as specialty formulas (for use with infants and children with health conditions). Infant nutrition is especially critical because for non-breastfed infants, formula comprises all or most of their nutrient needs.

Breastfeeding is a safe infant feeding option. Breastfeeding helps protect infants from foodborne illness and infections. Cronobacter and salmonella illnesses have been linked to infant formula recently, triggering the shortage and making breastfeeding the safer alternative. Families may have concerns about formula safety and want to maintain or increase their milk supply.

For information to assist your patients during the infant formula recall, visit the Michigan Women, Infants & Children program at **michigan.gov/mdhhs/assistance-progams/wic**.

Michigan moms are encouraged to contact a **Michigan WIC** breastfeeding peer counselor or WIC breastfeeding specialist for breastfeeding information and support.

Consumers are advised against making their own formulas, diluting formulas to 'stretch' them further, or using cow's milk, due to health and safety concerns. In response to the formula recall, MDHHS has implemented a U.S. Department of Agriculture waiver and expanded the list of authorized formula brands residents are allowed to access as alternatives at the store. MDHHS has also notified health care providers statewide about the expanded formulary and other formula procurement tips.

Maintaining and increasing human milk supply is important, particularly when infant formula availability may be limited. Tips to help support breastfeeding:

- Moms who are combining breastfeeding and infant formula feeding should breastfeed more often to increase milk supply and reduce the need for infant formula. The more milk that is removed, more milk will be produced. See the **U.S. Department of Agriculture WIC Breastfeeding Support** website for more information.
- Ask any patients who are thinking about weaning from breastfeeding to consider waiting to avoid introducing or increasing potential formula use.
- It's possible to bring back a milk supply after breastfeeding has stopped, or to start producing milk even if a baby wasn't initially breastfed. Lactation consultants can help.

Breastfeeding is one of the best things new moms can do for their babies. Having support along the way can help ease the challenges breastfeeding sometimes presents. To learn more, visit **wicbreastfeeding.fns.usda.gov**.

Donor milk

The Food and Drug Administration suggests that a decision to give donor human milk to infants should be made in consultation with the baby's health care provider and that only screened donor human milk should be used.

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On the road to achieving diabetic health equity

Enterprise Business Incentive Plan health equity goal

At Blue Cross Complete, our performance targets are based on improving member outcomes strengthening our business and deepening our community outreach. Our 2022 Enterprise Business Incentive Plan has financial and nonfinancial related performance targets that are aligned with our mission and strategic priorities. 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.

The nonfinancial targets include diversity, inclusion, helping our members address social determinants of health, achievement of health equity and community investment. These multifaceted strategies help to lessen the burden of poverty of members through innovation and partnerships with both members and providers. We want to deliver on our commitment to providing our members with access to health care, so performance incentives focus on reducing health disparities and the social and racial inequities that create barriers to a person's overall quality of life. Additionally, we will measure our success by the participation rate of associates in diversity, equity and inclusion programs help ensure we achieve high levels of cultural responsiveness.

A recent comparison and analysis of compliance data trends for diabetes by race showed that African-American members had a much lower percentage of compliance with diabetes treatment than Caucasian members. With this in mind, Blue Cross Complete has implemented a multi-faceted approach to determine interventions that will focus on the individual, improve internal processes and help improve compliance, overall. Most importantly, we want to develop best practices for outreach to diabetic, African-American members or those at risk of developing diabetes with a goal of narrowing the gap between both populations. The focus will be on these specific areas: HbA1c above 8, blood pressure control, and promoting regular eye exams.

Provider involvement

Blue Cross Complete has also collaborated with the National Kidney Foundation of Michigan and another vendor to offer a version of its evidence-based lifestyle change diabetic prevention program to members in the African-American population who are at risk. Outreach will be conducted to interested members to enroll and participate in the 16-week program, which will be held virtually, in person or a combination of both.

