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HHS issues guidance on HIPAA and audio-only telehealth

Health care providers and health plans can use remote communications when conducted in a manner consistent with the applicable requirements of the Health Insurance Portability and Accountability Act of 1996's privacy, security and breach notification rules, according to guidance issued by the U.S. Department of Health and Human Services' Office for Civil Rights. This includes when OCR's **Notification of Enforcement Discretion for Telehealth** is no longer in effect.

The updated guidance issued in June helps individuals continue to benefit from audio-only telehealth by clarifying how covered entities can provide these services in compliance with the HIPAA rules and by improving public confidence that covered entities are protecting the privacy and security of their health information.

HIPAA privacy rules require covered entities to use reasonable safeguards to protect the privacy of protected health information from impermissible uses or disclosures, including when providing telehealth services.¹ For example, OCR expects covered health care providers to provide telehealth services in private settings to the extent feasible. If telehealth services can't be given in a private setting (where a provider shares an office with a colleague, for example), covered health care providers still must implement reasonable safeguards, such as using lowered voices and not using speakerphone, to limit incidental uses or disclosures of PHI.²

¹ See 45 CFR 164.530(c). See also OCR's HIPAA FAQ #482 at [hhs.gov/hipaa](https://www.hhs.gov/hipaa).

² See 45 CFR 164.502(a)(1)(iii); see also OCR's HIPAA FAQ #3021 at [hhs.gov/hipaa](https://www.hhs.gov/hipaa).

³ A person with limited English proficiency may need a qualified interpreter whose services are easier to coordinate over the phone. Audio-only telehealth may serve remote patients with limited access to computers or high-speed internet. While audio-only telehealth may be preferred by some individuals with disabilities, covered entities should be mindful that audio-only telehealth may not provide effective communication for other individuals with disabilities, such as individuals who are deaf.

⁴ Guidance doesn't provide information about coverage or payment for health care services delivered via telehealth. Certain health plans may have specific policies about, or limitations on, coverage and payment for health care services provided via telehealth, and these policies and limitations aren't addressed.

While telehealth can significantly expand access to health care, certain populations may have difficulty accessing or be unable to access technologies used for audio-video telehealth because of various factors, including financial resources, limited English proficiency, disability, internet access, availability of sufficient broadband and cellular coverage in the geographic area. Audio-only telehealth, especially using technologies that don't require broadband availability, can help address the needs of some of these individuals.³ To support access to such telehealth services, the revised guidance addresses questions that HHS has received about whether, and in what circumstances, audio-only telehealth is permissible under the HIPAA Rules.⁴

"Audio telehealth is an important tool to reach patients in rural communities, individuals with disabilities, and others seeking the convenience of remote options," said OCR Director Lisa J. Pino. "This guidance explains how the HIPAA rules permit health care providers and plans to offer audio telehealth while protecting the privacy and security of individuals' health information."

To access *Guidance on How the HIPAA Rules Permit Health Plans and Covered Health Care Providers to Use Remote Communication Technologies for Audio-Only Telehealth*, visit: [hhs.gov/hipaa](https://www.hhs.gov/hipaa).

Monkeypox declared as public health emergency

The Biden administration officially declared monkeypox a public health emergency in August, a move aimed at freeing up emergency funding and improving distribution of vaccines and treatments.

Monkeypox is a disease caused by infection with the monkeypox virus. Monkeypox virus belongs to the Orthopoxvirus genus in the family Poxviridae. The Orthopoxvirus genus also includes variola virus (which causes smallpox), vaccinia virus (used in the smallpox vaccine) and cowpox virus. Monkeypox isn't related to chickenpox.

If monkeypox is suspected, providers should first consult their local health department or the Michigan Department of Health and Human Services to coordinate specimen collection and testing. Due to the often atypical presentation of monkeypox in this outbreak, providers are encouraged to have a high level of suspicion for the virus, especially in people with reported risk factors. Updated guidance for providers is available from both [MDHHS](#) and the [Centers for Disease Control and Prevention](#).

There are no treatments available for monkeypox infections. However, monkeypox and smallpox viruses are genetically similar, which means antiviral drugs and [vaccines](#) developed to protect against smallpox can be used to prevent and treat MPV infections.

