

July/August 2025

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## Ways to avoid common errors in electronic prior authorization submissions

Submitting your electronic prior authorization requests thoroughly and accurately in NaviNet will help your requests process more quickly, help minimize claim errors and help you get paid on time. Outlined below are ways to avoid common errors when submitting your prior authorization requests:

- Don't create duplicate authorizations; use the amend functionality on existing authorizations.
- Initiate amendments if more services or days are requested. Don't attach documents as a "request."
- Reference the Prior Authorization Lookup Tool on the plan website to see if a service requires prior authorization before submitting authorization requests.
- Enter all codes and units requested during an initial submission or amendment.
- Don't add newborns who are not yet in the system under the mother's record.
- Understand the difference between urgent and emergent.
- Ensure HIPAA three points of verification are located on all pages of clinical documentation submitted.
- Submit delivery notifications correctly.
- Understand provider type differences between inpatient and outpatient requests.
- Include a phone and fax number under the contact information so the Utilization Management department can reach the provider.
- Ensure the admission date for an inpatient request is the date the member was admitted.
- Don't use NaviNet to request a reconsideration or a peer-to-peer review.

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



## Mandatory blood lead testing requirements for children

Effective April 30, 2025, two new laws were implemented in Michigan mandating universal blood lead tests for children, outlined in [Public Act 145 of 2023](#) and [Public Act 146 of 2023](#). These new regulations aim to enhance early detection and prevention of lead exposure in children.

Under the new guidelines, all children must undergo blood lead testing at 12 months and 24 months of age. Children must also be tested at age 4 if they live in geographic areas identified as high-risk for lead poisoning by the Michigan Department of Health and Human Services. The list of 82 cities and townships identified by MDHHS as high risk can be viewed by visiting [Additional Blood Lead Testing for High-Risk Jurisdictions](#).

Children living in homes built before 1978 or in residences where other children have been diagnosed with elevated blood lead levels should receive additional testing. If a child is determined by a parent or physician to be at high risk for lead poisoning, the child must receive a test within three months of that determination. All tests that are elevated ( $\geq 3.5$   $\mu\text{g/dL}$ ) based on capillary blood must be repeated with a venous test to confirm the elevated level.

The American Academy of Physicians recommends blood lead testing should be a routine part of a child's primary care. Compliance with Michigan's testing requirements can help ensure that all children who have been exposed to lead can be identified and interventions can take place.

It's the physician's responsibility to test or order the test, and the results must be recorded on the child's immunization record. By law, parents can choose not to have their child's blood tested for lead.

For more information about the universal blood lead testing requirements, contact the MDHHS Childhood Lead Poisoning Prevention Program at **517-335-8885** or [MDHHS-CLPPP@michigan.gov](mailto:MDHHS-CLPPP@michigan.gov).

Source: Michigan Department of Health and Human Services

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## HEDIS Corner: Cervical cancer screening

There are two ways to achieve compliancy for cervical cancer screening: administratively and through proper medical record documentation of a hysterectomy submitted through Appian.

### Administratively

- Submit a claim with the appropriate code from the "Hysterectomy with No Residual Cervix" or "Absence of Cervix Diagnosis" value sets.
- Establish an electronic data share file with Blue Cross Complete. For more information on this collaboration, contact your Blue Cross Complete provider account executive or call Provider Inquiry at **1-888-312-5713**.

### Medical record hysterectomy documentation

- Hysterectomies can be patient reported and collected during in-office visits or while taking the patient's history over the telephone, during a telehealth visit, e-visit or virtual check-in.
- Hysterectomy date is not required to be in the record, but documentation of an acceptable hysterectomy type is required for proof the cervix was removed or is absent.
- Stating "hysterectomy" and indicating that they no longer need Pap testing or cervical cancer screening is not acceptable documentation.
- Stating "vaginal Pap smear" and "hysterectomy" is not acceptable documentation.

