Blue Cross complete of Michigan

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CONNECTIONS

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Table of Contents

Mandatory enrollment in Community Health Automated Medicaid Processing System 2

The Michigan Behavioral Health Standard Consent Form facilitates patient care coordination 2

Blood lead level test results clarification 3

Study focuses on appointment availability and after-hours access for patients 4

Survey shows providers are satisfied with Blue Cross Complete 6

Do you know your Blue Cross Complete provider account executive? 7

Blue Cross Complete hosts community baby shower 8

State revises Health Risk Assessment form 9

Blue Cross Complete offers language assistance 9

Learn the advantages of using NaviNet 10

Drug list resources available for Blue Cross Complete 11

Learn more about Blue Cross Complete member rights and responsibilities 13

Help us keep the Blue Cross Complete provider directory updated 15

Report suspected fraud to Blue Cross Complete 15

Mandatory enrollment in Community Health Automated Medicaid Processing System

Effective January 1, 2019, all providers furnishing services to Michigan Medicaid beneficiaries, including providers participating in a managed care organization's provider network, are required to be screened and enrolled in the Michigan Medicaid program. The state of Michigan's Community Health Automated Medicaid Processing System is the state's web-based Medicaid enrollment and billing system.

Michigan Department of Health and Human Services prohibits Blue Cross Complete from making payments to all typical rendering, referring, ordering, attending and billing providers not enrolled in CHAMPS. Blue Cross Complete will no longer make payment to providers identified on the claim that are not identified as actively enrolled with CHAMPS on the date of service.

This requirement applies to all individuals who provide services of any type to Medicaid beneficiaries, including but not limited to health care providers, social services workers and pharmacies who provide home care services to Medicaid recipients. This requirement also applies to providers who don't bill directly to Medicaid fee-for-service but receive payment through a Medicaid managed care plan.

For instructions on how to enroll in CHAMPS, log in to www.michigan.gov/medicaidproviders* and click Provider Enrollment.

The Michigan Behavioral Health Standard Consent Form facilitates patient care coordination

The Michigan Department of Health and Human Services has a standard consent form for sharing behavioral health and substance use treatment information. Here is some additional information about this form:

- The form complies with Public Act 129 of 2014
- Although providers aren't required to use this form, they are required to accept it

Providers should visit michigan.gov/bhconsent* to access the DCH-3927 behavioral health consent form and to read more about it.

*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.

Blood lead level test results clarification

On December 28, 2018, the Michigan Department of Health and Human Services issued Medical Services Administration bulletin 18-52* to clarify blood lead level test results.

According to the bulletin, the American Academy of Pediatrics periodicity schedule recommends that children be tested for blood lead poisoning at 12 and 24 months of age, or, if they haven't been tested yet, from 36 to 72 months of age. Although the Centers for Disease Control and Prevention established a blood lead level reference value of 5 µg/dL at which evaluations and interventions are indicated, the AAP and CDC cautions that there is no established safe level of lead for children.

The bulletin also indicated that achieving accurate and precise measurements for blood lead concentrations, particularly measurements below 5 µg/dL, can be an analytical challenge for providers because of inconsistencies in reported results due to the variability of testing methods. The AAP and Medicaid policy recommend that providers use their own clinical judgment in determining the appropriate action in medical management in children potentially exposed to lead, whose blood lead levels are below this level.

For the full report, see MDHHS's MSA bulletin 18-52*.

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Study focuses on appointment availability and after-hours access for patients

Each year Blue Cross Complete conducts a 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 physicians, pediatricians, specialists, behavioral health prescribers and behavioral health non-prescribers. The study also measures wait times for various types of appointments and access to providers outside of normal business hours.

Below is a summary of the 2018 overall compliance summary by appointment type:

Appointment Availability — Compliance Summary by Appointment Type				
	2017	2018		
	Total PCPs	Total PCPs	PCPs	Pediatricians
Urgent care	100%	97%	97%	97%
Routine care	98%	96%	97%	96%
Preventive care	92%	91%	89%	95%
Emergent care	96%	94%	93%	95%
Wait time	89%	88%	84%	96%

Appointment availability behavioral health summary:

Appointment Availability — Compliance Summary by Appointment Type				
	2017	2018		
	Total behavioral health	Total behavioral health	Prescribers	Non-prescribers
Urgent care	76%	75%	68%	77%
Initial visit routine care (BH)	77%	80%	58%	86%
Follow-up routine care (BH)	97%	98%	95%	99%
Emergent care	89%	89%	98%	87%
Non-life threatening emergency care	82%	84%	90%	82%
Wait time	98%	99%	98%	100%

Appointment availability specialist summary:

Appointment Availability — Compliance Summary by Specialist Type				
	2017 Total	2018 Total	High-volume specialists	High-impact specialists
Specialist appointment	90%	79%	79%	82%

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Study focuses on appointment availability and after-hours access for patients (continued)

After-hours overall compliance:

After Hours — Overall Compliance				
	Providers	Compliant	Non-compliant	Compliant
Total sample	250	178	72	71%

Improving member access to care and availability

We're aware that each provider office is unique and faces its own challenges. That's why we've provided a list of strategies that can be useful in improving overall access to care and availability:

- Implement same-day appointments for certain patient types
- Walk-in availability
- Leave appointment slots open daily
- Train office staff on how to identify emergency situations and triage the call with a provider so the patient can be seen immediately or directed to the emergency room
- Identify patterns in care in office: if more urgent or sick-care appointments are needed earlier in the week, schedule routine-care appointments for later in the week
- Extend office hours
- Educate members on appropriate use of after-hours services to manage utilization:
  - What symptoms require after-hours advice?
  - Use urgent care versus emergency room for low acuity illnesses or symptoms after hours
  - Emphasize importance of after-hours advice to prevent emergency room visits

We appreciate all the quality care and access you provide to our members. To discuss additional strategies for improving access to care and availability, contact your Blue Cross Complete provider account executive.

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Survey shows providers are satisfied with Blue Cross Complete

Blue Cross Complete conducts an annual survey with contracted providers to assess their overall satisfaction with our health plan. The 2018 survey results indicated that nine in 10 providers recommend Blue Cross Complete to patients and other providers. Additionally, three in four providers believe Blue Cross Complete's provider network has an adequate number of specialists and two in three providers believe the provider network has an adequate number of behavioral health clinicians.

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

- Provider services staff
- Claims and credentialing
- Utilization and quality management
- Care management
- Knowledge, accuracy and helpfulness of responses from staff
- Timeliness of claims processing
- Accuracy of claims processing
- Phone access to utilization management staff
- Helpfulness of case and care managers in coordinating care
- Encouraging of preventive care and health wellness

The survey concluded that 84 percent of Blue Cross Complete network providers are satisfied with the health plan and 82 percent of network providers are loyal to Blue Cross Complete. Your ability to provide quality care to our members helps us with the success of our commitment to offer quality access to health care coverage to everyone regardless of circumstance. We appreciate the care and service you and your staff provide our members.

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Do you know your Blue Cross Complete provider account executive?

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

Robert Bush
Phone: 1-248-663-7366
Email: rbush@mibluecrosscomplete.com
Counties: Barry, Ionia, Kent, Mecosta, Montcalm

Bren Christner
Phone: 1-248-663-7476
Email: bchristner@mibluecrosscomplete.com
Counties: Allegan, Lake, Mason, Oceana, Osceola, Ottawa, Muskegon, Newago

Havard Cole
Phone: 1-248-663-7457
Email: hcolejr@mibluecrosscomplete.com
County: Wayne

Pat Embry
Phone: 1-248-663-7341
Email pembry@mibluecrosscomplete.com
Counties: Huron, Lapeer, Macomb, Sanilac, St. Clair, Tuscola

Joe Pintar
Phone: 1-248-663-7919
Email: jpintar@mibluecrosscomplete.com
Counties: Clinton, Eaton, Ingham, Genesys PHO

Treva Smith
Phone: 1-248-663-7488
Email: tsmith5@mibluecrosscomplete.com
Counties: Genesee, Livingston, Oakland, Shiawassee, University of Michigan

Hillary Woodruff
Phone: 1-248-663-7342
Email: hwoodruff@mibluecrosscomplete.com
Counties: Hillsdale, Jackson, Lenawee, Monroe,Washtenaw

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

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Blue Cross Complete hosts community baby shower

Blue Cross Complete and the Detroit Parks and Recreation Division are hosting the Annual Baby Shower and Health Fair Friday, April 12 from 10 a.m. to 1 p.m. at the Northwest Activities Center, located at 18100 Meyers Road in Detroit. We encourage you to recommend that your pregnant Blue Cross Complete members attend this event.