States are receiving vaccine allocations from the Strategic National Stockpile in accordance with the number of monkeypox cases and the size of the underlying at-risk population. Michigan has received a limited supply of the vaccine, Jynneos. Additional limited allocations will follow in the next few months, but specific quantities and timelines aren't yet known.

Although a public health emergency won't ease the vaccine shortage, it could expedite the approval process for new treatments and provide more flexibility for federal agencies to respond to the outbreak. The World Health Organization declared a global health emergency over the outbreak on July 23, 2022.

"This public health emergency will allow us to explore additional strategies to get vaccines and treatments that work quickly out to the impacted communities. And it will allow us to get more data from jurisdictions so we can effectively track and attack this outbreak," said Robert Fenton, national coordinator for the monkeypox response.

The federal government continues to purchase vaccines, but Jynneos isn't expected to become widely available in the near-term. Clinicians evaluating monkeypox patients should be aware of the clinical [considerations](#) and process of requesting [TPOXX \(Tecovirimat\)](#) for their patients.

According to the Centers for Disease Control and Prevention, known monkeypox infections top 7,100. Symptoms include fever, headache, muscle aches, swollen lymph nodes, exhaustion and a rash that can look like pimples or blisters. Monkeypox is contagious when a rash is present and up until scabs have fallen off. The rash goes through stages before healing completely, typically in about two to four weeks. It spreads mostly through prolonged face-to-face or intimate contact.

More information from MDHHS, including Michigan case counts, is available [here](#). Information for health care professionals is also available 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.



March of Dimes: Dismantling Bias in Maternity and Infant Healthcare™ provider training

Blue Cross Complete has partnered with the March of Dimes® to offer Dismantling Bias in Maternal and Infant Healthcare™ training on September 9, 2022, at no cost to participating providers. Attendees can earn continuing medical education or continuing nursing education credits upon completion of the training session. **Credits will count toward Michigan implicit bias training requirements.**

As we work together toward solutions to reduce disparities in the communities we serve, providers are encouraged to attend. The session provides actionable tools, awareness, education and enriched dialogue surrounding implicit bias and Black maternal health.

Providers will have the option to select from a virtual, instructor-led training, facilitated by March of Dimes, or self-paced e-learning. The instructor-led training will be live on Friday, September 9, 2022.

Providers interested in attending the live training are encouraged to register early as availability is limited. The e-learning sessions will be available in September and accessible until the spring of 2023. To register, visit marchofdimes.zoom.us or scan the QR code below.

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



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Flu prevention season is here

New data from the Centers for Disease Control and Prevention presented at the June 2022 [meeting of the CDC's Advisory Committee on Immunization Practices](#) show flu vaccines worked better this past season than initially reported, reducing the risk of flu illness by about one-third among people who were vaccinated.

Additionally, ACIP voted to preferentially recommend the use of specific flu vaccines for adults 65 years and older, including higher doses and adjuvanted flu vaccines. This recommendation must be approved by CDC's director to become policy.

As we enter flu season, it's time to start a flu prevention plan for your patients. The CDC 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**.



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Know the difference between the flu and COVID-19

Since the start of the COVID-19 pandemic, more people are aware about catching the virus, or any sickness that resembles it. As the world adapts to living with COVID-19, anxiety may cause many patients to worry at the first sign of sickness.

Although COVID-19 is often more serious than the typical flu, the symptoms aren't always easy to distinguish. To help, the Centers for Disease Control and Prevention has released articles to explain the differences.

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, COVID-19 spreads more easily than the flu and 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 so similar, the differences between them can't be determined on symptoms alone. The CDC recommends testing to

confirm a diagnosis. People can be infected with and experience symptoms of both flu and the virus that causes COVID-19 at the same time.

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 the 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 the flu, providers have fewer options when treating COVID-19. Despite this, patients today have more treatments and therapies to choose from in the battle against coronavirus disease than at this time in 2021.

