Blue Cross complete of Michigan

Blue Cross Complete of Michigan

CONNECTIONS

May/June 2024

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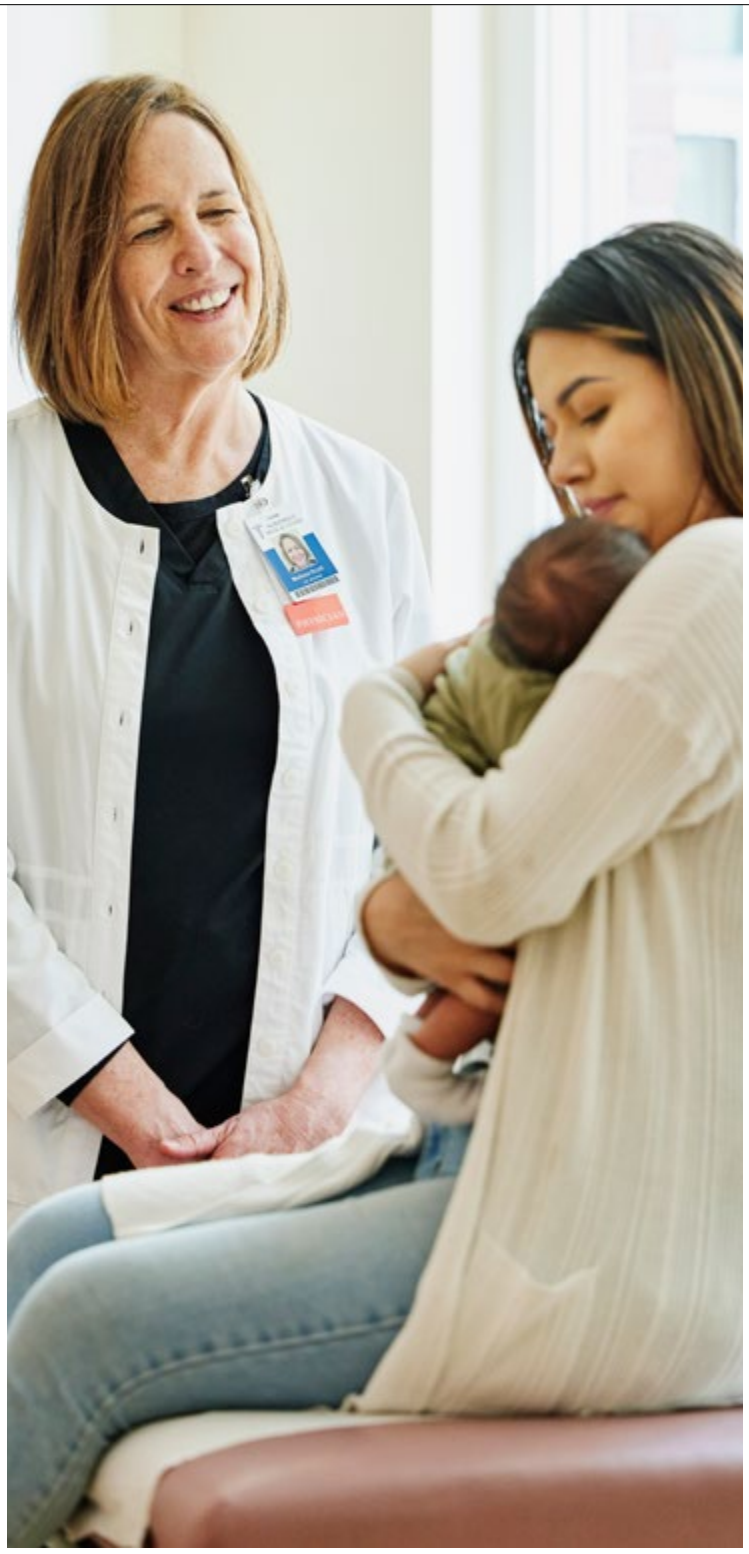

Addressing patient wait times and appointment scheduling concerns

Prolonged wait time and difficulty scheduling appointments has been a long-standing concern in health care, posing various challenges for providers and members.

