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Introducing the Connect for Life® program from Wider Circle®

Connecting members to community resources while increasing preventive care

Blue Cross Complete knows many things in life can affect your patients' health. For example, do any of your patients struggle with having enough to eat? Do they need help managing a health condition or finding a job? We know it's difficult for patients to focus on their health when they're facing many other challenges.

Blue Cross Complete has partnered with Wider Circle, a community health organization, to offer the Connect for Life program to members. The program identifies and engages patients who are experiencing, or at risk for, various health issues and establishes preventive and intervention strategies through a community-based, peer-to-peer care model.

Trained facilitators bring together patients with shared backgrounds and interests (either in person or virtually) for health promotion meetings, food and job training resources, physical and self-care activities, peer-to-peer information exchanges about disease-specific education and prevention, and COVID-19 vaccination and safety education.

You'll see the benefits of the program through increased patient engagement and improved health outcomes. For example, Connect for Life members have shown a 12% increase in annual wellness visits and a 27% decrease in hospital admissions compared to non-participating health plan beneficiaries.¹

Extending quality care through patient engagement

Wider Circle's hyperlocal approach helps to make an even bigger impact on Michigan's most vulnerable populations by empowering members to be more proactive about their health, right where they live.

Success story: Blue Cross Complete member Kevin

Kevin didn't have access to fresh food or understand how to get medical care he needed. Now, he travels to Wider Circle events each week, despite the pandemic. Before joining the Connect for Life program, Kevin hadn't seen doctors for many years and didn't get the eyeglasses or dental care he needed. After a few weeks of interactions and group discussions, he booked appointments with his doctors and began receiving routine care. With the food bank partnership, Wider Circle was also able to get him a community food box every two weeks.

Facilitating preventive care appointments

To encourage preventive care, the Wider Circle outreach team may contact your office over the next several months to schedule visits on our members' behalf — including annual wellness visits, flu shots and COVID-19 vaccinations, if applicable. In the meantime, you can learn more about Blue Cross Complete's partnership with Wider Circle [learn more about Blue Cross Complete's partnership](#).

Interested in referring a patient to the Connect for Life program?

Complete the Wider Circle [member referral form](#).*

Have questions about Wider Circle* in Michigan? Email info@widercircle.com or contact your Blue Cross Complete provider account executive or Blue Cross Complete Provider Inquiry at **1-888-312-5713**.

¹Based on 2019 claims data comparing Connect for Life participants to a matched control group. Participants experienced increased wellness visits by 12% and decreased hospital admissions by 27% compared to non-participating health plan beneficiaries.

*Wider Circle and Connect for Life are each registered trademarks.

*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.

Coordination between behavioral health specialists and primary care providers

Blue Cross Complete medical record and National Committee for Quality Assurance standards require evidence of continuity and coordination of care between behavioral health and primary care providers. Provider contracts specify that the specialist's timely communication with the member's primary care provider is essential to effectively manage the member's care. It's important to share treatment information to make sure members aren't receiving duplicate or conflicting treatments.

Blue Cross Complete's quality department reviews primary care provider medical records annually to assess the level of coordination of care with behavioral health providers. The goal is for 90% of primary care provider records to include documentation from a behavioral health specialist regarding a treatment plan or progress notes where applicable.

