

## March/April 2023

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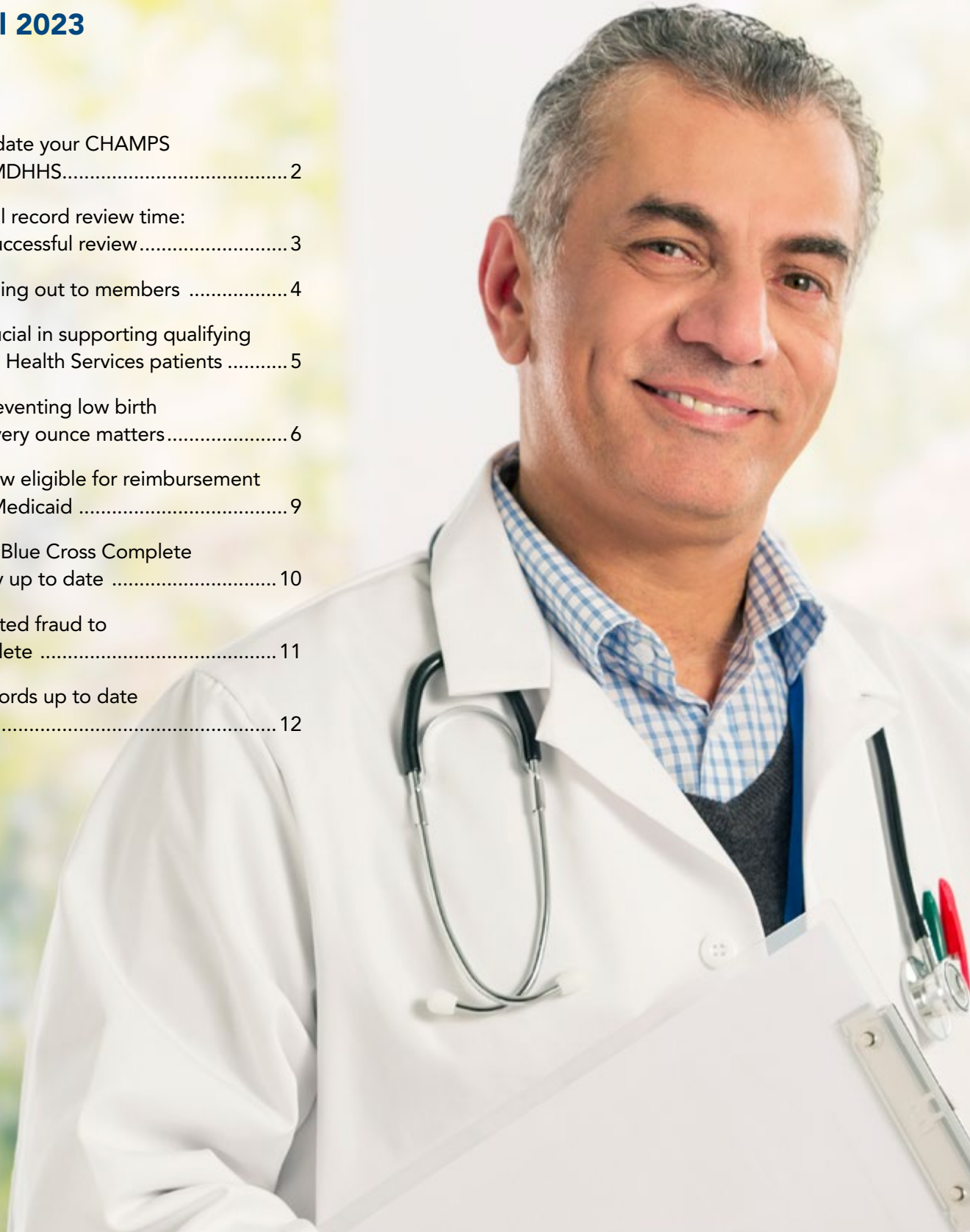
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## Reminder: Revalidate your CHAMPS enrollment with MDHHS

As a response to the COVID-19 public health emergency in March 2020, the Michigan Department of Health and Human Services postponed revalidation requirements for the Community Health Automated Medicaid Processing System. MDHHS has since resumed this process with an effective date of the first cycle ending January 31, 2023.