- Acceptable types of hysterectomy
  - *Acceptable types:*
    - › Total hysterectomy – the uterus and cervix are removed.
    - › Radical hysterectomy – the uterus and cervix are removed along with structures around the uterus.
  - *Acceptable documentation, but not limited to:*
    - › Total abdominal hysterectomy
    - › Total abdominal hysterectomy with bilateral salpingo-oophorectomy
    - › Abdominal total hysterectomy
    - › Laparoscopic assisted vaginal hysterectomy
    - › Radical abdominal hysterectomy
    - › Vaginal hysterectomy
    - › Absence of cervix/acquired absence of cervix
    - › Hysterectomy with no residual cervix
    - › "Complete," "total" or "radical" hysterectomy
    - › Cervical agenesis
    - › Simple hysterectomy

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# Reducing disparities in the management of hypertension in African American members

Blue Cross Complete is pleased to announce the launch of the Blue Cross Complete toolkit, [Reducing Disparities in the Management of Hypertension in African American Patients](#). This toolkit covers topics such as barriers to care within the African American population and supportive best practices, tools and strategies when working to reduce high blood pressure for your African American patient population.

Health care industry leaders state that you cannot have high quality of care without equity, and Blue Cross Complete works diligently to address health disparities within our membership. African American patients experience a higher prevalence of hypertension when compared to their white patients.<sup>1</sup> As a provider, you play an integral role in addressing disparities.

This toolkit will provide you with access to culturally responsive best practices when providing care to African American patients with hypertension. We hope that you find this toolkit useful when providing care to your patients. Please visit the provider section of the Blue Cross Complete website under Clinical Resources and Guidelines to [view the toolkit](#).

Please consider completing our brief survey by scanning the QR code below to let us know how we can best support you. If you have additional questions, contact your Blue Cross Complete provider account executive or Provider Inquiry at 1-888-312-5713.



Take our survey.

We hope that you find this toolkit useful when providing care to your patients.



1. "High Blood Pressure Facts," Centers for Disease Control and Prevention, [https://www.cdc.gov/high-blood-pressure/data-research/facts-stats/?CDC\\_ARef\\_Val=https://www.cdc.gov/bloodpressure/facts.htm](https://www.cdc.gov/high-blood-pressure/data-research/facts-stats/?CDC_ARef_Val=https://www.cdc.gov/bloodpressure/facts.htm).

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## Back-to-school season is a great time to educate families on health care options

The back-to-school season has begun. As you remind patients to schedule well-child visits and stay up to date on immunizations, many families can also benefit from learning about their health care options.

Blue Cross Complete offers several Medicaid programs, including Michigan Medicaid, Healthy Michigan Plan, Children's Special Health Care Services and MICHild. Blue Cross Complete helps Medicaid members get the health care they need in several Michigan counties across the Lower Peninsula.

For those interested in exploring their health care options, [MI Bridges\\*](#) offers a platform to apply for benefits, check eligibility status, manage accounts and explore resources. Your patients who are eligible for Medicaid or Healthy Michigan Plan health care coverage can call Michigan ENROLLS at **1-888-367-6557** (TTY: **1-888-263-5897**) to select a health plan.

With Blue Cross Complete, members get more than excellent medical benefits. Members get the care and personal service that our members have come to expect. In addition to Michigan's Medicaid benefits, the Blue Cross Complete card provides:

- Access to many of Michigan's top doctors, specialists and facilities
- Programs to help prevent and manage illnesses, such as asthma and diabetes
- Transportation services for rides to medical appointments or to pick up prescriptions and durable medical equipment
- Exclusive discounts on healthy products and services through our Blue365® discount program
- Newsletters and reminders about benefits updates, important health screenings and tips on how to improve their health

View our [overview brochure](#) to learn more about the programs and services available in your community.

With Blue Cross Complete, members get more than excellent medical benefits.

Members get

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# Health care providers can help reduce vaccine hesitancy

August marks National Immunization Awareness Month, which gives health care professionals an opportunity to emphasize the importance of vaccination and reaffirm our commitment to protecting the health of your patients and our communities.