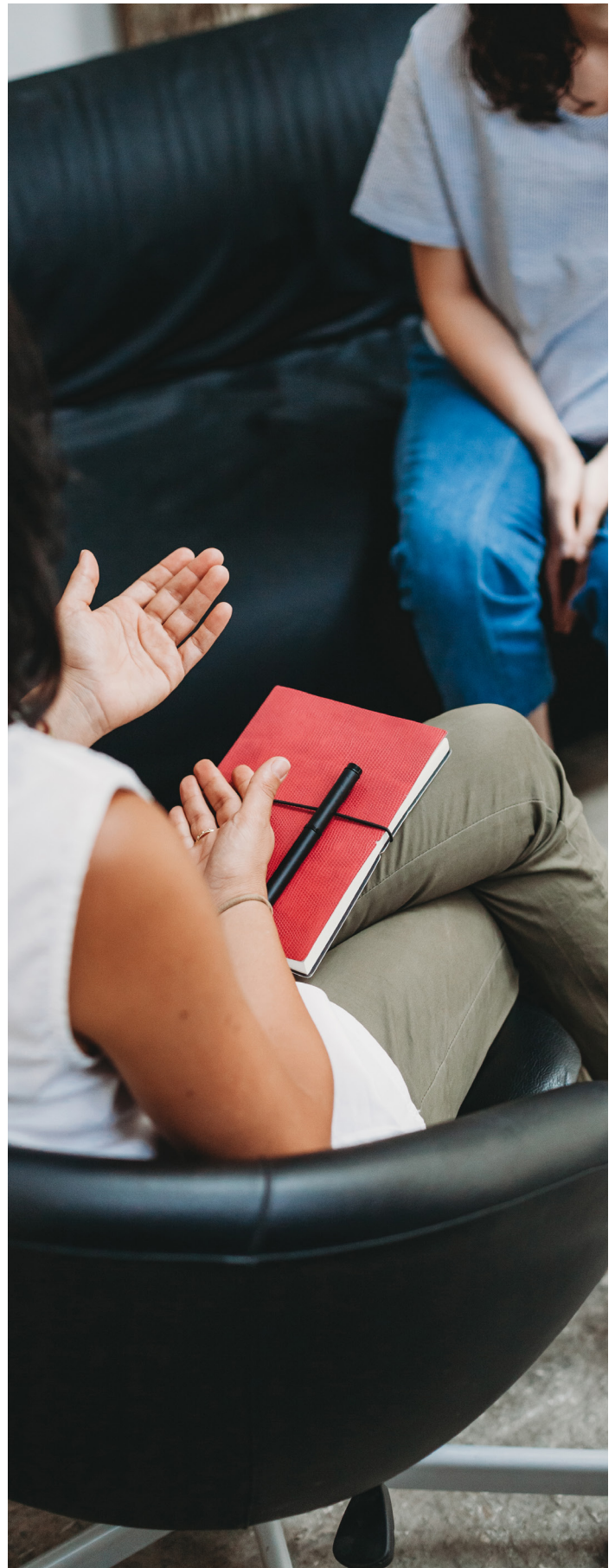
The review is conducted using a random sample of 120 Blue Cross Complete members who annually have claims for a mental health diagnosis with a behavioral health specialist. The percentage of primary care provider records containing documentation from behavioral health specialists since 2018:

- 2018 — 37%
- 2019 — 37.5%
- 2020 — 28%

As part of Blue Cross Complete's continuing commitment to making sure members receive the highest quality and safest care possible, behavioral health practitioners are required to share a member's clinical information with their primary care provider.

Documentation should be sent to and received by the primary care provider within 30 days of service. Primary care providers are expected to include this shared information in the member's medical record and communicate with the behavioral health specialist as needed. As a reminder, behavioral health specialists are permitted by law to share behavioral health information with the member's primary care provider without signed written consent from the member.

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



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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 Blue Cross Complete Provider Inquiry at **1-888-312-5711**.

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 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.