This special event is for new parents, expectant parents and children. Join us to learn about such things as pregnancy care, healthy eating and breastfeeding.

Expectant parents will receive a variety of needed baby items, while kids can receive lead and dental screenings. We'll have a prize giveaway and free gifts for everyone who attends (while supplies last). Prizes include car seats, strollers and gift baskets filled with goodies for parents and babies. Kids will have their own play area.

Although this event is open to the public, you may register in advance.
To register, call 1-844-280-9127. Walk-ins are also welcome.

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State revises Health Risk Assessment form

The Michigan Department of Health and Human Services recently made updates to the Healthy Michigan Health Risk Assessment form, which gives providers and their patients a place to start when making health care choices.

MDHHS added five new questions in the member section and included four additional healthy behavioral goals to the provider section. A completed HRA can be submitted within five business day by any of the following:

- Blue Cross Complete fax: 1-855-287-7886
- MDHHS fax: 1-517-763-0200
- Direct data entry into the Community Health Automated Medicaid Processing System (click on this link for instructions Completing the HRA within CHAMPS*)

You can access the updated HRA form at mibluecrosscomplete.com/providers. If you have questions, contact Blue Cross Complete Provider Inquiry at 1-888-312-5713 or your Blue Cross Complete provider account executive.

Blue Cross Complete offers language assistance

Blue Cross Complete serves a diverse population. As a result, providers may see patients who don't speak English or have limited English proficiency. About 1 percent of our members speak Arabic, Spanish, Swahili, Somali, Chinese or less common languages. To help ensure information is accurately reported and understood, Blue Cross Complete offers certified translation and interpretive services in more than 200 languages.

These services include:

- Interpreting conversations with providers or health care staff
- Translating health care plan documents
- Getting plan documents in different formats

For language assistance, providers and members can call Customer Service at 1-800-228-8554.

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Learn the advantages of using NaviNet

Did you know that your office can access all your Blue Cross Complete members' information and gaps-in-care reports and submit authorization requests through the payer-provider web portal navinet.net*?

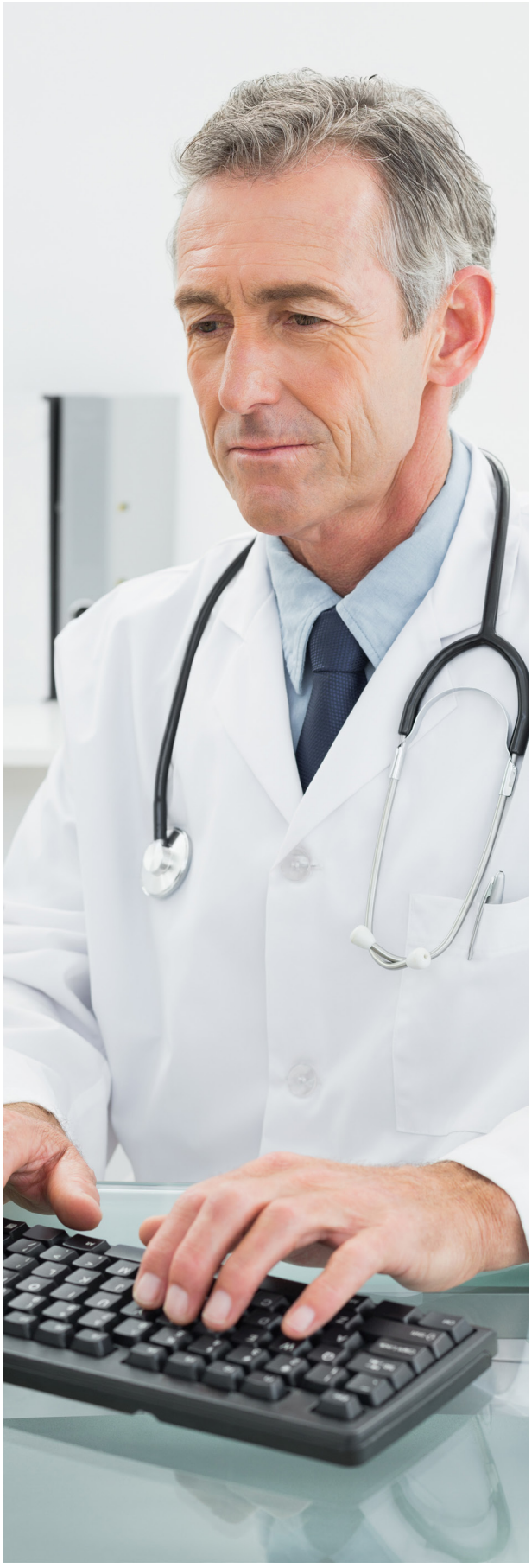
Using NaviNet makes it easier for you to get the member information you need quickly and securely, without the hassle of making many phone calls.

