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Utilize the Provider Directory Accuracy form for Blue Cross Complete's quarterly sample survey

Each quarter, Blue Cross Complete conducts a sample survey of the online provider directory. Selected providers will receive a Provider Directory Accuracy form to verify that the information we have in our system is correct for their practice.

Follow these steps to complete the PDA form:

1. Review the form in its entirety.
2. Note any changes under each section on the form.
3. If you don't have changes, initial the "All information is accurate" box.
4. Email, fax or mail the change form, along with supporting documentation, to:

Mail: Blue Cross Complete of Michigan
Attn: Provider Data Management
100 Galleria Officentre, Suite 210
Southfield, MI 48034

Fax: **1-855-306-9762**

Email: **bccproviderdata@mibluecrosscomplete.com**

5. Please indicate "Provider Directory Accuracy" in the subject line to ensure timely processing.

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

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Providers can request criteria for utilization management decisions

Blue Cross Complete's Utilization Management department responds to authorization requests within the following guidelines:

- Decision-making related to authorization requests is based only on the existence of coverage and appropriateness of the care and service.
- Practitioners and other individuals aren't rewarded for issuing denials of coverage.
- Decision-makers for authorization requests don't receive financial incentives for decisions that result in underutilization.

Providers have the right to request the information used to make a decision. This includes benefit guidelines

and other criteria. To request this information, providers should call Utilization Management or write the appeals coordinator at the following address:

Appeals Coordinator
Blue Cross Complete of Michigan
P.O. Box 41789
Charleston, SC 29423

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

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MDHHS issues Michigan measles information

The Michigan Department of Health and Human Services has published [2019 Michigan measles information](#).^{*} MDHHS has confirmed 39 measles cases statewide since March 13, 2019. Of those, 38 have been in Oakland County and one in Wayne County. Visit oakgov.com/health^{*} to see the known exposure sites in Oakland County. Measles, also called rubeola, is caused by an acute viral infection.

Symptoms include:

- Rash (red, raised) that starts at the head and progresses down to the trunk and limbs
- High fever, often peaking at 103 to 105 degrees Fahrenheit
- Cough, runny nose
- Red, inflamed eyes

Measles is transmitted through sneezing and coughing of respiratory droplets. It's contagious four days before through four days after the onset of the rash. The incubation period is 10 to 12 days.

The [Mayo Clinic](#)^{*} recommends anyone with the measles rest, drink plenty of water to replace fluids lost by fever and sweating, use a humidifier to alleviate a cough or sore throat, and keep the lights low or wear sunglasses as light can be bothersome. Vitamin A doses can lessen the severity of symptoms.

For the full report, visit the [MDHHS website](#).^{*}

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

E-cigarettes and tobacco cessation

The emergence of the electronic cigarette is a growing concern as it affects healthy living, particularly among youths. Users inhale aerosol containing tobacco and other substances. E-cigarettes are particularly attractive to youths because they're trendy, easy to conceal and come in various flavors, including chocolate and strawberry. They're being marketed through both traditional and social media. The Food and Drug Administration, which finds e-cigarettes aren't a safe alternative to traditional cigarettes, has been phasing in regulations since August 8, 2016, which include a minimum purchase age of 18.^{**} In support of members' efforts for healthy living, Blue Cross Complete has a tobacco quit program that covers group and individual counseling or coaching.

The tobacco quit program is a free, phone-based support program that helps members make a plan to quit using tobacco and offers support and encouragement to help them stick to their plan.

Call **1-800-QUIT-NOW (1-800-784-8669)** 24 hours day, seven days a week.

Drug benefits include over-the-counter and prescription medicines. See "Pharmacy Services" in Section 12 of the [Provider Manual](#) for additional coverage information.

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



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^{**}"e-Cigarettes: What You Should Know." Michigan Department of Health and Human Services, Aug. 2016, https://www.michigan.gov/documents/mdch/E_Cigarette_Facts_465520_7.pdf.



Medication disposal safety

In an effort to help our members, their families and the environment, Blue Cross Complete offers free disposal bags that contain a special chemical to easily and safely dispose of unused or expired medications at home. Each bag can dispose up to 120 doses of medication. Simply follow the instructions to activate the chemical, put in medications, seal the bag and throw it into the trash.