As trusted health professionals, you are at the frontline of helping to reduce vaccine-preventable diseases. Your recommendations carry weight in helping to ensure patients stay up to date on immunizations, especially in an era where misinformation and vaccine hesitancy can undermine public health efforts.

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 parents' most trusted source of information.<sup>1</sup> According to survey data, about a third of parents who initially refuse a vaccine change their minds after educational efforts, but this takes time and resources.<sup>2</sup>

Research conducted by [ivaccinate.org](https://www.ivaccinate.org) has also shown that emotional narratives appeal to parents' emotions and have a greater effect on vaccine risk. In fact, stories are 22 times more memorable than statistics.

Vaccination rates for Michigan children ages 19 to 36 months have fallen below 70% in more than half of the state (47 of 83 counties), according to [July 2024 data](#) from the Michigan Care Improvement Registry.

It's imperative that everyone is up to date on all recommended vaccines. Below are strongly recommended strategies from the MDHHS Division of Immunization:

- Notify parents about and schedule annual physical exams, required MHSAA sports participation visits and other medical visits for school-aged patients.
- Focus efforts to send recall letters using the Michigan Care Improvement Registry and messages to patients who are behind on vaccines. 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](#).<sup>\*</sup> Guidance on how to generate this report is available at [michigan.gov](https://michigan.gov).<sup>\*</sup>
- 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](#)<sup>\*</sup> for nurse-only and vaccine-only appointments.
- Consider collaborations for school immunization clinics that offer vaccines to students, staff and the community (in-person or mobile units).

Michigan vaccination providers can help increase protection from vaccine-preventable diseases. Vaccination and screening schedules for children and adults are available at [mibluccrosscomplete.com](https://mibluccrosscomplete.com). It is important to understand that vaccine education is continually evolving, changing and enhancing. To ensure you are staying up to date on the latest vaccine information, it's important to stay informed. Providers can also access the [immunization resources](#) available at the MDHHS.

1. Serese Marotta and Veronica McNally, "Increasing Vaccine Confidence Through Parent Education and Empowerment Using Clear and Comprehensible Communication," *Acad Pediatr*. Vol. 21, No. 4, May 2, 2021, doi: 10.1016/j.acap.2021.01.016.

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

<sup>\*</sup>Our website is [mibluccrosscomplete.com](https://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.



## Non-emergency medical transportation service available to members

Blue Cross Complete understands there may be times when our members need rides to appointments for medical services or procedures. We can help them get there.

Effective July 1, 2025, MTM Health will serve as Blue Cross Complete's new transportation provider. Members can schedule rides through the MTM app or by calling **1-888-803-4947**, available 24 hours a day, seven days a week. Providers should inform their patients that they can schedule and manage their rides through the MTM Link member app. From the app, they can book or change rides, track a driver's location in real time, manage upcoming trips and add passengers. To download, search "MTM Link Member" on Google Play™ or the Apple Store®. An email address is required to create an account.

Additionally, members can now take advantage of a new mileage reimbursement option for trips to medical appointments. If a member has their own transportation and chooses to drive, reimbursement for mileage is available. Members should call **1-888-803-4947** before going to an appointment to get a trip number or request a mileage reimbursement form. For more information, they can view the [mileage reimbursement instructions](#). In an emergency, call **911**.

Transportation services are available for:

- Ongoing or regular doctor visits
- Sick visits and other medical care needs
- Preventive services, such as physicals or mammograms
- Pharmacies to pick up prescriptions
- Healthy Kids Dental services
- Specialty mental health services, including substance use disorder treatment

To schedule a ride, members will need:

- Blue Cross Complete member ID card
- Date and time of appointment
- Address and phone number of their doctor's office

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



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## Understanding and properly building inpatient emergent cases in provider portal

Accurate documentation of inpatient emergent admission is essential to helping to ensure timely reimbursement, continuity of care, compliance and support for high-quality patient care.

A common area of confusion involves correctly building inpatient emergent cases in NaviNet, particularly when distinguishing between urgent and emergent care.