Enrolling on the NaviNet provider portal will allow you to:

- Quickly access frequently asked questions, hours of availability and contact information for Blue Cross Complete.
- Access links to provider tools and resources.
- Upload documents to your authorization request (lab or radiology reports).
- View eligibility status and date.
- View benefit information from different services.
- View patient detail information.
- View detailed claim status information.
- Check the status of a claim at any time following a submission, regardless of the submission method.

If you haven't already done so, we encourage your office to enroll on navinet.net* to get immediate access to your Blue Cross Complete members. To sign up, go to navinet.net* and click on Providers: Sign Up for NaviNet, or contact your Blue Cross Complete account executive.

If you have any questions, contact your Blue Cross Complete provider account executive.



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Drug list resources available for Blue Cross Complete

Drug list details

A comprehensive drug list for Blue Cross Complete is available on our website at mibluecrosscomplete.com under the Member Benefits tab.

- Click on Pharmacy Benefits
- Scroll down to the Preferred drug list tab at the bottom of the page

The drug list can be accessed and reviewed in two ways:

- A printable PDF version is available by clicking on the Preferred drug list (PDF) link.
- You can also search by clicking the Searchable formulary link.

The searchable version provides additional details regarding quantity limits, prior authorization or other coverage details not available on the printable version. This includes guidance for obtaining specialty medications.

The Blue Cross Complete drug list is generic-friendly. Unless otherwise specified, in the event that a generic equivalent is available for a brand-name medication, claims processing will require that the generic equivalent be dispensed for the medication to be covered.

When a non-formulary drug or a drug that has an associated edit is inadvertently prescribed, prescribers and pharmacists are encouraged to work together to convert to a preferred drug, when appropriate.

Clinical edits

Various clinical edits, including prior authorization, step therapy, quantity limits and age limits are included on the drug list for specific medications. Prior authorization and step therapy criteria are available on the state of Michigan's website at michigan.gov/mcopharmacy*. It's important to remember that plans may be less stringent than the posted criteria for certain medications or classes.

Quantity limits and age limits are established for some medications on the drug list. Quantity limits, or dose optimization edits, are typically established in line with approved dosing schedules. If an elevated dose is required, above the approved quantity, the prior authorization process should be followed.

Age limits can be established for multiple reasons. Typically, age limits are implemented to reinforce safety protocol or to help refer a member to a more cost-effective dosage form such as the use of a tablet for an adult rather than a liquid. In the event that a preferred dosage form isn't medically appropriate, the prior authorization process should be used.

As part of the prior authorization process, providers must complete the Blue Cross Complete Medication Prior Authorization Request or submit their request online. The online version helps to increase efficiency and, depending on the information provided, the system is able to provide an immediate decision for select medications.

To complete the online form or download the fax form:

- Visit mibluecrosscomplete.com.
- Click on the Member Benefits tab and select Pharmacy Benefits.
- Scroll to the bottom of the page and click on the Prior authorization tab.
- For the online form click Prior authorization online form
- For the printable fax form click the Prior authorization request form (PDF)

The online prior authorization form allows for paperless and secure data and document submission. If you prefer to use the PDF version, complete and fax it to 1-855-811-9326. You can also call the PerformRx℠ provider services help desk at 1-888-989-0057 if you require additional assistance.

A prior authorization form must be 100 percent completed and submitted along with all appropriate documentation that may help us process the request. For example, you must include medical history, previous therapies tried and additional rationale. Incomplete forms or missing documentation may delay or prevent a request from being processed.