Patients often express frustration over extended wait times at health care facilities. Whether in the waiting room or during the appointment itself, prolonged wait times can lead to increased stress and dissatisfaction. This concern has been even more pronounced as the demand for health care services increase.

The scheduling of appointments is another area of health care that has faced scrutiny. Balancing the availability of physicians, the urgency of patient needs and the intricacies of individual schedules can be complex. Long waitlists, difficulty securing timely appointments and a lack of flexibility in scheduling leaves both patients and providers overwhelmed and dissatisfied.

At Blue Cross Complete, health care providers can reduce waiting room time and provide efficient appointment scheduling by following guidelines outlined in the Standards and Rating section of the **Blue Cross Complete Provider Manual.**

Below are some key points to help providers better meet the needs of their patients while creating a more productive and efficient workplace for members and staff. Please review the *Blue Cross Complete Provider Manual* for full details.

Waiting room time

The acceptable office waiting room time is no more than 30 minutes from the scheduled time of appointment. Since situations arise in the practice of medicine beyond a practitioner's control, waiting times may extend periodically beyond the 30-minute time frame. In such cases, the member must be advised of any delay and, whenever possible, provided with an estimated time at which the appointment will begin. If the member is unable to wait until the practitioner is available, an alternate appointment should be offered consistent with Blue Cross Complete's appointment access standards and according to the member's medical status. Blue Cross Complete monitors primary care physicians, mental health practitioners and other specialists for compliance with waiting room guidelines.

Standards for access to after-hours care

All Blue Cross Complete members should have appropriate and timely access to their practitioners. Health care providers must provide their patients with access to care 24 hours a day, seven days a week. Practitioner compliance with these standards helps to ensure that Blue Cross Complete members receive timely service.

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CAHPS®, which stands for Consumer Assessment of Healthcare Providers and Systems, is a registered trademark of the Agency for Healthcare Research and Quality.

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Addressing patient wait times and appointment scheduling concerns

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After-hours access compliance can be achieved by one of the following methods:

- Answering service
- On-call pager
- Call forwarding to practitioner's home or other location
- Recorded phone message with instructions that direct the member to a practitioner for instruction in after-hours care

  Note: Recorded messages instructing members to obtain treatment in the emergency room for conditions that are not life-threatening aren't acceptable.

On an annual basis, Blue Cross Complete monitors primary care providers and pediatricians for access to after-hours care by calling practitioners' offices after normal business hours and documenting compliance with standards. The expected performance level for after-hours care is 100% within the specified time frame.

Monitoring appointment access

Blue Cross Complete conducts appointment access reviews annually for primary care, obstetrician gynecologist, specialty and mental health practitioners. Reviews are conducted more frequently for practitioners who don't meet access standards. Blue Cross Complete contacts the practitioner's office to determine access and records the next available appointment for each of the designated appointment types. Physician-specific member complaints related to access are also analyzed.

The expected performance level for each appointment type is 85% within the specified time frame.

Blue Cross Complete provides practitioners with a copy of their individual access performance results within four weeks of their assessment. This may include recommendations for actions for improvement, when applicable. Practitioner-specific access monitoring results are considered at recredentialing.

Below are additional strategies providers can use to reduce wait times and provide efficient appointment scheduling:

- Telehealth integration: Virtual care presents an opportunity to address scheduling challenges. Blue Cross Complete covers virtual visits for our members in accordance with state and federal policy.
- Standardized protocols: By establishing clear and standardized appointment protocols, as outlined in the Blue Cross Complete Provider Manual, providers can help create consistency in scheduling appointments. Defining guidelines for appointment duration, prioritizing urgent cases and optimizing communication between members and scheduling staff can contribute to more efficient scheduling.
- Staff training: Ongoing training for scheduling staff is important for staying up-to-date on the latest protocols and technologies. A well-trained staff can better navigate the scheduling process efficiently to help ensure a good experience for both providers and patients.