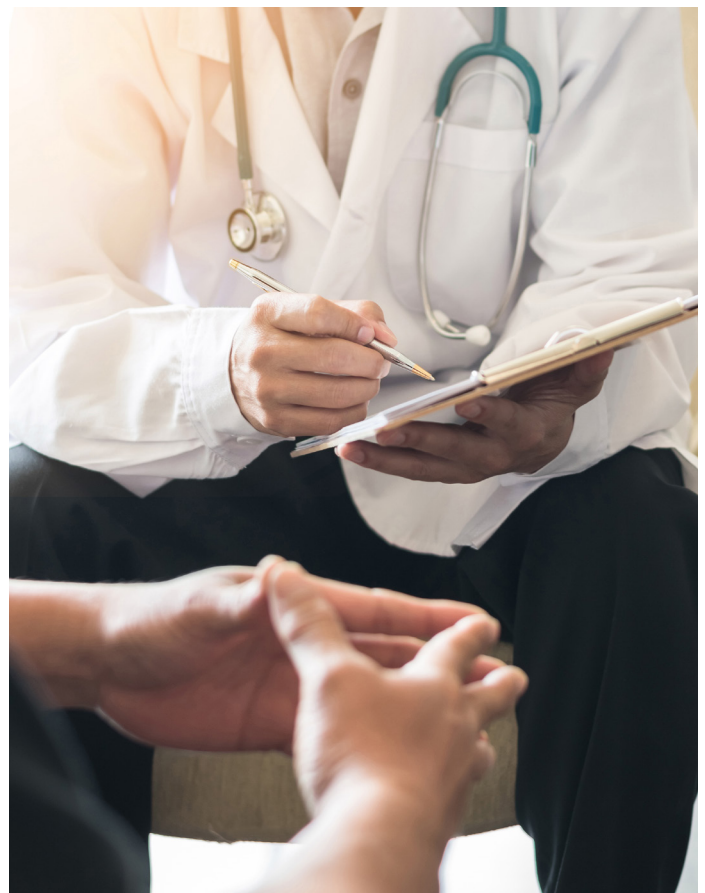
If you have any questions, contact your Blue Cross Complete provider account executive or Blue Cross Complete Provider Inquiry at **1-888-312-5713**.

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

People with schizophrenia or bipolar 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 bipolar disorder who is being treated with antipsychotic medications. Lack of appropriate care for diabetes for these patients can lead to poor health and death. Addressing physical health needs is an important way to improve health, quality of life and economic outcomes.

To protect your patients, be sure to:

- Have their blood glucose or HbA1c drawn at least annually
- Review and discuss all lab results with them
- Coordinate care with their treating behavioral health specialist



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Removal of prior authorization for hepatitis C treatment

The Michigan Department of Health and Human Services has removed some administrative barriers to improve access to a hepatitis C virus treatment for Medicaid beneficiaries. Beginning April 1, 2021, Mavyret® (glecaprevir/pibrentasvir) will no longer require prior authorization when prescribed in accordance with Food and Drug Administration-approved labeling. This means hepatitis C medications no longer need to be prescribed by or in consultation with a hepatologist, gastroenterologist or infectious disease specialist. All providers who have prescriptive authority will be able to prescribe this treatment to their patients with a hepatitis C diagnosis.

This policy is part of MDHHS' **We Treat Hep C Initiative** to eliminate hepatitis C in Michigan and was announced to all providers in MDHHS letter L 21-21.

MDHHS needs your assistance to 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

Some patients with hepatitis C virus may need to have their treatment managed by a specialist, such as those with hepatitis B virus or HIV co-infection, those who previously failed hepatitis C virus treatment, or those with liver cancer or who have had a liver transplant. However, most cases of hepatitis C virus can be treated by primary care providers.

- Hepatitis C screening and testing recommendations: [cdc.gov](https://www.cdc.gov)*
- Recommended Testing Sequence for Identifying Current Hepatitis C Virus (HCV) Infection: [cdc.gov](https://www.cdc.gov)
- We Treat Hep C: michigan.gov/mdhhs*



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](https://www.cdc.gov).

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Blue Cross Complete documents for prior authorization

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](#).

Thank you for all you do in providing the highest-quality care for our members.

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



*[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.

2021 InterQual® criteria implemented for bariatric surgery

Blue Cross Complete began using Change Healthcare's InterQual criteria in February 2021 to make utilization management determinations about bariatric surgery.

When clinical information is requested for a medical or surgical admission or for other bariatric services, we may require submission of specific components of a patient's medical record to validate that the request meets criteria.

Providers may request a copy of the specific InterQual criteria used to make a decision on a member's case by calling Blue Cross Complete Utilization Management at **1-888-312-5713**.



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Blue Cross Complete expands telehealth options through MDLIVE

Why telehealth?

When your patients who are Blue Cross Complete members get sick, your office is likely the first place they call. But various circumstances may not allow for timely in-person care.

This year, with the COVID-19 pandemic, access to care has been increasingly challenged by limited capacity, exposure risks and other factors.