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Drug list resources available for Blue Cross Complete (continued)

Drug list changes

Drug list changes approved by the Common Formulary Workgroup or the AmeriHealth Caritas Pharmacy and Therapeutics Committee are available by doing the following:

- Visit mibluecrosscomplete.com.
- Click on the Member benefits tab.
- Click on Pharmacy benefits
- Scroll to the bottom of the page to the Preferred drug list tab
- Under the Preferred drug list tab, click on the Formulary Change Update link.

Depending on the type of drug list change, various forms of communications may be used.

Communication strategies may include letters, fax blasts, web documents and provider portal posts. Any necessary communication will be completed as early as possible prior to the implementation of a change. Most direct communications will be the result of a negative drug list change, such as the removal of a medication from the drug list or the addition of a clinical edit.

Medical exception process

In the event that a non-formulary drug is most appropriate for the member, the prior authorization process allows for a potential coverage consideration. As mandated, all formulary drugs listed on the Blue Cross Complete drug list are represented on the Michigan Pharmaceutical Product List for fee-for-service Medicaid. Although not all medications from the list are included on the plan's formulary, all medications on the MPPL must be considered for coverage under the pharmacy benefit. As with some non-preferred formulary drugs, non-formulary drugs covered on the MPPL may be available through the prior authorization process.

Typically, if drug list criteria have been met and the preferred formulary drugs have failed or aren't medically appropriate, then a non-formulary drug may be considered for coverage. Again, all supporting documentation must be submitted for us to consider covering a non-formulary drug.

Carve-out medications

A portion of the pharmacy benefit for Medicaid beneficiaries is carved out by the state of Michigan. The medications listed below are covered under the fee-for-service portion of the benefit.

- Antidepressants
- Antianxiety
- Antiepileptics
- Barbiturates
- Antihemophilic factors
- Cystic fibrosis transmembrane conductance regulator agents
- Antivirals for the treatment of hepatitis C
- Antiretrovirals for the treatment of HIV

Instead of billing Blue Cross Complete for the medications, the pharmacy must bill fee-for-service Medicaid, also known as the Magellan Medicaid Administration. Pharmacies will be alerted in a reject message if they submit a claim to Blue Cross Complete for a carve-out medication. Reach the Magellan Medicaid Administration clinical call center at 1-877-864-9014 for claims questions associated with these medications. You can also find additional information on the state of Michigan's fee-for-service drug coverage at michigan.fhsc.com/providers/druginfo.asp.

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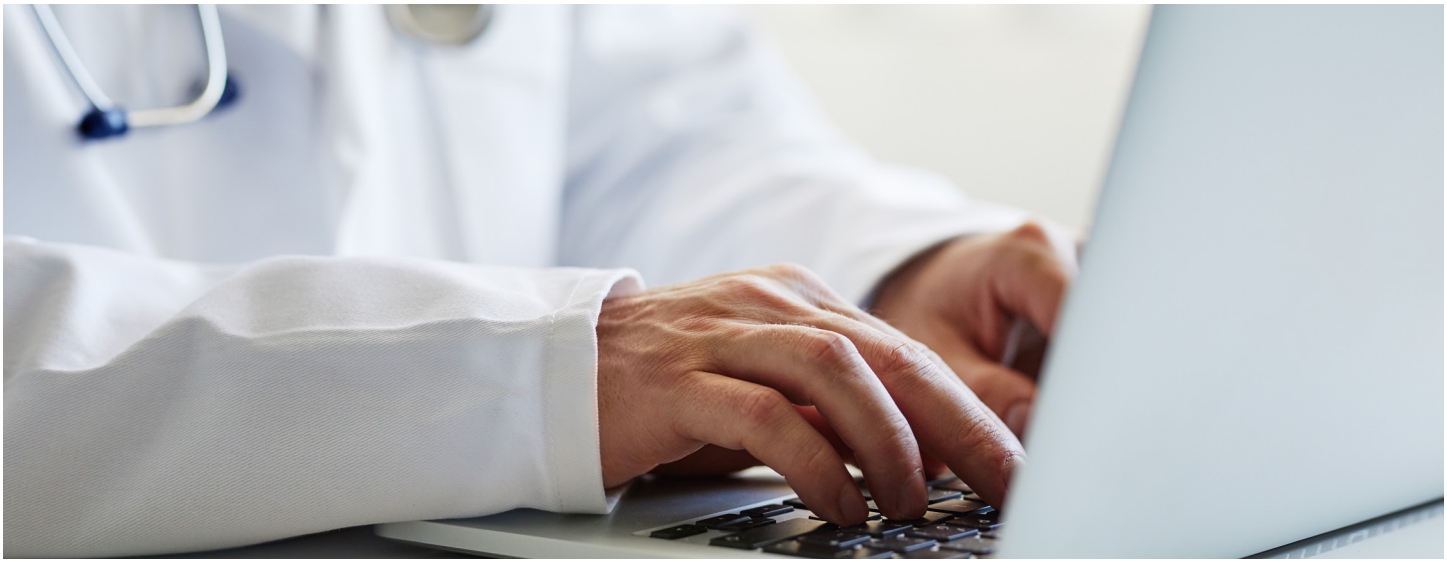
Learn more about Blue Cross Complete member rights and responsibilities