As the health care industry continues to adapt to the ever-changing needs of patients and providers, addressing wait times and appointment scheduling concerns is a top priority. Resources, such as the **Blue Cross Complete Provider Manual**, can help providers create a positive experience that's characterized by efficiency, accessibility and patient satisfaction.

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What's an ancillary provider?

As health care costs continue to rise, ancillary service providers are an effective and cost-effective alternative to outpatient hospital and physician services. Ancillary services are diagnostic or support services physicians often use to help treat patients.

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

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

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

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

Guidelines related to ancillary vendors:

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

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

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

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How members access specialty care

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

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

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

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

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

Chronic Kidney Disease toolkit can help providers better manage and treat the disease

The **Centers for Disease Control and Prevention** estimates that approximately 35.5 million people in the United States have chronic kidney disease. Individuals with diabetes, hypertension and obesity are at higher risk, and as many as nine in 10 adults who have CKD are unaware of their diagnosis.

To better support health care providers, Blue Cross Complete and Blue Cross Blue Shield of Michigan have unveiled its Chronic Kidney Toolkit. Aimed at combating CKD, the toolkit offers health care providers a comprehensive resource to enhance early detection, management and treatment of CKD. This initiative emphasizes our ongoing commitment to improving health outcomes and the quality of life for those at risk or living with CKD.

Providers can view the toolkit at **mibluecrosscomplete.com**.

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Blue Cross Complete performs annual access and availability study

Blue Cross Complete conducts an annual study that measures provider compliance with health care access and availability standards set by Blue Cross Complete and the National Committee for Quality Assurance.

The study includes primary care providers, pediatricians, specialists, behavioral health prescribers and behavioral health nonprescribers. The study also measures wait times for various appointment types and access to providers outside normal business hours.

Below is a summary of the 2023 overall compliance summary by appointment type:

	Appointment Availability - Overall Compliance			
	# Providers	# Compliant	# Non-Compliant	% Compliant
TOTAL	661	502	159	76%
PCPs	158	85	73	54%
Pediatrics	55	42	13	76%
High Volume	287	277	10	97%
High Impact	177	168	9	95%
Prescribers	16	8	8	50%
Non-Prescribers	124	74	50	60%

Appointment availability behavioral health summary:

Appointment Availability - Compliance Summary By Appointment Type							
	TOTAL	PCPs	Pediatrics	High Volume	High Impact	Behavorial Health	
						Prescribers	Non-Prescribers
Urgent Care	92%	97%	100%	NA	NA	77%	81%
Routine Care	98%	98%	98%	NA	NA	NA	NA
Initial Visit Routine Care (BH)	95%	NA	NA	NA	NA	93%	95%
Follow-up Routine Care (BH)	100%	NA	NA	NA	NA	100%	100%
Preventive Care	90%	87%	98%	NA	NA	NA	NA
Emergent Care	81%	75%	81%	NA	NA	86%	89%
Non-Life Threatening Emergency Care	80%	NA	NA	NA	NA	87%	79%
Specialist Appointment	95%	NA	NA	95%	97%	NA	NA
Wait Time	90%	84%	91%	NA	NA	94%	98%

Appointment availability specialist summary:

Appointment Availability - Compliance Summary By Specialist Type				
	2022 Total	2023 Total	High Volume Specialists	High Impact Specialists
Specialist Appointment	94%	95%	97%	95%

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Blue Cross Complete performs annual access and availability study

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2022/2023 overall compliance summary by appointment type comparison:

Appointment Availability - Compliance Summary By Appointment Type				
	2022 Total PCPs	2023		
		Total PCPs	PCPs	Pediatricians
Urgent Care	99%	98%	97%	100%
Routine Care	99%	98%	98%	98%
Preventive Care	92%	90%	87%	98%
Emergent Care	80%	77%	75%	81%
Wait Time	86%	85%	84%	91%

After-hours availability summary:

After Hours - Overall Compliance			
# Providers	# Compliant	# Non-compliant	% Compliant
251	192	59	76%

Improving member access to care and availability

- We're aware that each provider office is unique and faces its own challenges. That's why we've provided a list of strategies to improve overall access to care and availability:
- Implement same-day appointments for certain patient types.
- Allow walk-in appointments.
- Offer virtual appointments.
- Leave appointment slots open daily.
- Train office staff to identify medical situations so the patient can be seen immediately or directed to the emergency room.
- Identify patterns of care in the office. If more urgent or sick-care appointments are needed earlier in the week, schedule routine-care appointments for later in the week.
- Extend office hours.
- Educate members on appropriate use of after-hours services to manage utilization:
  - What symptoms require after-hours advice?
  - Use urgent care versus emergency room for low-acuity illnesses or symptoms after hours.
  - Emphasize importance of after-hours advice to prevent emergency room visits.