Telehealth through MDLIVE is another option to help our members receive timely access to care. A telehealth visit enables quick access for patients who can't take time off work or who have transportation or mobility barriers to receiving in-person care.

Telehealth visits through MDLIVE offer:

- Privacy and protection through MDLIVE's secure platform
- Flexibility to use secure video or telephone options
- E-prescription capabilities

What about continuity of care?

MDLIVE is committed to helping members follow up with their existing primary care provider for continuity of care. With patient consent, the primary care provider will receive access to patient visit information.

How can my patients access MDLIVE?

Patients who are also Blue Cross Complete members may go to mdlive.com* to get started. Registration takes only a few minutes. MDLIVE also offers patients a no-cost app through the Apple App Store and Google Play store for Android. Note, the app is no-cost, but standard data and messaging fees may apply.

Is MDLIVE looking for providers to deliver telehealth services?

Yes. If you are interested in becoming a telehealth provider through MDLIVE, please visit mdlive.com/provider.

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



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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 on the **Find a Doctor** tab. Submit written notice of any changes to Blue Cross Complete, using the **Blue Cross Complete Provider Change Form** also at mibluccrosscomplete.com. Go to the **Providers** tab, click on **Forms** and then click on **Provider Change Form**.

Send completed forms by:

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

In addition, you must 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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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@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 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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Keep medical records up to date for your patients

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

The medical record must include, at a minimum:

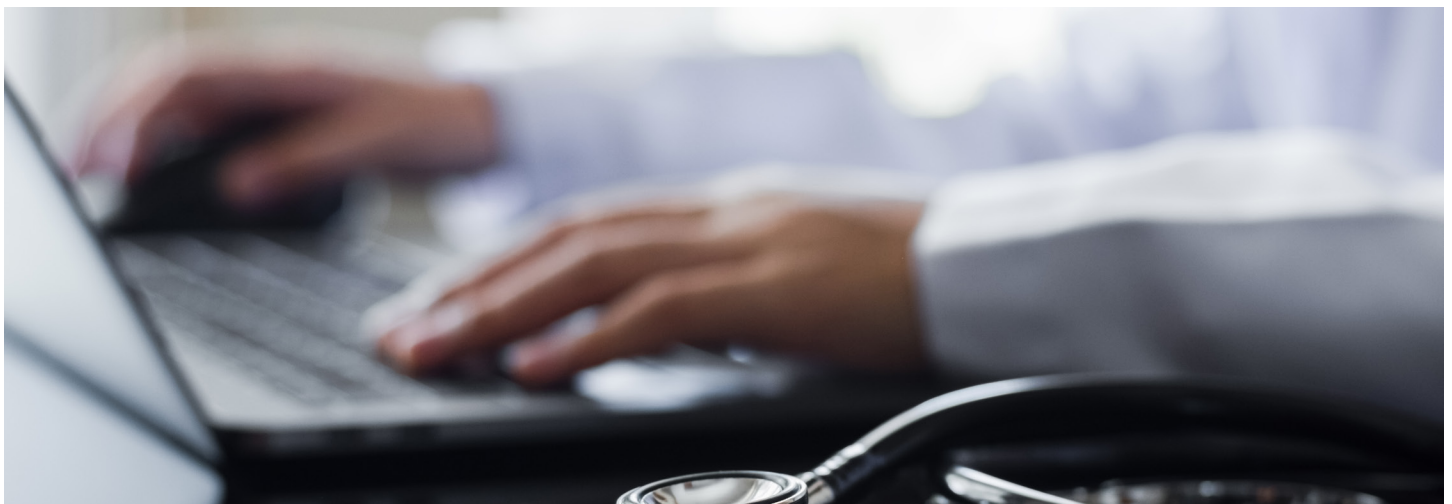
- A record of outpatient and emergency care
- Specialist referrals
- Ancillary care
- Diagnostic test findings, including all laboratory and radiology
- Therapeutic services
- Prescriptions for medications
- Inpatient discharge summaries
- Histories and physicals
- Allergies and adverse reactions
- Problem 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, contact your provider account executive or Blue Cross Complete Provider Inquiry at **1-888-312-5713**.



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