To order bags, members can go to [Blue Cross Complete](#), open the *About Us* tab, click *Contact Us* on the drop down menu, then click [Secure Email Form](#). Or, call Customer Service at **1-800-228-8554**.

Blue Cross Complete also provides links on our website for medication takeback programs.

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

Newborn hearing screening

Early hearing detection and intervention screening of 107,359 infants in 2017 identified 167 who had permanent hearing loss, according to the [Michigan Department of Health and Human Services](#).

MDHHS offers an Early Hearing Detection and Intervention program that includes:

- Infant screening for hearing loss no later than 1 month of age
- A follow-up diagnostic hearing evaluation no later than 3 months of age for those infants who didn't pass the 1-month screening
- Enrollment in early intervention services for those infants with hearing loss no later than 6 months of age

Early intervention services include audiology, education, medical and communication training and family support. Early detection helps infants with language acquisition and neural development and eventually reading readiness. Please encourage family members and clinical staff to refer any infant with a failed hearing screen to follow up with a diagnostic hearing evaluation.

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



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CPT and HCPCS code updates from MDHHS

On January 15, 2019, the Michigan Department of Health and Human Services issued [**Medical Services Administration bulletin 19-01***](#) regarding code updates for current procedural terminology and health care common procedure coding system.

The listings of codes includes:

- January 1, 2019, annual health care common procedure coding system core updates
- New coverage of existing codes
- Retroactive coverage for existing code for outpatient prospective payment system
- Retroactive modifier required for existing codes
- Clarification to bulletin MSA 16-38 regarding interim caries arresting medicament application and silver diamine fluoride
- Billing clarification for school-based therapy services
- Discontinued coverage of existing codes for all applicable provider types
- Discontinued 2018 HCPCS procedure codes for all applicable provider types

For the full listings, see MDHHS's [**MSA bulletin 19-01.***](#)

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



MDHHS covers personal use of continuous glucose monitoring systems

On March 1, 2019, the Michigan Department of Health and Human Services issued [**Medical Services Administration bulletin 19-04***](#) regarding continuous glucose monitoring systems.

According to the bulletin, MDHHS will begin covering these monitors for personal use. They're comprised of three parts: a sensor that attaches to the skin, a transmitter and a receiver that records data and notifies the recipient when glucose levels are too high or too low. The CGMS relays data from the subject to the physician or beneficiary in real time.

The bulletin addresses standards of coverage, documentation, external insulin pumps combined with the CGMS, prior authorization, payment rules and frequency. Standards of care for a person with Type I diabetes include but aren't limited to when that person has hypoglycemic unawareness and requires the administering of insulin three or more times a day.

For the full report, see MDHHS's [**MSA bulletin 19-04.***](#)



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Latest MDHHS report released on potential for a Michigan MLTSS program

In response to a 2017 request from the Michigan legislature to explore the possible implementation of a managed system for long-term care, the Michigan Department of Health and Human Services has released the [Michigan Medicaid Long-term Services and Supports report](#).

Using surveys and individual interviews from a wide group of stakeholders, MDHHS documented the status quo and explored future possibilities. The department relied on the Center for Health and Research Transformation, Public Sector Consultants and Health Policy Matters for research and analysis. The report identifies possible areas for improvement in Medicaid programs and outlines suggestions for steps toward improvement.

The next purpose is to improve existing long-term services and supports systems, according to the report. Targeted areas for improvement range from person-centered planning to options counseling. The [MI Health Link demonstration program](#) will be investigated as a possible model for MLTSS.

Visit michigan.gov/mltss for more information on a Michigan MLTSS program.

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Changes to Healthy Michigan plan

Beginning in January 2020, a new Michigan law will require Healthy Michigan plan members to report at least 80 hours of work per calendar month or other community activities to the Michigan Department of Health and Human Services to keep their Healthy Michigan plan coverage.

Qualifying community activities include school, job training, community service or participation in a tribal employment program. Some individuals will be exempt, such as pregnant women, caregivers of a family member under six years of age, and members who have been incarcerated within the last six months. See the full details at [Healthy Michigan Plan/Changes Coming in 2020/Work Requirements](#).*

In advance of January 2020, MDHHS is urging affected members to watch their mail for more updates to familiarize themselves with their Healthy Michigan Plan costs and take action steps toward adding healthy behaviors such as scheduling an annual check-up or completing the Health Risk Assessment form with their primary care physician. The HRA, available in English, Spanish and Arabic, can be found at [Healthy Michigan Plan/After Enrollment](#).*

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

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Mandatory enrollment in CHAMPS

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 won't make payments to providers identified on the claim that aren't 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*.