Focused on a specialized population, members enrolled in the NKFM Diabetic Prevention Program will be referred for diabetic tests and appointments such as HbA1c, blood pressure control and eye exams, which may also increase the plan compliance rate on the HEDIS Comprehensive Diabetic Care measure

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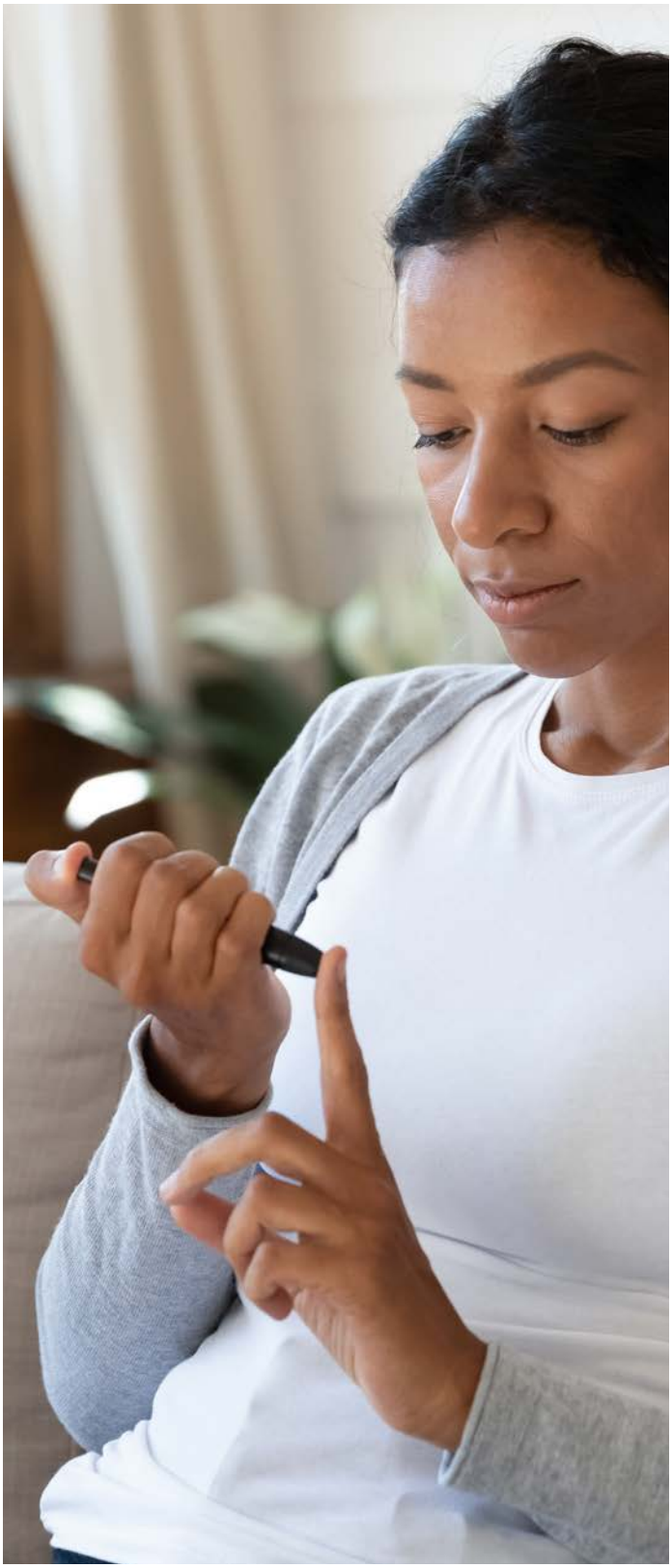
On the road to achieving diabetic health equity (contuned from page 10)

for 2022. Although Blue Cross Complete encourages enrollment/referrals of members to the NKFM Diabetes Prevention Program to help close gaps in diabetic care, participation isn't mandatory. After members are referred to the program, the NKFM integrates program activities with your practice to perform outreach to each referred patient, guide them through the registration process and provide your practice with aggregate or individualized feedback reports on your patients' health outcomes. More information on the Diabetes Prevention Program is available at **readysetprevent.org**.

You play a critical role in addressing and achieving diabetic equity. Providers receive incentives when meeting HEDIS metrics for HbA1c, blood pressure control and diabetic eye exams. Blue Cross Complete also offers gift card incentives to members for completing routine appointments for breast cancer screens and other preventive measures. Mentioning incentives to members may help motivate them to be self-sufficient in making healthy decisions.

Member referrals to case management is another way providers and Blue Cross Complete nurses can work together to develop specific treatment plans and make access to resources available to members in their community. Treatment decisions should be timely, rely on evidence-based guidelines and be made collaboratively with patients based on individual preferences, prognoses and comorbidities.

Providers are also encouraged to consider the burden of treatment and self-efficacy of patients when recommending treatments. Treatment plans should align with the Chronic Care Model, emphasizing productive interactions between a prepared proactive practice team and an informed activated patient. When feasible, care systems should support team-based care, community involvement, patient registries and decision support tools to meet member needs. Team-based health care can help people with diabetes prevent or manage complications and improve their quality of life. At every health care visit, primary care providers and all members of a patient's health care team can encourage members to take their medication as prescribed and keep up with regular appointments. Together, we can help ensure our diabetic population receives the best care through collaboration and consistent messaging.