The details below will help providers when distinguishing between urgent and emergent when building the case in NaviNet.

### What should I select to notify the health plan of an emergent admission notification?

- For emergent admission notifications, users can select Inpatient Emergent Admission Notification under service type in NaviNet.

### What is the difference between urgent and emergent?

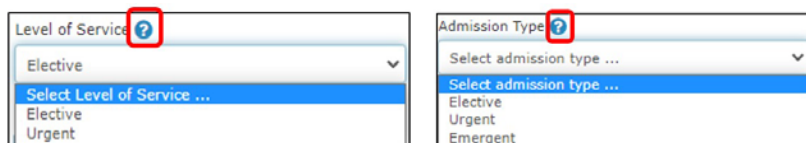
#### Outpatient requests include:

- Urgent: an unexpected illness or injury that needs prompt medical attention but isn't an immediate threat to the patient's health

#### Inpatient requests include:

- Urgent: potential admission for illness or injury that can be treated in a 24-hour period and, if left untreated, could rapidly become a crisis or emergency; member not currently admitted
- Emergent: concurrent review; enrollee is currently admitted

In NaviNet, users can click the question mark next to the Level of Service field for outpatient requests and next to the Admission Type field for inpatient requests to display these guidelines.



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

## Improvements to claim overpayment response process are on the way

Beginning August 2025, a more streamlined process allowing providers to respond to overpayment letters electronically will be available.

Providers will be able to approve or dispute claim overpayments and submit supporting documentation electronically in real-time through NaviNet. This new functionality will allow providers to respond to overpayment letters electronically. It will help reduce the need to mail written correspondence and minimize response times.

Currently, overpayment letters are mailed to providers. Providers are then required to mail in their responses with any supporting documentation.

What will providers be able to do with this new functionality?

- Easily access the Overpayment – Approve/Dispute Submission Form.
- Review the overpayments summary page and approve or dispute claims with overpayments down to the claim line level in real time.
- Attach and submit supporting documentation (explanation of benefits, eligibility/third-party liability verification documentation, etc.) directly in NaviNet.
- Check for resolution on disputed overpayments.
- Pull reports of claim overpayments.

Providers will continue to receive notification of overpayments by mail. However, you will now be able to review and respond to these letters with NaviNet.

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## Michigan faces prenatal sexually transmitted infections dilemma

In the past 10 years, rates of gonorrhea and syphilis have increased in Michigan across many counties and sub-populations.<sup>1</sup>

According to the Michigan Department of Health and Human Services, the number of people of child-bearing age, and the number of pregnant people with any stage of syphilis have more than tripled since 2018.<sup>1</sup> Despite current prevention efforts, in 2023, there were 55 cases of congenital syphilis in newborns. This represents a nearly four-fold increase in the number of diagnoses since 2017. Mother-to-child transmission of STIs can result in:

- Miscarriage or stillbirth
- Premature birth
- Low birth weight
- Neonatal death
- Sepsis
- Neonatal conjunctivitis
- Congenital deformities

While testing has increased among Medicaid enrollees since 2017, fewer than 60% of women received prenatal screening according to the law, according to the National Institutes of Health.

Below are the current law requirements:

- Physicians and other health care professionals providing medical treatment to birthing people are required to test for HIV, hepatitis B, hepatitis C and syphilis at the time of initial prenatal screening and examination, during the third trimester and at delivery in absence of previous testing results, unless the birthing person refuses to be tested or the provider deems the tests are medically inadvisable.<sup>2</sup>
- Health care facilities should have written policies and procedures, as well as standing orders in place to ensure that HIV, hepatitis B, hepatitis C and syphilis testing are components of a health care facility's clinical pathways. A separate consent form for an HIV test is not required.
- A test subject or their authorized representative who provides general informed consent for medical care is considered to have consented to an HIV test.
- Medical providers must document any declination of testing in the patient's medical record, per

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section 333.5133 of Michigan's Public Health Code, Act No. 368 of the Public Acts of 1978, amended in 2018.