The FDA has approved the antiviral drug Veklury (remdesivir) intravenous therapy for adults and certain pediatric patients with COVID-19 and the immune modulator Olumiant (baricitinib) for certain hospitalized adults with the virus. The FDA has also approved and authorized treatments for COVID-19 for emergency use during this public health emergency. View the FDA's [Emergency Use Authorization](#) page to see all products authorized to treat COVID-19. For information on products approved to treat COVID-19 without any remaining EUA, visit the FDA's [COVID-19 Drugs](#) page. [Guidance on the treatment of COVID-19*](#) is available from the National Institutes of Health.

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Avoid antibiotic treatment for acute bronchitis

Antibiotic resistance has become a serious public health problem in the United States with 2.8 million antibiotic-resistant infections and 35,000 deaths occurring annually.⁵ 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 most acute bronchitis cases (more than 90%) have a nonbacterial cause that will almost always get better on its own, the CDC estimates that 30% of all antibiotics prescribed in outpatient clinics are unnecessary, cause greater risks of side effects and increase the potential for antibiotic resistance.⁶

The differential diagnosis of acute pharyngitis includes multiple viral and bacterial pathogens. Viruses are the most common cause of pharyngitis in all age groups, according to the CDC. Experts estimate that group A Streptococcus, the most common bacterial cause, results in 20% to 30% of pharyngitis episodes in children. In comparison, experts estimate it causes approximately 5% to 15% of pharyngitis infections in adults. Viral pharyngitis doesn't require antibiotic treatment, but antibiotics continue to be inappropriately prescribed. Proper testing and treatment of pharyngitis prevents the spread of sickness, while reducing unnecessary use of antibiotics.

Patients with clear viral symptoms don't need testing for group A strep. However, providers can't use clinical examination solely to differentiate viral and group A strep pharyngitis when viral symptoms are absent. Providers must use either a rapid antigen detection test, or RADT, or throat culture to confirm group A strep pharyngitis in patients. The CDC reports that RADTs have high specificity for group A strep, but varying sensitivities when compared to throat cultures. Throat culture is the gold standard diagnostic test.

By working together, we can improve health outcomes for your patients, our members. Blue Cross Complete uses the Healthcare Effectiveness Data and Information Set to measure and improve performance when prescribing antibiotics. The Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis measure examines the percentage of members 3 months of age and older with a diagnosis of acute bronchitis who didn't receive an antibiotic. Blue Cross

Complete scores in 2021 for this measure were in the 25th percentile.

The Appropriate Testing for Pharyngitis measure examines members with a diagnosis of pharyngitis, dispensed an antibiotic and received a group A streptococcus test for the episode. Blue Cross Complete's 2021 scores for this measure were in the 5th percentile. HEDIS requires that any patient 3 years and older, diagnosed and prescribed an antibiotic for pharyngitis be administered a group A strep test within the time frame of three days prior to and three days after the pharyngitis diagnosis.

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.
- Antibiotics 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**.

⁵Centers for Disease Prevention and Control. "Antibiotic Resistance Threats in the United States, 2019" [cdc.gov](#). (2019).

⁶National 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

After disruptions from COVID-19, it's important that families stay on track with routine vaccinations for infants and children. The [Michigan Care Improvement Registry](#) shows childhood immunization rates have slipped below 70% in over half of all Michigan counties.

As of March 2022, only 68.1% of Michigan children 19 to 35 months old were up to date on their vaccines. MDHHS is reminding families that vaccinating on time is the best protection against serious illnesses such as measles, hepatitis A and pertussis (whooping cough).

Vaccine hesitancy can be a complex topic. Health care providers have unique power and opportunities to increase the number of children who are up to date with vaccinations. Research indicates that doctors or other health care professionals remain by far parents' most trusted source of information.⁷ According to survey data, about a third of parents who initially refuse a vaccine change their mind after educational efforts, but this takes time and resources.⁸

Providers in need of an effective communication tool to increase parental confidence in vaccines are encouraged to utilize the [I Vaccinate Provider Toolkit](#). The toolkit helps providers prepare for conversations, navigate and track difficult questions and improve their ability to ensure young patients are vaccinated on schedule or help them catch-up on missed immunizations.

The toolkit recommends providers use the participatory approach with parents and have conversations about vaccines that include an emotional element to address hesitancy. Research conducted by [ivaccinate.org](#) has also shown that storytelling with emotional narratives appeals to parents' emotions and has a greater impact on vaccine risk. In fact, stories are 22 times more memorable than statistics.