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Improve health equity - report Social Determinants of Health on claims

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 individual 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.

Social determinants of health are conditions in the places where people are born, live, learn, work, worship and play that affect a wide range of health risks and outcomes.[2]

These 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. By working together to adopt a "whole-person" approach, we can help remove barriers to improved health and enhance quality of life for members.

We know improving health equity requires a collaborative, evidence-based approach. 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.

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 member to assist with needs beyond their health concerns.

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Improve health equity - report Social Determinants of Health on claims (continued from page 12)

Any clinician (physician, nurse, social worker, community health worker, case manager or other provider) can document a patient's social needs. 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.
- 0Z75 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 that 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 foster 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 encourage them to get the care they need. 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**.

[2]The Centers for Disease Control and Prevention, **Social Determinants of Health: Know What Affects Health**

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Diabetes screening for people with schizophrenia or schizoaffective disorder who are using antipsychotic medications

People with schizophrenia or schizoaffective disorder are at a greater risk of developing diabetes due to antipsychotic medications, obesity, poor diet, lack of exercise and other social determinants of health. Diabetes screening is especially important for anyone with schizophrenia or schizoaffective disorder who is being treated with antipsychotic medications. Diabetes is treatable, but these same adults are also at greater risk for developing cardiovascular disease even if their diabetes is under control. Addressing physical health needs is an important way to improve health, quality of life and economic outcomes. To protect your patients, be sure to:

- Encourage them to have an HbA1c and LDL-C performed at least annually.
- Review and discuss all lab results with them.
- Coordinate care with their treating behavioral health specialist.

Reminder: Monitor major depression treatment with your patients

Blue Cross Complete encourages providers who are treating patients for major depression with antidepressant medications to see those patients at 12 weeks and six months to monitor their treatment plans.

According to the National Committee for Quality Assurance, patients need to be monitored carefully during the first three to six months of treatment so the clinician can adjust the dosage or type of medication as necessary. Taking the correct medication as prescribed, and for the prescribed time, is important to the well-being of the patient.

If you haven't done so yet, please follow up with your patients to help ensure their treatment plans are successful.

If you have any questions, contact Blue Cross Complete Provider Inquiry at **1-888-312-5713**. Members can also receive assistance with case and complex case management services by calling **1-888-288-1722**.

Early and periodic screening, diagnostic and treatment visit reminder

As a reminder, federal regulations require state Medicaid programs to offer early and periodic screening, diagnostic and treatment services to eligible Medicaid beneficiaries younger than age 21.

EPSDT visits cover medically necessary screening and preventive support services for children. Visits should be performed in accordance with the guidelines of the American Academy of Pediatrics.

For more information on EPSDT, visit **mchbb.hrsa.gov**.

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Lung health initiative successfully champions Medicaid asthma billing change

There's a new benefit for providers who incorporate education into an asthma patient's visit.

Medical billing records show less than 10% of Michigan asthma patients receive regular self-management education during health care visits, despite strong correlation between asthma education and improved patient outcomes. Additionally, children with asthma who receive regular education have improved lung function, reduced school absenteeism and fewer visits to the emergency room.

Increasing patient education is a core mission of Inspiring Health Advances in Lung Care or INHALE, a recently launched collaborative quality initiative at Michigan Medicine. INHALE is supported by Blue Cross Blue Shield of Michigan and Blue Care Network as part of the BCBSM Value Partnerships initiative. INHALE leadership identified the disappointing education rate as an early priority for the CQI and worked collaboratively with the Asthma Initiative of Michigan to successfully advocate for the Michigan Department of Health and Human Services to accept asthma education as a Medicaid-covered service for Michigan providers.

"Drug delivery to the lungs is exceptionally difficult and teaching patients how to use their medications reduces side effects and improves asthma control and quality of life," said Njira Lugogo, M.D., INHALE's program director and Michigan Medicine's asthma program director. "Ultimately, the goal is for patients with asthma to live full and productive lives unaffected by asthma."

The demonstration and evaluation of patient utilization of respiratory medications and devices became a covered service for Michigan physicians, practitioners, medical clinics, health departments and child and adolescent health centers in **January 2022**.

"This change in billing coverage enables providers to receive reimbursement for patient education which is a critical component of asthma care," said Dr. Lugogo.