As a reminder, all providers who serve Michigan Medicaid beneficiaries are required to be screened and enrolled in CHAMPS. It's critical that your enrollment status in CHAMPS is active, as claims submitted by providers who haven't fully completed the provider enrollment or revalidation process will deny or not appear on a remittance advice. **Blue Cross Complete will deny all claims for providers who aren't active in CHAMPS.**

Visit [Michigan.gov](https://michigan.gov)\* for instructions on how to complete the CHAMPS revalidation process. For additional information, call the MDHHS Help Line at **1-800-292-2550** or contact your Blue Cross Complete provider account executive.

\*Our website is [mibluecrosscomplete.com](https://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.

## It's HEDIS medical record review time: Guidelines to a successful review

The annual Healthcare Effectiveness Data and Information Set, or HEDIS®, reporting period is just around the corner and we need your cooperation with our efforts to collect medical record data.

HEDIS is a performance measurement tool coordinated and administered by the National Committee for Quality Assurance and used by the Centers for Medicare & Medicaid Services for monitoring the performance of managed care organizations. Results are used to measure performance, identify quality initiatives, and provide educational programs for providers and members.

You play a central role in promoting the health of your patients, and you and your staff can help facilitate the HEDIS review process by:

- Providing the appropriate care within the designated HEDIS time frames
- Documenting all care in the patient's medical record. Examples of medical record documentation to ensure HEDIS compliancy:
  - Documentation of a BMI for members 3-17 years of age must be documented as a distinct percentile (e.g., 85th percentile) or on an age-growth chart.
  - Documentation of a patient's A1c should include the date of service and the result.
  - Documentation of eye exams should include the date of service, results and the full name of the provider conducting the eye exam. Name of a vision care center alone is not acceptable for compliancy.
- Accurately coding all claims. Note: CPTII codes need to be billed based on resulted date of test
- Responding to our request for medical records in a timely manner

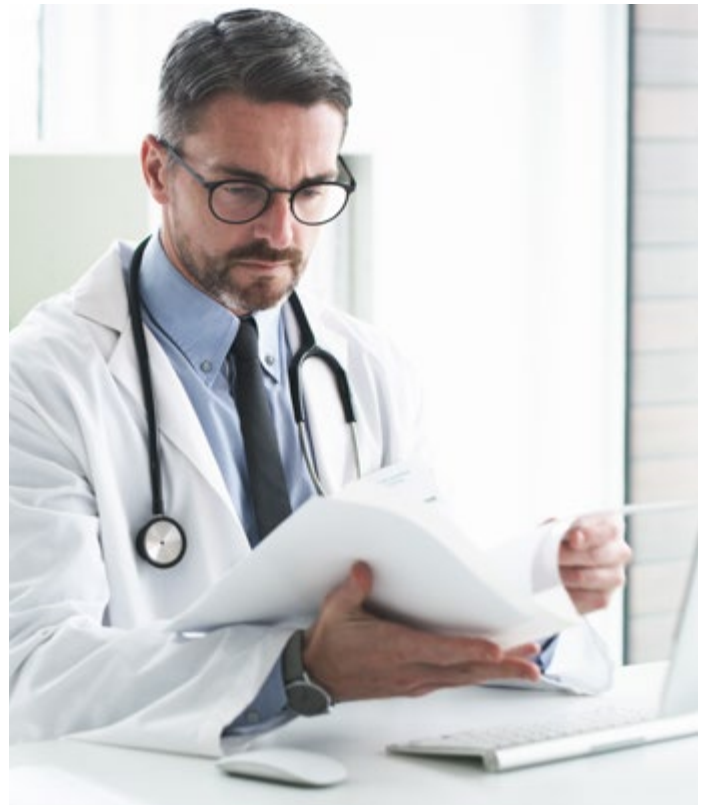
We have contracted with Inovalon® to assist with the annual medical record review process. Inovalon is trained in medical record retrieval for HEDIS, CMS and state quality reporting programs of managed care

organizations and is required to comply with Health Insurance Portability and Accountability Act, or HIPAA, privacy requirements throughout the retrieval process. This data collection is permitted under HIPAA legislation.

Covered entities, including health plans and providers, are permitted to use and disclose protected health information to carry out treatment, payment or health care operations in accordance with HIPAA Privacy Rule (45 C.F.R. §164.502 (a)(1)(ii)).

As a Medicaid Health Plan, Blue Cross Complete doesn't reimburse providers for medical records.

We appreciate your cooperation with this important quality initiative. If you have any questions, contact your Blue Cross Complete provider account executive or call Blue Cross Complete's Provider Inquiry at **1-888-312-5713**.