Members of Blue Cross Complete have rights and responsibilities. Understanding these rights and responsibilities helps members get the most out of their health care benefits.

Member rights

Member rights will be honored by all Blue Cross Complete staff and affiliated providers. Members have the right to:

- Understand information about their health care
- Get required care as described in the member handbook
- Be treated with dignity and respect
- Privacy of their health care information, as outlined in the member handbook
- Treatment choices, in spite of cost or benefit coverage
- Full participation in making decisions about their health care
- Refuse to accept treatment
- Voice complaints, grievances or appeals about Blue Cross Complete and its services, benefits, providers and care
- Get clear and easy-to-understand written information about Blue Cross Complete's services, practitioners, providers, rights and responsibilities
- Review their medical records and ask that they be corrected or amended
- Make suggestions regarding Blue Cross Complete's rights and responsibilities policies
- Be free from any form of abuse, being restrained or secluded, as a means of coercion, discipline, convenience or retaliation when receiving services
- Request and receive:
  - The Blue Cross Complete Provider directories
  - The professional education of their providers, including those who are board-certified in the specialty of pain medicine for evaluation and treatment
  - The names of hospitals where their physicians are able to treat them
  - The contact information for the state agency that oversees complaints or corrective actions against a provider
  - Any authorization, requirements, restrictions or exclusions by service, benefit or a specific drug
  - The information about the financial agreements between Blue Cross Complete and a participating provider



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Learn more about Blue Cross Complete member rights and responsibilities (continued)

Member responsibilities

Members have the responsibility to:

- Know their Blue Cross Complete certificate
- Know their member handbook and all other provided materials
- Call Customer Service with any questions at 1-800-228-8554
- Seek services for all non-emergency care through their primary care physician
- Use the Blue Cross Complete provider network
- Be referred and approved by Blue Cross Complete and their primary care physician for out-of-network services
- Make and keep appointments with their primary care physician
- Contact their doctor's office if they need to cancel an appointment
- Be involved in decisions regarding their health
- Behave in a proper and considerate manner toward providers, their staff, other patients and Blue Cross Complete staff
- Tell Blue Cross Complete of address changes, any changes for their dependent coverage and any other health coverage
- Protect their ID card against misuse
- Call Customer Service right away if their card is lost or stolen
- Follow their doctor's instructions regarding care
- Make treatment goals with their physician
- Contact the Blue Cross Complete Antifraud unit if they suspect fraud

Additional rights and responsibilities

In addition to these rights and responsibilities, members also have these rights:

- To ask for and get information about how our company is structured and operated
- To have their health information stay confidential
- To use their rights without changing the way they're treated by us, health care providers or the state of Michigan
- To ask for the professional credentials of their provider
- To ask for any prior authorization requirements, limits, restrictions or exclusions
- To ask about the financial responsibility between Blue Cross Complete and any network provider
- To know if there are any provider incentives, such as pay-for-performance
- To ask about stop loss coverage

Members also have the responsibility to tell their doctor and Blue Cross Complete about their health and health history.

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

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Help us keep the Blue Cross Complete provider directory updated

Accurate provider directory information is critical to ensuring member 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

- Fax: 1-855-306-9762
- Mail:
  Blue Cross Complete of Michigan
  Provider Network Management
  100 Galleria Officentre, Suite 210
  Southfield, MI 48034

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

Report suspected fraud to Blue Cross Complete

Providers who suspect that another Blue Cross Complete provider, employee or member is committing fraud should notify the Blue Cross Complete Antifraud Unit as follows:

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

The Blue Cross Complete Antifraud 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:

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

You can make reports anonymously.

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