The anticipated reimbursement rate is $9.91 per visit through billing code 94664. Providers with questions about INHALE are encouraged to email **contact@inhalecqi.org**.

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Do you know your Blue Cross Complete provider account executive?

If you have questions about electronic funds transfer or CHAMPS enrollment or renewal, need provider orientation or training on NaviNet or would like to schedule a visit, email us or give us a call.

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We'd like to support your participation in providing the highest-quality care to our shared patients.

*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.

Treat Hep C: Take action

Aimed at eliminating hepatitis C virus in Michigan, the Michigan Department of Health and Human Services' "**We Treat Hep C**" public health campaign is entering its second year. The initiative involves increasing the number of people who are tested for the hepatitis C virus, or HCV, infection, increasing the amount of providers who screen for and treat HCV while expanding access to curative treatments.

Why test all your adult patients for HCV?

According to the Centers for Disease Control and Prevention, almost half of people with hepatitis C are unaware of their infection. New cases of HCV are rising, especially among reproductive age adults. From 2015 to 2019, rates of new HCV infections increased by more than 60%. In 2019, more than 63% of HCV infections occurred in adults 20 to 39 years of age.

Through the We Treat Hep C initiative, MDHHS' goal is to treat all of the estimated 40,000 Medicaid beneficiaries with HCV. With the removal of prior authorization on curative therapies such as Mavyret® in 2021, this goal is within reach. **As a reminder, hepatitis C medications don't need to be prescribed by or in consultation with a hepatologist, gastroenterologist or infectious disease specialist.** All professional providers with prescriptive authority can prescribe Mavyret or other direct-acting antivirals to their patients with a hepatitis C diagnosis.

Treatment with Mavyret is available to all Medicaid ($1 copay) and Healthy Michigan Plan (no copay) beneficiaries at little to no cost. Other direct-acting antivirals ($3 copay) require prior authorization and will be approved only when Mavyret isn't clinically appropriate.

Providers can help eliminate hepatitis C by:

- Screening all adults for the hepatitis C virus infection at least once in their lifetime.[1]
- Incorporating orders for hepatitis C tests in routine primary care.
- Evaluating those with confirmed hepatitis C infection for treatment.
- Prescribing curative therapies for any patient infected with hepatitis.

- Referring patients to **Mavyret Nurse Ambassador Program** for treatment support.

Resources for providers

- Hepatitis C screening and testing recommendations: **cdc.gov**.
- Treating hepatitis C in pregnancy: **hcvguidelines.org**.
- Recommended Testing Sequence for Identifying Current Hepatitis C Virus (HCV) Infection: **cdc.gov**.
- **Simplified Guidelines for Hepatitis C Treatment in Adults**: a Quick Reference for Michigan Providers (PDF).
- We Treat Hep C: **michigan.gov/mdhhs**.
- We Treat Hepatitis C: **Clinical Fact Sheet**
- **Henry Ford Health System Hepatitis C Clinical Consult Program** — A no-cost, consultation phone line, **313-575-0332**, is available Monday through Friday from 8 a.m. to 5 p.m. for all health care professionals with questions about HCV disease management and treatment.

[1]The 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**.

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Supporting mental well-being during pregnancy

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

Primary care providers who serve children, adolescents and young adults up to 26 years old are 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 or 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.
- The program integrates with the High Touch, High Tech (HT2) *Mommy Check-Up* smartphone application and offering access to additional specially trained regional behavioral health consultants.
  - What is HT2? High Touch, High Tech is a collaborative program pairing technology-based screening and brief intervention for pregnant women (*Mommy Check-Up* smartphone application) with same-day access to virtual counseling and care coordination through remote behavioral health consultants.
    > High Tech. The *Mommy Check-Up* is an easy-to-use mobile app available to any clinic providing care to pregnant mothers in Michigan. Prior to a new intake appointment, the app screens patients for behavioral health risks; those who screen positive are offered a brief motivational intervention provided directly by the application, and are then helped to get connected to services.

    > High Touch. The *Mommy Check-Up* app can connect patients directly with the "High Touch" element of behavioral health services via tele-counseling, which can be provided either at home or in the waiting room.
- 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.