HEDIS is a registered trademark of the **National Committee for Quality Assurance**.

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## CAHPS survey going out to members

As a part of our NCQA\* accreditation, Blue Cross Complete sends the Consumer Assessment of Healthcare Providers and Systems survey each year to randomly selected members. It asks them a series of questions about their experiences with their health plan and health care for the previous year. The survey will be distributed in February and March.

See below for examples. Here are some of the questions in the CAHPS\* survey:

- In the last six months, how often did your personal doctor explain things in a way that was easy to understand?
- In the last six months, how often did your personal doctor listen carefully to you?
- In the last six months, how often did your personal doctor show respect for what you had to say?

- In the last six months, how often did your personal doctor spend enough time with you?
- In the last six months, how often did you get an appointment to see a specialist as soon as you needed?
- In the last six months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?

Please encourage your patients to complete the survey, as it gives us a better understanding about where we perform satisfactorily and what areas that need improvement. If you have any questions about the CAHPS survey, contact your Blue Cross Complete provider account executive.

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

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## Specialists are crucial in supporting qualifying Children's Special Health Services patients

Children's Special Health Care Services through the State of Michigan provides extra support for children and some adults who have special health care needs. It is part of Title V of the Federal Social Security Act and helps those with chronic health problems. Program benefits include coverage and referrals for special services, programs to help members care for their child at home while maintaining normal routines and more.

Specialists play a critical role to help qualifying patients with chronic health conditions maintain CSHCS benefits. For example:

- Patients must visit their specialist at least once a year for benefits to be renewed, so email or phone reminders from provider offices are beneficial.
- Patients could experience a gap in their health care coverage if medical records aren't provided in a timely manner. Supplying these records when requested helps our members maintain coverage.
- Some adults can qualify for CSHCS status for conditions such as sickle cell, cystic fibrosis or bleeding disorders.

Learn more about Blue Cross Complete's [CSHCS program](#) and how your patients can qualify for the CSHCS program or find a specialist in their area. For questions, contact your Blue Cross Complete provider account executive or call Blue Cross Complete's Provider Inquiry at **1-888-312-5712**.



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## Importance of preventing low birth weight births – every ounce matters

For a newborn, every ounce of weight matters. According to the [March of Dimes](#)<sup>\*</sup>, weighing less than 5 pounds, 8 ounces at birth may lead to a lifetime of health complications. A low birth weight baby may have difficulty breathing or fighting off infections. Later in life, they're also more likely to have intellectual and developmental disabilities and long-term health problems like diabetes and heart disease. [Low birth weight and premature birth](#)<sup>\*</sup> are the leading contributors to infant death in Michigan. Women of color, disproportionately affected by racism, are at an increased risk of pregnancy complications<sup>\*</sup> and having a [low birth weight or preterm baby](#).

OB-GYN providers who serve Michigan women can help improve low birth weight outcomes and eliminate health disparities in maternal and infant health by encouraging members who are or may be pregnant to **schedule a prenatal visit during their first three months of pregnancy**, or within 42 days of enrolling with Blue Cross Complete. Once the baby arrives, members should **schedule their postpartum visit within seven to 84 days after delivery**. If members need a ride to appointments, they can arrange with Blue Cross Complete's transportation provider, ModivCare, at **1-888-803-4947**. TTY users should call 711.

### Tobacco cessation

Smoking during pregnancy significantly increases the risk of having a preterm birth or a low birth weight baby. According to the Centers for Disease Control and Prevention, one out of every five babies born to mothers who smoke e-cigarettes or marijuana is born too small or too early. A woman who smokes while pregnant is also more likely to have a pregnancy outside the womb, which usually results in a miscarriage. Additionally, smoking after the baby is born increases the baby's risk for asthma and sudden infant death syndrome.

If you have a patient who smokes, quitting will help at any stage of family planning. Blue Cross Complete has a confidential, no-cost Tobacco Quit program with special resources for pregnant and postpartum women. This includes up to five coaching calls during pregnancy, up to four coaching calls after delivery, a dedicated quit coach and rewards for sticking with smoking cessation appointments. Women are



covered for over-the-counter nicotine patches, gum or lozenges, if approved by their doctor. Encourage eligible members to enroll by calling the Tobacco Quitline at 1-800-QUIT-NOW (784-8669), 24 hours day, seven days a week. Drug benefits include over-the-counter and prescription medicines. See the Pharmacy Services section of Blue Cross Complete's [Provider Manual](#) for additional coverage information. For more information, call Blue Cross Complete Provider Inquiry at **1-888-312-5713**.