In addition, a Healthy Michigan Plan completed Health Risk Assessment form can be reported via direct data entry within CHAMPS. (Click on this link for instructions: [Completing the HRA within CHAMPS](#).*)

You can access the updated HRA form at mibluccrosscomplete.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.

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Michigan Oral Health Coalition releases Check-Up on Oral Health report

An early visit to a dentist can lead to lifelong habits of good oral hygiene. For that reason, The American Association of Public Health Dentistry, American Academy of Pediatric Dentistry, American Dental Association, American Academy of Pediatrics and American Public Health Association recommend that children be seen within six months of the eruption of the first tooth or within their first year. In addition, the American Academy of Pediatric Dentistry recommends routine dental health care begin by age 1.

Early intervention can provide parents or guardians with nutritional counseling to help prevent cavities and can include an assessment for caries risk and oral hygiene counseling. Tooth decay can be avoided, primarily through good eating habits and oral hygiene, which can be supported through guidance by a dental professional.

According to the Michigan Oral Health Coalition's [Check-Up on Oral Health](#),* only 13 percent of Michigan children under age 2 who are beneficiaries of Medicaid have had at least one dental service — however, that's almost a 200 percent increase over the 2013 figure of 4.5 percent. The counties with the highest incidence of dental visits for Medicaid beneficiaries under age 2 are Grand Traverse (50.8 percent), Benzie (50.3 percent) and Antrim (47.6 percent); the counties with the lowest are Barry (4.9 percent), Mackinac (5.2 percent) and Allegan (5.3 percent). Approximately 1.3 million Michigan residents live in an area underserved by dentists; 321 more are needed to fill that gap.

In addition, the report states that according to a study by the Child Health and Research Unit at the University of Michigan, many dentists are somewhat uncomfortable treating very young children.

To see the full report, go to [Check-Up on Oral Health](#).*

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



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Coordination between behavioral health specialists and primary care physicians

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

Blue Cross Complete's quality department conducts a yearly audit of primary care physician medical records to assess the level of coordination of care with behavioral health providers. The goal is that 90 percent of primary care physician's records include documentation from the behavioral health specialist regarding a treatment plan or progress notes.

The review is conducted annually using a random sample of 120 Blue Cross Complete members who have claims for a mental health diagnosis with a behavioral health specialist in a given year. The number of primary care physician records that contained documentation from behavioral health specialist since 2013 is as follows:

- 2013 — 59 percent
- 2014 — 55 percent
- 2015 — 39 percent
- 2016 — 11 percent
- 2017 — 42 percent
- 2018 — 37 percent

As part of Blue Cross Complete's continuing commitment to ensuring members receive the highest quality and safest care possible, behavioral health practitioners are required to share a member's clinical information with the member's primary care physician. Primary care physicians are expected to include this shared information in the member's medical record and communicate with the behavioral health specialist as needed. As a reminder, behavioral health specialists are permitted by law to share behavioral health information with the member's primary care physician without signed written consent from the member. Blue Cross Complete is working to increase coordination of care by sharing results with behavioral health specialists at the BCC Health Integration Advisory Council meetings held twice a year, as well as looking to implement potential coordination of care educational interventions with primary care physicians.

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

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

People with schizophrenia or bipolar disorder are at a greater risk of developing diabetes due to antipsychotic medications, obesity, poor diet, lack of exercise and other social determinants of health. Diabetes screening is especially important for anyone with schizophrenia or bipolar disorder who is being treated with antipsychotic medications. Lack of appropriate care for diabetes for these patients can lead to poor health and death. Addressing physical health needs is an important way to improve health, quality of life and economic outcomes. To protect your patients, be sure to:

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

Remind your patients about effective treatments for ADHD

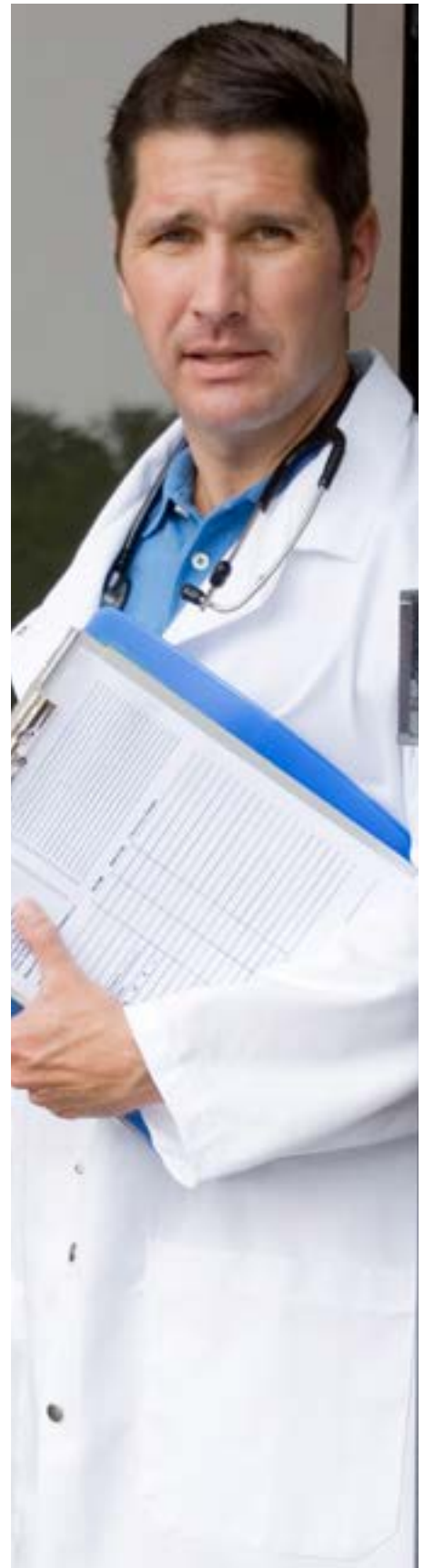
If your patient has been diagnosed with attention deficit hyperactivity disorder, Blue Cross Complete encourages you to remind them and their families that they can receive medicine and behavioral health therapy, which may help with behavior changes. Children who get a prescription for ADHD medicine should see their doctor for a follow-up visit within 30 days.

Your patient may need a second and third follow-up visit to make sure the medicine is working. With treatment, ADHD can be managed well. If your patient has been diagnosed with ADHD, it's important that he or she gets the right treatment.

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

Blue Cross Complete behavioral health toolkit

Blue Cross Complete offers a Behavioral Health Provider Toolkit to help primary care physicians identify conditions such as attention deficit hyperactivity disorder, anxiety and depression and substance use disorders. The toolkit provides an array of materials such as screenings, medication management options and resources that can help your practice manage our members. To access the toolkit, visit mibluccrosscomplete.com/provider. If you have any questions, contact your Blue Cross Complete provider account executive or Blue Cross Complete Provider Inquiry at **1-888-312-5713**.



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Provider enrollment fitness criteria notification

On February 8, 2019, the Michigan Department of Health and Human Services issued [Medical Services Administration bulletin 19-03*](#) to notify providers regarding provider enrollment fitness criteria.

According to the bulletin, effective April 1, 2019, MDHHS will implement criteria that will be used to screen for provider qualifications. Reasons for termination of participation or denial of application in the Medicaid program include:

- Conviction of a relevant crime
- Failure to comply with Medicaid enrollment requirements
- Exclusion by Medicare or any other federal health care program
- Conviction under the False Claims Act
- Federal or state felony conviction within the preceding 10 years of the enrollment application
- Federal or state misdemeanor conviction within the preceding five years of the enrollment application

Enrollment and reinstatement requirements are outlined in section III of the bulletin.

For the full report, see [MDHHS's MSA bulletin 19-03*](#).

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

Report suspected fraud to Blue Cross Complete

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

- Phone: **1-855-232-7640 (TTY: 711)**
- Fax: **1-215-937-5303**
- Email: **fraudtip@mibluexrosscomplete.com**
- Mail: **Blue Cross Complete
Special Investigations 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 Health Services Inspector General
P.O. Box 30062
Lansing, MI 48909**

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