The toolkit highlights three steps of the participatory approach using customized, evidence-based tools for use in vaccination discussions with parents who have questions or may be hesitant about vaccines.

The first step includes recommended techniques for conversations with vaccine-hesitant parents. The second step is to download easy-to-understand handouts for your office and patients. The third step is to facilitate a conversation with a parent and provide them with a custom takeaway tailored to meet their needs: the "Get PAST Hesitancy" framework.

For everyone's safest return to school and other activities, it's imperative to ensure that everyone is up to date on all recommended vaccines. Below are strongly recommended strategies from the MDHHS Division of Immunization:

- Notify and schedule annual physical exams, required MHSAA sports participation visits and other medical visits for school-aged patients.

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Help children and adolescents get caught up on recommended vaccines

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- 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 evenings and 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 can help get everyone on track with all immunizations and protected from vaccine-preventable diseases. Vaccination and screening schedules for children and adults are available at [mibluecrosscomplete.com](#). Providers can also access the [I Vaccinate Provider Toolkit](#) by visiting [provider.ivaccinate.org](#). Click on the “Request Access” button and submit your name, email, organization and title. You have an important role and are appreciated; Blue Cross Complete continues to need your help with these efforts.

⁷ U.S. Centers for Disease Control and Prevention National Poll of Parents, 2016.

⁸ American Academy of Pediatrics Periodic Surveys of Fellows, 2006 and 2013.



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PrEP High-risk patients to help protect them from HIV

While the COVID-19 epidemic continues to be a top concern for many, other epidemics such as human immunodeficiency virus, or HIV, infections remain a big issue. Unlike in the 1980s, the virus that causes AIDS is now a very treatable. Most people with HIV who receive medical care can live as long as those without the disease.

The Centers for Disease Control and Prevention recommends that physicians offer pre-exposure prophylaxis, or PrEP, a once-daily medication, to patients who are HIV negative but at high risk of getting the infection. PrEP can help prevent patients from contracting HIV if exposed. Taking PrEP as prescribed may reduce a patient's chances of getting HIV by up to 99% for sexual encounters and 74% for intravenous drug use.

The CDC reports that as many as 1.2 million Americans are candidates for prescription drug treatments that prevent HIV, yet only about one-quarter of them received the medication in 2020. The costs of PrEP include office visits, lab work and the medication itself. For patients with Blue Cross Complete, these costs are entirely covered.

According to the CDC, determining whether a patient is an appropriate candidate for PrEP begins with capturing a detailed sexual history and screening for illicit drug use as a routine part of primary care.

It can be difficult to initiate dialogue with an individual about their sexual behaviors and accurately gauge a

patient's risk. Reasons are often complex and rooted in decades of stigma, historically high prescription drug prices and a lack of medical providers educated in HIV prevention.

Discussing sexual practices with medical professionals can be uncomfortable, which can create barriers. Some patients might not realize they're eligible for PrEP and, if the right questions aren't asked, they might not see a reason to mention it. Oftentimes, medical providers feel the same way and may not ask about sexual practices. Primary care providers who don't ask the questions may not be aware that certain patients are eligible.

Who's eligible for PrEP?

Those who test negative for HIV and:

- Patients who engage in infrequent or inconsistent condom use during sex with partners
- Those who have unprotected sex with someone whose HIV status is unknown
- Anyone diagnosed with a sexually transmitted disease in the past six months
- Patients who share needles or other equipment to inject drugs
- Individuals with an HIV positive sexual partner (especially if the partner has an unknown or detectable viral status)

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PrEP High-risk patients to help protect them from HIV

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Current guidelines recommend anyone who has had sex to get tested at least once. People at high risk for HIV are those with more than one sex partner (especially men who have sex with men), those who trade sex for money, housing or drugs, or use IV drugs. Partners of those with HIV should be tested at least once a year. All pregnant women should be screened to protect their baby and anyone who has a sexually transmitted disease such as chlamydia or gonorrhea should be tested (including their partner).