We appreciate the quality care and access you provide to our members. To discuss additional strategies, contact your Blue Cross Complete provider account executive or call Blue Cross Complete Provider Inquiry at **1-888-312-5713**.

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Study shows providers are satisfied with Blue Cross Complete

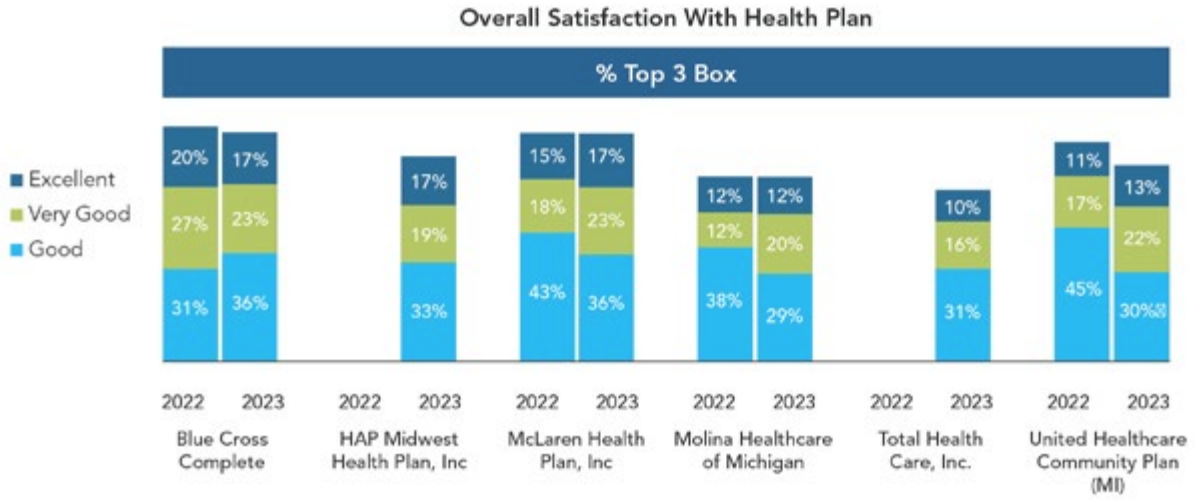
Blue Cross Complete conducts an annual survey with contracted providers to assess their overall satisfaction with the health plan. The primary objectives of this research are to:

- Provide quantifiable and measurable feedback regarding provider satisfaction with the health plan.
- Assess satisfaction of providers with specific activities, such as provider relations and services, claims reimbursement, utilization management and care management.
- Track changes over time to monitor progress of action plans (if possible).
- Identify strengths and opportunities for improvement.

The 2023 survey results indicated:

- 76% of providers rated Blue Cross Complete as excellent, very good or good
- 17% of providers gave an excellent rating to Blue Cross Complete
- 82% of providers believe the provider network has an adequate number of specialists compared to 77% in 2022.

Provider's Overall Satisfaction with Blue Cross Complete



The survey also identified Blue Cross Complete's key areas of strengths:

- Accuracy of claims processing
- Resolution of claims payment problems or disputes
- Knowledgeable, accuracy and helpfulness of responses to telephone inquiries
- Accuracy and timeliness of information exchanged
- Plan's timeliness with providing an authorization response for elective and nonurgent services

Providers' ability to provide quality care to our members helps us to ensure our commitment to offering access to quality health care coverage to everyone regardless of circumstance. We appreciate the care and service you and your staff provide our members.