### Community Resource Hub

Blue Cross Complete can connect pregnant members to food, housing, utilities, clothing, behavioral health services, ride services, resources for alcohol misuse and more. If your member needs immediate assistance, call our Rapid Response Outreach Team at **1-888-288-1722**. TTY users should call **1-888-987-5832**. RROT is available Monday through Friday from 8 a.m. to 5:30 p.m. More resources are available through our [Community Resource Hub](#) at [mibluecrosscomplete.com/resources](https://mibluecrosscomplete.com/resources). Users can enter a ZIP code and select the category that fits their need.

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## Importance of preventing low birth weight births – every ounce matters (continued from page 6)

### Low Birthweight by Maternal Race/Ethnicity, 2020

Low birthweight rate is defined as number of births with baby birthweight <2,500 grams per 100 live births.

| Maternal Race          | # LBW | # Live Births | Percent (%) Low Birthweight |
|------------------------|-------|---------------|-----------------------------|
| Overall                | 9,358 | 104,149       | 9.0%                        |
| White non-Hispanic     | 5,126 | 70113         | 7.3%                        |
| Black non-Hispanic     | 2,946 | 19180         | 15.4%                       |
| Hispanic               | 529   | 7141          | 7.4%                        |
| American Indian        | 38    | 403           | 9.4%                        |
| Asian/Pacific Islander | 418   | 4279          | 9.8%                        |

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Data source: Michigan resident live birth files, Division for Vital Records and Health Statistics, MDHHS

### Infant Mortality Rate by Maternal Race/Ethnicity, 2020

Infant mortality is defined as a death of a baby before his or her first birthday and is expressed as a rate per 1,000 live births.

| Maternal Race          | # Infant Deaths | # Live Births | Infant Mortality Rate (per 1,000 Live Births) |
|------------------------|-----------------|---------------|---|
| Overall                | 706             | 104,149       | 6.8   |
| White Non-Hispanic     | 362             | 70,113        | 5.2   |
| Black Non-Hispanic     | 260             | 19,180        | 13.6  |
| Hispanic               | 35              | 7,141         | 4.9   |
| American Indian        | DNS             | 403           | Data Not Sufficient (DNS): 0<N<6              |
| Asian/Pacific Islander | 17              | 4,279         | 4.0   |

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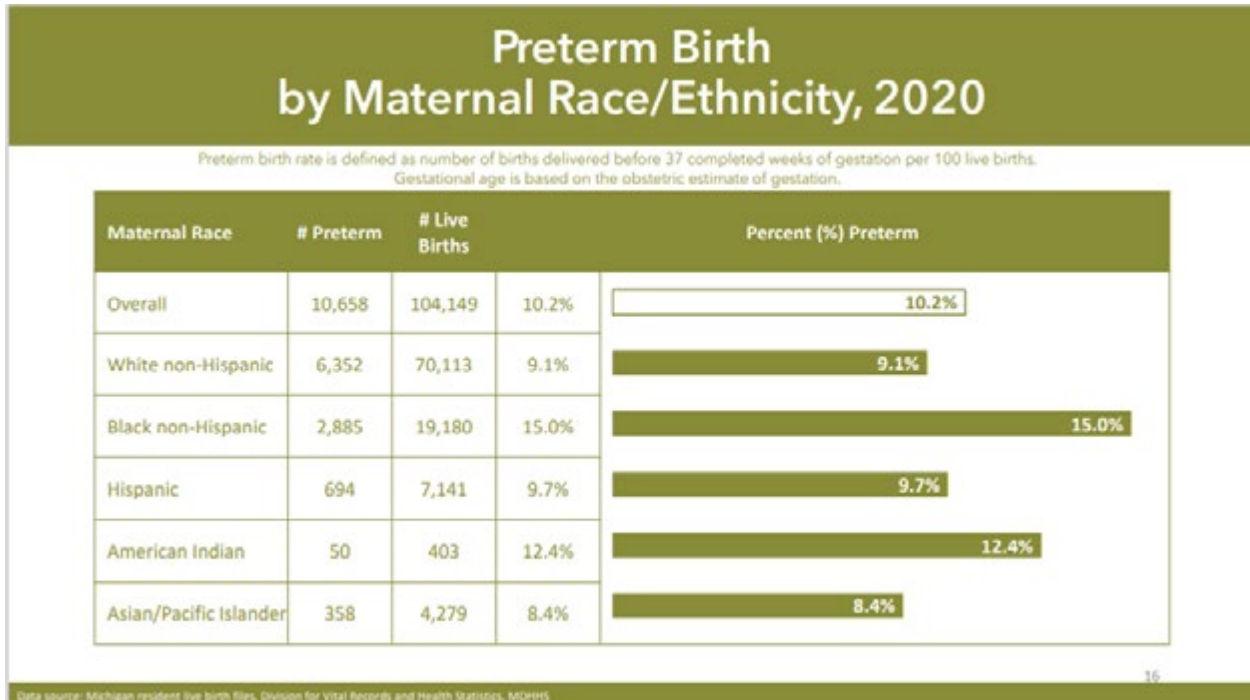
Data source: Michigan resident live birth files and infant mortality files, Division for Vital Records and Health Statistics, MDHHS