- A physician who orders a test, or a health facility that performs a test, shall provide accurate testing information to the test subject both before and after the test is administered.

### Testing times:

While each patient is different, pregnant people should be tested a minimum of three times during their pregnancy:

- At the first prenatal visit
- At the beginning of the third trimester, ideally around 28 to 32 weeks
- At delivery

### Health equity considerations:

- Black people represent 14% of Michigan's population but are disproportionately affected by STIs: 55% of all reported infections.<sup>3</sup>
- Limited English proficiency, or LEP, individuals may face barriers to accessing health care, including STI testing and treatment, due to language barriers, cultural differences and lack of awareness.

### Your role as a health care provider:

Providers play a crucial role in the testing and treating of STIs in pregnant people. Understanding the cultural and language needs of patients is vital. Here are some ways you can provide culturally responsive and competent care:

- Be aware of language differences, the patient's culture and other considerations.
- Don't use medical jargon or talk too fast.
- Encourage patients to get involved with their care and ask questions.
- Educate patients about taking medications correctly (pill chart and box), offer patients assistance setting up a system and review medications with patients.
- Develop action plans to change patients' behavior and discuss health care priorities with them.
- Teach patients about self-management activities (e.g., safe sex practices).

As you treat patients, it's important to remember to effectively address any myths or stigma surrounding STI testing. Creating a safe, supportive environment for open communication about sexual health is vital. Helping to ensure patients know their results are private is also of the utmost importance. Your role as a provider is key in ensuring both moms and babies are safe.

1. "Maternal and Congenital Syphilis in Michigan," Michigan Department of Health & Human Services, MDHHS-Pub-1746 (8-24), August 2024, <https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Keeping-Michigan-Healthy/HIVSTI/Data-and-Statistics/2024/Maternal-and-Congenital-Syphilis-in-Michigan-Fact-Sheet.pdf?rev=8da8620862e24ad595e492333b9e06bf&hash=7FECA4AE146316ADFB37CDC061E7BA74>, accessed June 9, 2025.

2. "Stop Syphilis," Michigan Department of Health and Human Services, <https://www.michigan.gov/mdhhs/keep-mi-healthy/chronicdiseases/hivsti/syphilis>, accessed May 19, 2025.

3. "Ending HIV Together: Michigan's Equitable Plan," Michigan Department of Health and Human Services, <https://www.michigan.gov/mdhhs/keep-mi-healthy/chronicdiseases/hivsti/ending-hiv-together>.

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## Primary care physicians key to delivering high- quality patient care

In the ever-evolving landscape of health care, Blue Cross Complete believes the role of primary care physicians remains integral to the well-being of individuals and communities.

These frontline health care professionals serve as the first point of contact for patients, playing a pivotal role in disease prevention, health promotions, reducing health disparities and the management of various medical conditions. The importance of PCPs providing high-quality care can't be overstated, as it contributes significantly to improved patient health outcomes, health care cost efficiencies and overall community health.

PCPs are the cornerstone of the health care system, offering comprehensive and continuous care to patients of all ages and backgrounds. By establishing long-term relationships with patients, PCPs gain a deeper understanding of individual medical histories, family dynamics and social determinants of health.

This personalized approach enables them to deliver patient-centered care that addresses not only immediate health concerns but also focuses on preventive measures. An important key benefit of high-quality primary care is the early detection and management of health-related issues and concerns. PCPs can identify risk factors, recognize symptoms, review and investigate patient health concerns and initiate timely interventions. This proactive approach can help to prevent and reduce the progression of diseases, improve health outcomes and reduce the burden on more specialized and costly health care services.

The economic impact to investing in high-quality primary care practices can be substantial. Research consistently shows that communities with robust primary care systems experience lower health care costs, fewer hospitalizations and improved overall health outcomes.<sup>1</sup> By focusing on preventive care and early intervention, PCPs contribute to a reduction in the need for expensive emergency room visits and hospitalization, ultimately saving both patients and the health care system significant financial resources.