How PrEP works

When taken as prescribed, PrEP prevents HIV from replicating itself in the body if an individual is exposed to the virus. PrEP doesn't treat or cure HIV and it doesn't protect against sexually transmitted infections. Using condoms while on PrEP is highly recommended.

What you can do

Consider offering HIV (and Hepatitis C) testing in the office setting. Preventive visits are an ideal opportunity for HIV risk assessment to identify patients who require annual or more frequent testing and PrEP. Opportunities for testing persons in populations with the highest risk for acquiring HIV shouldn't be missed. These systematic changes have been shown to result in much higher screening rates.

HIV can be prevented. If you have a patient in one of these high-risk groups, or the patient is thinking about having a new sex partner and tests negative for HIV, encourage condom use when they have sex and urge them to seriously consider PrEP.

Primary care providers are in a unique position to help reduce the number of new HIV infections.

Daily use of PrEP is safe and highly effective in preventing HIV infection in patients at risk. Because most people without HIV receive health care in a primary care setting, these providers are optimally positioned to identify patients who are candidates for PrEP and to prescribe it for patients willing to participate. Following these PrEP protocols is well within the scope and expertise of family physicians, pediatricians, general internists, gynecologists and advanced practice professionals.

Be sure to have your patients tested, offer PrEP for those who need it, and ensure medication, visit and testing adherence. For more information, visit Michigan.gov/MIPrEP and cdc.gov/HIV/PrEP.



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 mibluecrosscomplete.com.

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Promote National Suicide Prevention Month

We can all help prevent suicide. Every year, the [988 Suicide & Crisis Lifeline](#) and other mental health organizations and individuals across the U.S. and around the world raise awareness of suicide prevention during September, National Suicide Prevention Month. This year, Suicide Prevention Week takes place September 4 through 10.

Physicians, nurses, social workers, mental health professionals, school counselors and other providers routinely care for patients who may be at risk for suicide. Despite this, some providers may lack training on how to support suicide prevention when working with patients or clients.

[#BeThe1To](#) is the 988 Suicide & Crisis Lifeline's message for National Suicide Prevention Month and beyond, which helps spread the word about actions we can all take to prevent suicide. The Lifeline network and its partners are working to change the conversation from suicide to suicide prevention, and actions that can promote healing, help and give hope.

Supported by evidence in suicide prevention, using the [5 action steps](#) below can help when communicating with someone who may be suicidal.

1. Ask

Research shows people who are having thoughts of suicide feel relief when someone asks after them in a caring way. Findings suggest acknowledging and talking about suicide may reduce rather than increase suicidal ideation.

2. Be there

Individuals are more likely to feel less depressed, less suicidal, less overwhelmed and more hopeful after speaking to someone who listens without judgment.

3. Keep them safe

A number of studies have indicated that when lethal means are made less available, suicide rates by that method decline, and frequently suicide rates overall decline.

4. Help them stay connected

Studies indicate that helping someone at risk creates a network of resources and individuals for support and safety can help them take positive action and reduce feelings of hopelessness.

5. Follow-up

Studies have also shown that brief, low-cost intervention and supportive, ongoing contact may be an important part of suicide prevention, especially for individuals after they have been discharged from hospitals or care services.

Learn more

Spread the word about suicide prevention and show how we can all take action and make an impact in someone's life. Visit the National Action Alliance for Suicide Prevention's website at theactionalliance.org for a core set of clinical [training guidelines](#) aimed at ensuring health care providers are adequately prepared to treat patients at risk. The guidelines serve as the foundation for suicide prevention training programs in many areas, including nursing, social work, medicine, school counseling and the full range of behavioral health and primary care disciplines.

Use the hashtag [#BeThe1To](#) or [#BeThere](#) to educate social media followers about the many actions one can take to support a person who is struggling. Share [#BeThe1To's 5 action steps](#), as well as resources, tips and messages throughout National Suicide Prevention Month and beyond. Get message kits, resources, events and more at the official website, BeThe1To.com.