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\*Our website is [mibluecrosscomplete.com](http://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.

NaviNet is a contracted vendor that provides a payer-provider web portal on behalf of Blue Cross Complete through which member information can be accessed including but not limited to tracking claims status.

## Importance of preventing low birth weight births – every ounce matters (continued from page 7 (continued from page 5)



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



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# Doula services now eligible for reimbursement under Michigan Medicaid

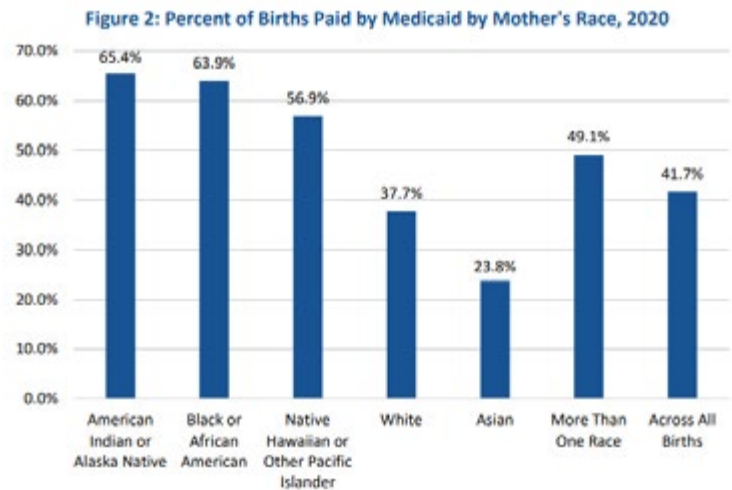
Michigan has now become one of a handful of states to cover doula services under Medicaid. Governor Gretchen Whitmer spearheaded this expansion as a part of her Healthy Moms Healthy Babies Initiative. The extension of maternal services has the potential to yield groundbreaking results. According to the Center for Disease Control and Prevention, Michigan resides on the top ten list for infant mortality rates.<sup>1</sup> It is also reported that 50% of maternal deaths in Michigan can be prevented.<sup>2</sup> The implementation of doula services increases support for mothers both during pregnancy and postpartum.

The scope of doulas is wide-ranging and inclusive to a variety of birthing plans. Perinatal education, care coordination, emotional support, health advocacy and even breastfeeding assistance can all fall under the duties of a doula. The presence of a doula during childbirth has been shown to have an outstanding impact. Klaus, et al, (2002) found that the presence of a doula led to<sup>3</sup>:

- 50% reduction in the cesarean rate (varied among birthing centers)
- 25% shorter labor
- 60% reduction in epidural requests
- 40% reduction in oxytocin (Pitocin®) use
- 30% reduction in analgesia use
- 40% reduction in forceps delivery

From a health equity perspective, the use of doulas may help address disparities that minority mothers face during childbirth. Currently, African American and American Indian and Alaska Native mothers in Michigan are two to three times more likely to die during childbirth, compared to their white counterparts.<sup>4</sup> The majority of African American and AIAN births are covered by Medicaid. While there is still much work to be done, including maintaining Culturally Linguistically and Services and Health Equity Accreditation standards, encouraging expectant members to enlist the services of a doula may prove to be extremely beneficial.