In addition to the tangible benefits, the intangible value of the patient-physician relationship should not be underestimated. According to the National Institutes of Health, patients who received care from PCPs they trust are more likely to adhere to treatment plans, engage in healthy behaviors and actively participate in shared decision-making. This strong doctor-patient relationship can foster a sense of security and empowerment, promoting better mental and emotional well-being.

As we continue to navigate the complexities of modern health care systems, it's imperative to recognize and prioritize the role of PCPs in delivering high-quality care. At Blue Cross Complete, investing in the education, training and support of these frontline professionals is a commitment to high-quality patient care and a strategic investment in the overall well-being of communities. By reinforcing the importance of primary care, we pave the way for a healthier, more resilient society where individuals thrive and health care resources are used efficiently.

1. Leiyu Shi, "The Impact of Primary Care: a Focused Review," *Scientifica (Cairo)*, December 31, 2012, 2012:432892, doi: 10.6064/2012/432892.



# Advancing HIV prevention and health equity

As a trusted partner in care, your role is pivotal in helping patients lead healthier lives. One of the critical areas in which you can make a powerful impact is HIV prevention and care.

While significant strides have been made in reducing HIV transmission, disparities persist — particularly among underserved and marginalized communities. Blue Cross Complete is committed to supporting our providers with the tools, resources and knowledge needed to help combat HIV and advance health equity for all. Below are some tools and resources available for your patients:

## Preexposure prophylaxis:

- Available as a daily pill or long-lasting injections, prescribed by a doctor.
- Reported to reduce the chance of getting HIV from sex by about 99%, according to the U.S. Department of Health and Human Services.
- A covered benefit through Blue Cross Complete of Michigan.
- Screen patients for PrEP eligibility using routine sexual and substance use history questions. Educate patients about PrEP safety, efficacy and accessibility.

## Post-exposure prophylaxis:

- A short-term antiretroviral treatment taken within 72 hours of potential HIV exposure to prevent infection.

- Encourage patients to seek immediate care if they believe they've been exposed to HIV and provide guidance on accessing PEP quickly.

## Routine HIV testing:

- The only way to know your HIV status is to get tested. Early detection leads to better health outcomes and reduces transmission. The Centers for Disease Control and Prevention recommends at least one routine HIV test for all individuals ages 13 to 64, and annual testing for those at higher risk.
- When test results are positive, patients can take medicine to [treat HIV](#) to help them live a long, healthy life and protect others. If a patient's test result is negative, they can take actions to reduce and [prevent HIV](#).

## Closing the gap

Health disparities related to HIV continues to affect Black, Latino, LGBTQIA+ and low-income populations disproportionately. Addressing these inequities requires culturally competent care and awareness.

Here's how you can make a difference:

- Use inclusive, affirming language to help create a welcoming environment for all patients, especially those from vulnerable populations.
- Screen for social determinants of health, which includes

housing, transportation and food insecurity that may affect adherence to HIV prevention or treatment.

- Refer patients to supportive programs through Blue Cross Complete's Care Management team and community-based organizations.

## HIV and health equity

People from some demographics are more likely to contract HIV, according to the Kaiser Family Foundation.

For example, Black people account for a much larger share of HIV diagnoses (39%), people living with HIV (40%) and deaths among people with HIV (43%) than any other racial or ethnic group in the U.S., even though they comprise 12% of the U.S. population.

Additionally, Hispanic-Latino people account for a larger share of HIV diagnoses (31%) and people estimated to be living with HIV (26%), although they represent 19% of the U.S. population.

## Michigan's Equitable Plan

The Michigan Department of Health and Human Services hopes to reduce HIV infections by 90% by 2030 statewide through increased diagnosis, treatment, prevention and coordinated response. Learn more at [michigan.gov/endhiv](https://michigan.gov/endhiv).

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## Promoting health equity and cultural competency

We're committed to promoting effective, equitable, understandable and respectful quality services that are responsive to our members' and participants' diverse cultural health beliefs, practices, preferred languages, health literacy and other communication needs. Our plans use the National CLAS Standards and the National Committee for Quality Assurance health equity standards as a blueprint to advance health equity, improve quality and help eliminate health care disparities.