988: New behavioral health hotline

Michiganders struggling with a mental health or substance use crisis — or who are having thoughts of suicide now have an easy-to-remember three-digit number to call for help and [connections](#) to resources: 988. Michigan has joined the nation in [transitioning to the 988-dialing code](#), which will operate through the existing National Suicide Prevention Lifeline's network of more than 200 locally operated and funded crisis centers across the country. There are specialized services for LGBTQ individuals, veterans, those worried about a loved one and other groups. For more information, visit michigan.gov and [MI Blues Perspectives](#).

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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. Blue Cross Complete will mail clinical practice guidelines to those who don't have fax, email or internet access. To request criteria, contact Blue Cross Complete Member Services 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 don't 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 doesn't apply to claims submitted for children 6 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.



*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.



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 mibluccrosscomplete.com, then click the **Find a doctor** tab and search your provider name. If any changes are necessary, you must submit them in

writing using Blue Cross Complete's *Provider Change Form* also at mibluccrosscomplete.com. Go to the **Providers** tab, click **Forms** and then click **Provider Change Form**.

Send completed forms by:

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

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

***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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Reporting suspected fraud to Blue Cross Complete

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

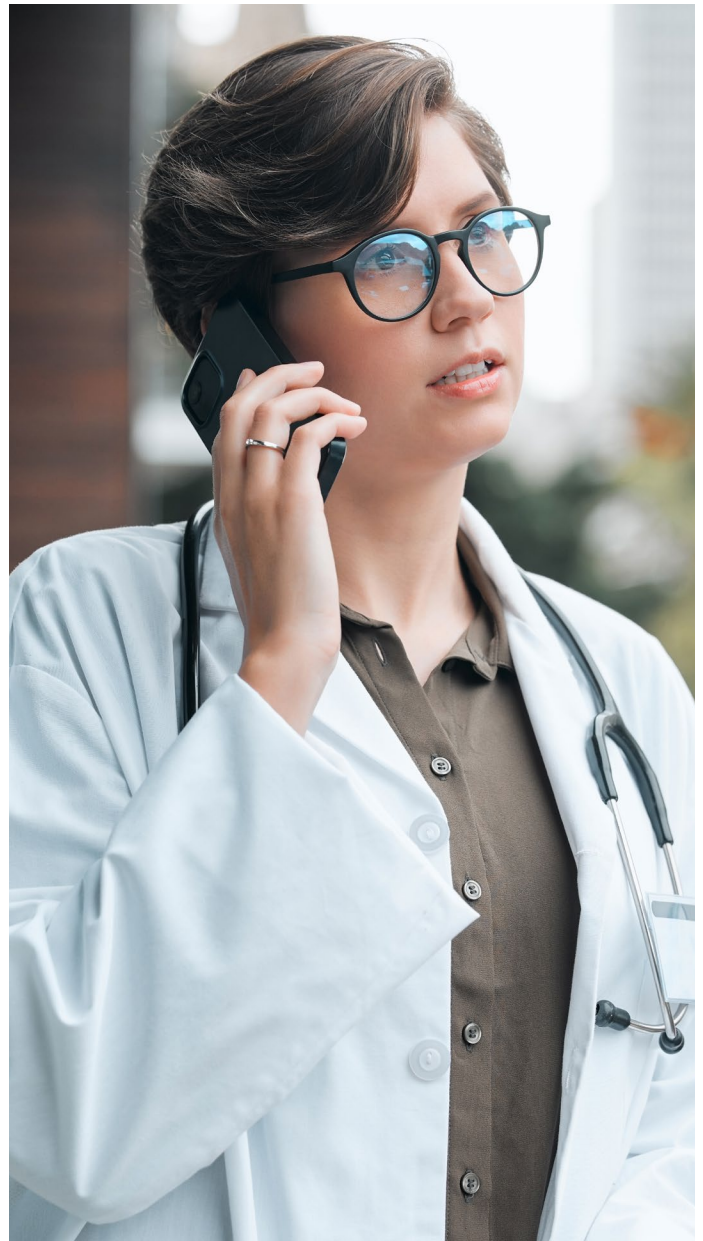
If you or any entity with which you contract to provide health care services suspect another Blue Cross Complete provider, employee or member is committing fraud, notify Blue Cross Complete's Special Investigations Unit:

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

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

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

Reports can be made anonymously.



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

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

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

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

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



*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.

Blue Cross  
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of Michigan

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