For full details of the 2023 provider satisfaction survey, contact your Blue Cross Complete provider account executive.

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The HEDIS Corner: Childhood immunizations and lead screenings

Childhood Immunizations

All childhood immunizations listed below must be administered by a child's second birthday for the patient to be HEDIS compliant.

- **4 DTaP** different date of service on or before the second birthday, or anaphylaxis or encephalitis due to any of the vaccines. Don't count DOS prior to 42 days after birth.
- **3 IPV** with different DOS on or before the second birthday. Don't count if administered prior to 42 days after birth.
- **1 MMR** on or between the first and second birthdays, or history of measles, mumps and rubella on or before the second birthday.
- **3 Hib** with different DOS on or before the second birthday, or anaphylaxis due to the Hib vaccine. Don't count DOS prior to 42 days after birth.
- **3 Hep B** with different date of service on or before the second birthday, or history of the illness or anaphylaxis due to the vaccine. One of the three can be newborn (DOB to seven days after birth).
- **1 VZV** on or between the first and second birthdays, history of chicken pox or anaphylaxis due to the VZV vaccine on or before the second birthday.
- **4 PCV** with different DOS or anaphylaxis due to the vaccine on or before the second birthday. Don't count DOS prior to 42 days after birth.
- **1 Hep A** on or between the first and second birthdays, history of hepatitis A or anaphylaxis due to the vaccine on or before the second birthday.
- **2 Flu** with different DOS, or anaphylaxis due to the vaccine on or before second birthday. Do not count DOS prior to six months (180 days) after birth. One of the two vaccinations can be LAIV administered only on the second birthday.
- **2 or 3 RV** on different DOS or anaphylaxis due to the vaccine on or before the second birthday. Don't count DOS prior to 42 days after birth.

Chart documentation and information that can aid in vaccine HEDIS compliancy

- Administer all shots prior to the second birthday.
- Include all immunizations in the patient records even if vaccines were received elsewhere, such as those given at health departments or those given in the hospital at birth.
- Document if administered rotavirus vaccine is a 2-dose or 3-dose.
- Flu mist only meets criteria when administered on the second birthday.
- A note that "member is up-to-date" with all immunizations does not constitute compliance due to insufficient data.
- Parental refusal does not meet compliance.

Lead screening for children

To be considered HEDIS compliant for lead testing, children two years of age must receive one or more capillary or venous lead blood test for lead poisoning at any time by their second birthday.

Note: Chart documentation and information that can aid in lead screening HEDIS compliancy.

- Encourage parents to have the lead test performed prior to the second birthday.
- Include a note indicating the date the test was performed and the results or finding.
- A lead risk assessment, which is used to examine lead exposure risk factors, does not meet compliancy.
- Document in the patient record results of lead screenings performed at an outside lab, health department or Women, Infant and Children office.

Source: *HEDIS My 2024*

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Children's Special Health Services program offers many benefits for complex medical diagnoses

The Michigan Department of Health and Human Services Children's Special Health Services program stands out as a beacon of support for eligible children and adults facing complex health challenges. This specialized program, offered by Blue Cross Complete provides high quality care management and care coordination services for members enrolled in the program.

The CSHS program supports children and some adults with special health care needs and their families. The program covers more than 2,700 **physical conditions**, regardless of income. Members must have a qualifying medical condition to participate in the program.

In January 2024, eligibility for the program was expanded to age 26 for all covered services. The MDHHS approved the eligibility expansion. CSHCS began processing enrollments and renewals in January 2024 for these applicants. Whenever possible, CSHCS enrollment will be backdated to Oct. 1, 2023, for anyone up to age 26 determined to be eligible at that time.