We foster cultural awareness both in our staff and in our provider communities by encouraging everyone to report race, ethnicity and language data to help ensure that the cultures prevalent in our membership are reflected to the greatest extent possible in our provider network. The race and ethnicity of our providers are confidential. However, the languages reported by providers are published in our plan's *Provider Directory* so that members and participants can easily find doctors who speak their preferred language.

Our websites offer resources and educational tools that can assist you and your practice with questions about delivering effective health services to diverse populations. For additional information, visit [mibluccrosscomplete.com](https://mibluccrosscomplete.com):

1. On the blue bar, click **Providers**.
2. In the drop-down menu, click **Training**.
3. Scroll down to **Cultural Diversity Training** and then click **Cultural awareness and responsiveness training opportunities**.

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# The importance of collecting race, ethnicity and language data

In an increasingly diverse society, the ability to deliver equitable and personalized health care has never been more crucial. Blue Cross Complete emphasizes the importance of health care providers collecting and reporting race, ethnicity and language (also known as REL) data to ensure every member receives culturally competent care, and to meet requirements outlined by Culturally Linguistically Appropriate Services, or CLAS.

CLAS are national standards and guidelines established in 2000 (and enhanced in 2013) by the U.S. Department of Health and Human Services, Office of Minority Health, to advance health equity, improve quality and help eliminate health disparities by providing a blueprint for individuals and health care organizations to implement culturally and linguistically appropriate care.

## Why is collecting REL data important?

- **Addresses health disparities:** Health outcomes often vary significantly across different racial, ethnic and linguistic groups. Collecting REL data allows Blue Cross Complete and its providers to identify and address disparities in care. Having consistent and reliable data is important when identifying and tracking health disparities.
- **Promotes equitable care:** REL data is an equitable service for patients. By promoting diversity among health care providers, we can better accommodate a diverse patient population and thus improve health outcomes for disenfranchised groups.
- **Empowers patients:** Sharing REL data gives patients the tools and autonomy to choose a provider who meets their preferences.
- **Promotes values of cultural and linguistic competency:** For some patients, racial and ethnic concordance with their physician allows for greater physician understanding of the social, cultural and economic factors that influence their patients. This enhances the patient-physician relationship through promoting trust and communication.

## How do we collect REL information?

- Blue Cross Complete requests that its contracted provider network voluntarily share REL data, as well as their office support staff's languages.
- Blue Cross Complete requests and collects network provider REL data using the same Office of Management and Budget categories it uses to collect members' REL.

## How do we store and share this information?

REL data is housed in a database that is made available to members:

- Gender data is available through Blue Cross Complete *Provider Directory*.
- Provider's language, staff's language and additional language services are also available through the *Provider Directory*.
- Information on race and ethnicity is only made available to enrollees upon request.
- Research by the National Institutes of Health shows that race, culture or ethnicity concordance within the patient-provider relationship aren't strong indicators of overall quality care. However, cultural competence and awareness are critical to building rapport, comfort and trust with diverse patients. REL data is one essential tool that health plans use to establish, enhance and promote cultural competence.
- When the health plan is able to share other languages spoken by the provider network, members have the autonomy to select a provider that matches their cultural and linguistic preferences.

Blue Cross Complete provides CLAS training and evaluates providers' compliance with these standards. 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](http://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 Blue Cross Complete Provider Directory up to date

Accurate Provider Directory information is crucial 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
- Hospital affiliations
- Open status
- Phone number
- Address
- Multiple locations
- Office hours
- Fax number

To view your provider's information, visit [mibluccrosscomplete.com](https://mibluccrosscomplete.com), then click the **Find a doctor** tab and search your provider's name. If any changes are necessary, you must submit them in writing using Blue Cross Complete's *Provider Change Form* also at [mibluccrosscomplete.com](https://mibluccrosscomplete.com). Go to the **Providers** tab, click **Forms** and then click **Provider Change Form**.