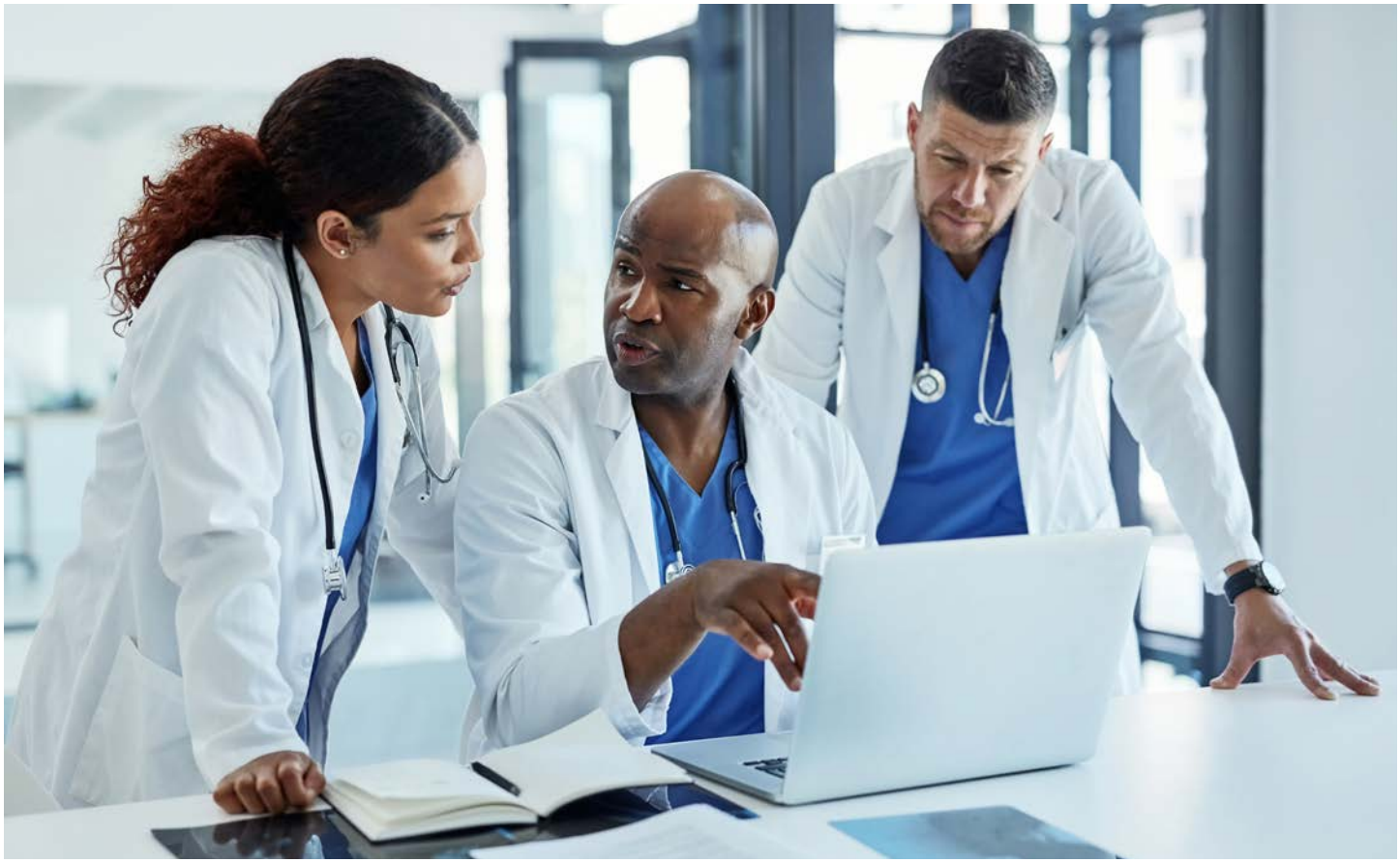
Does it work?

Yes. Clinical depression and anxiety drops by 50% in the first month of services.

- Each patient is discussed in weekly panel review with psychiatrist.
- In 88% of cases, medication recommendations are communicated to the OB-GYN provider within one week.
- Updates to the OB-GYN provider about patient care is communicated three times, on average.

The MC3 Perinatal Program is funded by Healthy Healthy Babies through the MDHHS as a Michigan Medicine Program. 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 more details, visit **mc3michigan.org** or call **1-844-828-9304**.

Providers need to register to become part of the MC3 program. Please scan this QR code to register.



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. 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 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 **mibluecrosscomplete.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 **mibluecrosscomplete.com** Go to the ***Providers*** tab, click ***Forms*** and then click ***Provider Change Form***.

Send completed forms by:

- Email: **bccproviderdata@mibluecrosscomplete.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.

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.

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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**.

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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@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

Reports can be made anonymously.

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