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



1. Note: Data are from the CDC's natality Records 2016-2020, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/natality-expanded-current.html>

Sources:

1. Infant Mortality Rates by State. National health statistics reports; 2022. Hyattsville, MD: National Center for Health Statistics.
2. Quick Facts. Michigan Maternal Mortality Surveillance (MMMS) Program Data.2022. Lansing, MI: Michigan Department of Health and Human Services.
3. Klaus, M.H.; Kennell, J.H.; Klaus, P.H. *Mothering the Mother: How a doula can help you have a shorter, easier and healthier birth.* Addison Wesley Publishing Company. 1993. Updated in 2002 and renamed *The Doula Book: How a trained labor companion can help you have a shorter, easier and healthier birth.* Perseus Books Group.
4. Hoyert DL. Maternal mortality rates in the United States, 2020. NCHS Health E-Stats. 2022. DOI: <https://dx.doi.org/10.15620/cdc:113967>.



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

Accurate provider directory information is critical to ensuring members can easily access their health care services. 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
- Phone number
- Office hours
- Hospital affiliations
- Address
- Fax number
- Open status
- Multiple locations

To view your provider information, visit [mibluccrosscomplete.com](http://mibluccrosscomplete.com), then click the **Find a doctor** tab and search your provider name. If changes

are necessary, you must submit them in writing using Blue Cross Complete’s *Provider Change Form* also at [mibluccrosscomplete.com](http://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

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

NaviNet is a contracted vendor that provides a payer-provider web portal on behalf of Blue Cross Complete through which member information can be accessed, including but not limited to tracking claims status.

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## Reporting suspected fraud to Blue Cross Complete

If you suspect another Blue Cross Complete provider, employee or member is committing fraud, notify Blue Cross Complete's Special Investigations Unit:

Phone: **1-855-232-7640** (TTY 711)

Fax: **1-215-937-5303**

Email: [fraudtip@mibluccrosscomplete.com](mailto:fraudtip@mibluccrosscomplete.com)

Mail: Blue Cross Complete  
Special Investigations Unit  
P.O. Box 018  
Essington, PA 19029

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

Website: [michigan.gov/fraud](http://michigan.gov/fraud)\*

Online form: [Michigan.gov](http://Michigan.gov)

Phone: **1-855-643-7283**

Mail: Office of Inspector General  
P.O. Box 30062  
Lansing, MI 48909

**You can make reports anonymously.**



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## Keep medical records up to date for your patients

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:

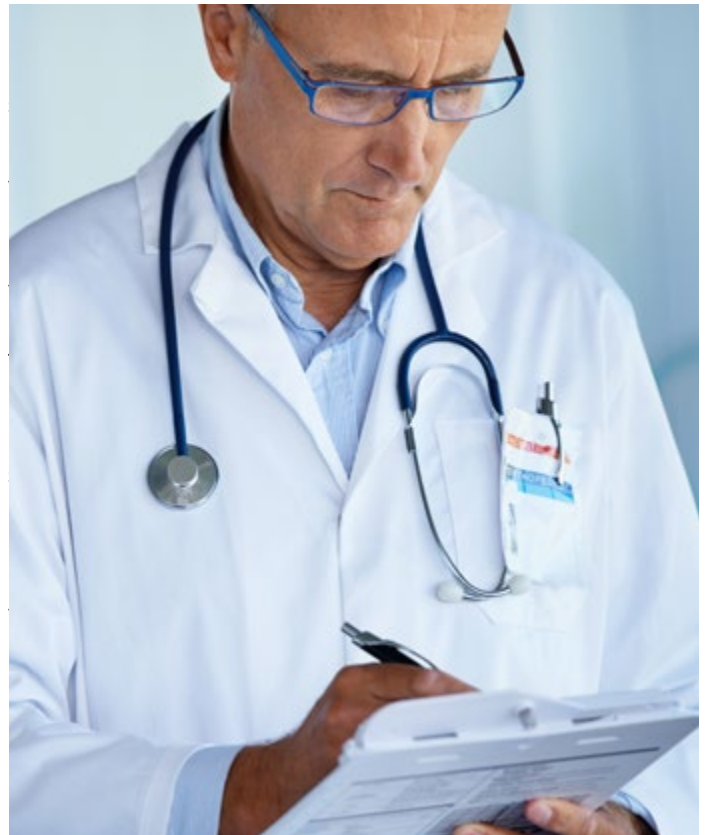
- A. A record of outpatient and emergency care
- B. Specialist referrals
- C. Ancillary care
- D. Diagnostic test findings, including all laboratory and radiology
- E. Therapeutic services
- F. Prescriptions for medications
- G. Inpatient discharge summaries
- H. Histories and physicals
- I. Allergies 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 provider account executive or call Blue Cross Complete Provider Inquiry at **1-888-312-5713**.



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