Send completed forms by:

- Email: [bccproviderdata@mibluccrosscomplete.com](mailto: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

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

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## Keep medical records up to date for your patients

According to the National Committee for Quality Assurance, health care providers are required to maintain accurate and timely medical records for Blue Cross Complete members for at least 10 years in accordance with all federal and state laws. 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 Blue Cross Complete provider account executive or call Provider Inquiry at **1-888-312-5713**.

Source: Healthcare Effectiveness Data and Information Set, or HEDIS®

HEDIS is a registered trademark of the National Committee for Quality Assurance. Bright Start is a registered trademark of AmeriHealth Caritas.

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## Report suspected fraud to Blue Cross Complete

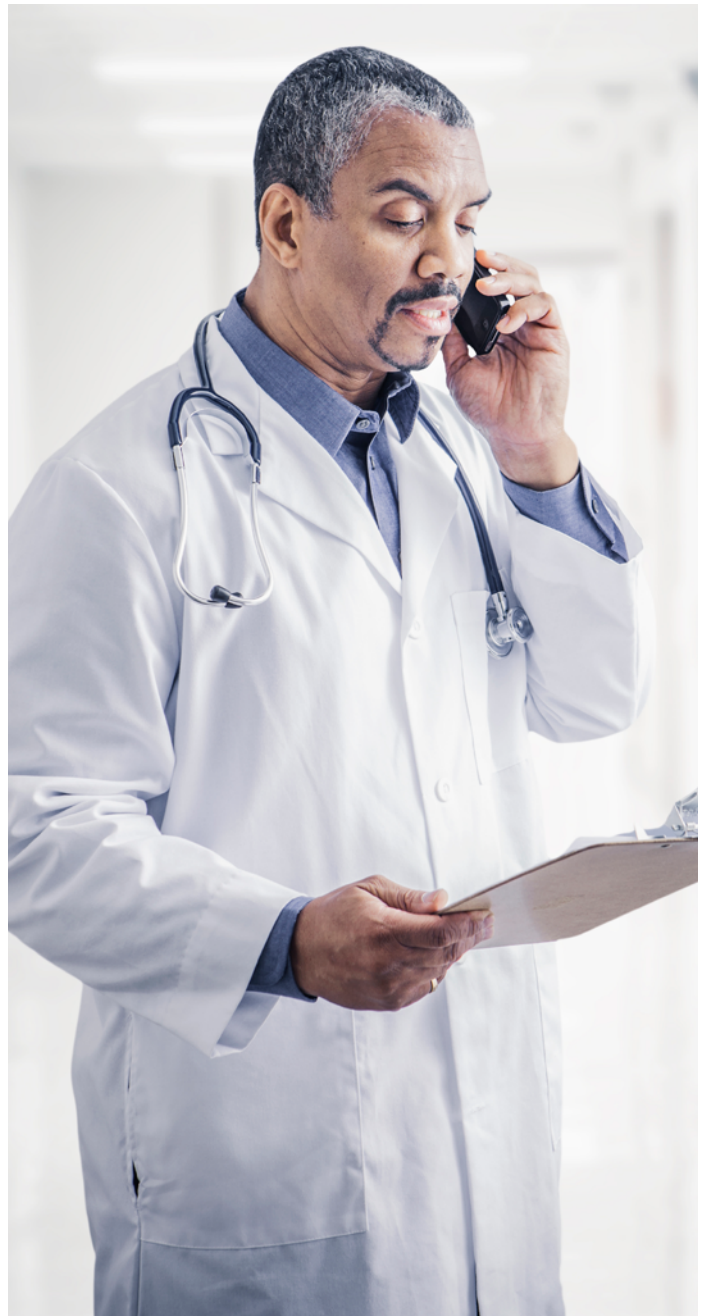
Health care fraud affects everyone. It significantly affects the Medicaid program by squandering valuable public funds needed to help vulnerable children and adults access health care.

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](mailto: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](https://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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\*The content presented is for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients and should not use the information presented to substitute independent clinical judgment.

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