This program helps kids and adults with chronic health problems by providing:

- Coverage and referral for specialty services based on the person's health problems
- Family-centered services to support families as the primary caretaker of an enrolled child
- Community-based services to help families maintain normal routines at home
- Culturally competent services, which demonstrate awareness of cultural differences
- Coordinated services to pull together the services of many different providers who work within different agencies

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Blue Cross Complete's providers can support CSHCS members

A subnetwork of Blue Cross Complete primary care providers offers services to Blue Cross Complete's CSHCS population. Providers who qualify to serve these members are selected because they meet this criteria:

- Currently serve children or youth with complex chronic health conditions
- Practice has a procedure in place to identify children and youth with chronic health conditions
- Practice offers expanded appointments when the child or youth has complex needs and requires more time
- Practice coordinates care for children and youth who receive services from multiple professionals (for example, pediatric subspecialists, physical therapists or mental health professionals)
- Practice is open to new patients (children and youth) with complex chronic health conditions

The MDHHS CSHCS program provides community-based services for these members that are over and above the services provided by Blue Cross Complete. Information about these services is available at **michigan.gov/mdhhs**.*

Practitioners who serve as the primary care provider for Blue Cross Complete's CSHCS population are reimbursed for these additional services on a per-member-per-month basis. The program provides $4 to each primary care provider serving a Temporary Assistance for Needy Families CSHCS enrollee or $8 to each primary care provider serving an Aged, Blind and Disabled CSHCS enrollee.

As Blue Cross Complete continues to advocate for inclusive and accessible health care for all, programs like CSHCS demonstrate the positive changes that can be achieved when specialized resources are available for those in need.

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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, depression and substance use disorders. Materials include screenings and medication management options, and resources to help your practice manage our members.

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

Remind your patients about effective treatments for ADHD

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

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

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

Accurate provider directory information ensures members can easily access health care services. 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
- 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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Reporting suspected fraud to Blue Cross Complete

Health care fraud affects everyone. It significantly affects 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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Keep medical records up to date for your patients

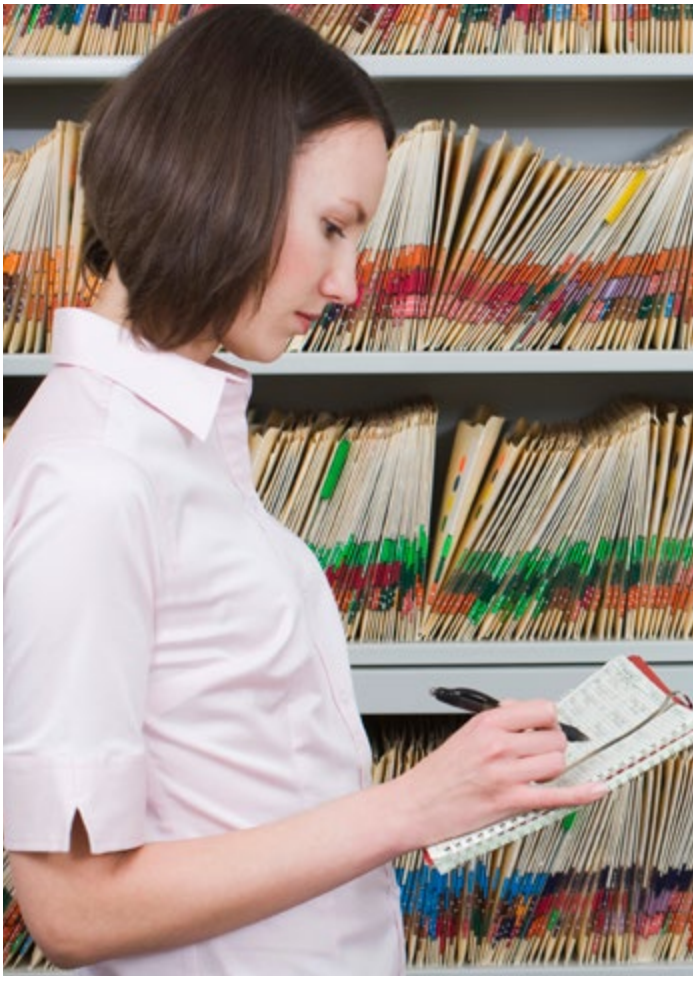
Medical records are important and help facilitate good care. Clear and legible records allow subsequent caregivers to understand the patient's condition and the basis for current medical testing, investigations or treatments. Proper record maintenance helps ensure treatment is carried out properly and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