Blue Cross complete of Michigan

Blue Cross Complete of Michigan
CONNECTIONS

November/December 2018

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Do we have up-to-date information for your practice?

Providers often ask us what they can do to get more members. We respond with a question, "Does your practice have the most up-to-date demographic information in our online provider directory?"

Our online provider directory is an important tool in assisting members find a network doctor, dentist or health care facility such as a hospital or urgent care clinic in their area. An accurate provider directory helps patients find you.

We encourage providers to check often to make sure their information is accurate so our members have access to the most up-to-date resources.

Some of the key items we include in the directory are:

- Provider name
- Address
- Phone number
- Fax number
- Office hours
- Open status
- Hospital affiliations
- Multiple locations
- Services provided

View your provider information at **mibluecrosscomplete.com. Click on the Find a Doctor tab**. Let us know in writing of any discrepancies or changes to Blue Cross Complete. Submit changes at least 60 days in advance, if possible.

Note: Changes submitted to Blue Cross Blue Shield of Michigan and Blue Care Network aren't automatically updated in the Blue Cross Complete system. You must also submit them directly to Blue Cross Complete for the provider directory.

You can use the Blue Cross Complete Provider Change Form at **mibluecrosscomplete.com/provider**. Completed change forms must be submitted by:

- Email: **bccproviderdata@mibluecrosscomplete.com**

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

- Mail:
  Blue Cross Complete of Michigan
  Attention: Provider Network Management
  100 Galleria Officentre, Suite 210
  Southfield, MI 48034

In addition, you must make these changes with NaviNet at **www.navinet.net***. Contact NaviNet at **1-888-482-8057** or **support@navinet.net**. If you have any questions, contact your Blue Cross Complete provider account executive.
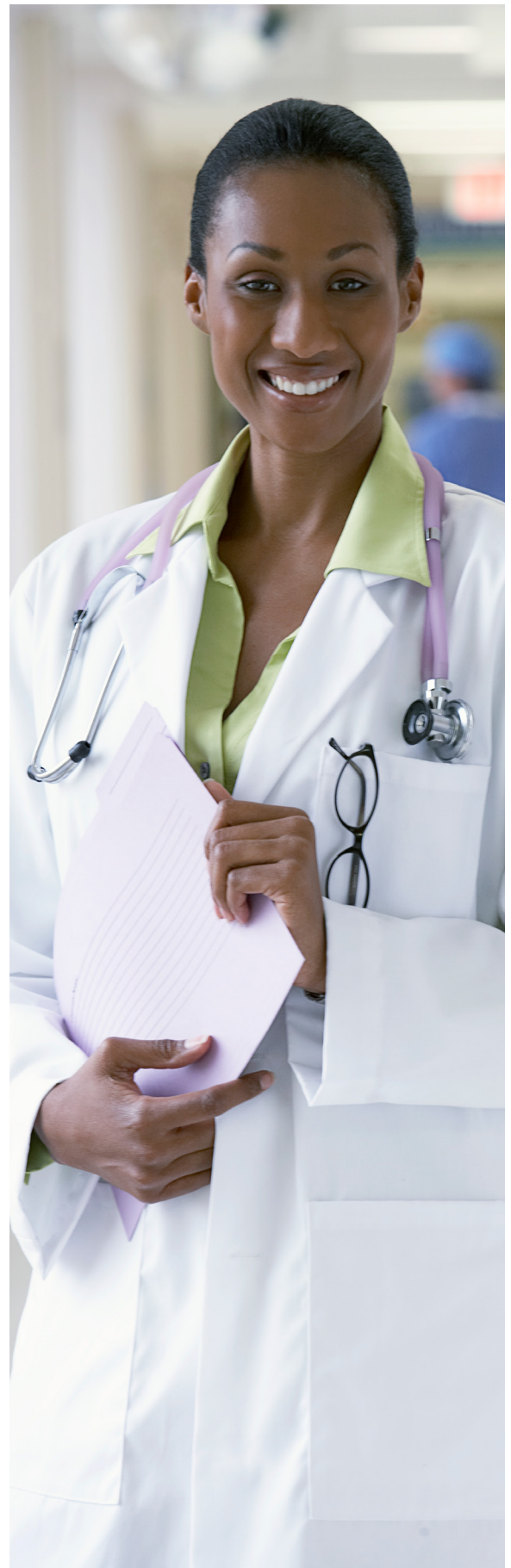
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*Our website is **mibluecrosscomplete.com**. While website addresses for other organizations are provided for reference, Blue Cross Complete does not control these sites and is not responsible for their content.

State offers dental benefits for pregnant women

Effective July 1, 2018, the Michigan Department of Health and Human Services provides managed care dental services for pregnant beneficiaries who are eligible for the Medicaid dental fee-for-service benefit and enrolled in a Medicaid health plan. Beneficiaries are eligible for dental benefits for the duration of their pregnancy and postpartum period.

Dental benefits are administered through a contracted Michigan health plan dental vendor in the beneficiaries' service area. Eligible Blue Cross Complete members can locate a dentist by calling Blue Cross Complete's Dental Customer Service at **1-844-320-8465**, from 9 a.m. to 5 p.m., Monday through Thursday, and 9 a.m. to 3:30 p.m., Friday.

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Do you provide services for an expectant mom? Give her and her baby a bright start: Sign up today.

Whether it's your patient's first baby or third, pregnancy can be overwhelming. There are lots of things for the mom-to-be to keep track of. She might be wondering:

- What foods should I avoid?

- How often do I need to see the doctor?

- What vitamins do I need?

- Should I still visit the dentist?

- The list goes on

Thanks to the Blue Cross Complete **Keys to Your Care®** texting program, help is available with just one text.

Enrolling is easy. Your Blue Cross Complete pregnant patients can text **BCCMOM** to **85886** to join **Keys to Your Care**.

Once they join, they'll get text messages every week during their pregnancy, and for the first few weeks after their baby is born. The messages focus on stages of pregnancy.

Topics include:

- How to join our Maternal Infant Health Program for in-home services

- Tips for eating right and avoiding certain foods

- The importance of utilizing dental benefit during pregnancy

- Scheduling free rides to doctors' appointments

- Joining a program to quit tobacco

- Preparing for the baby's arrival

- Labor signs and symptoms

- Important information to know after the baby is born

Encourage your Blue Cross Complete moms-to-be to join the Keys to Your Care program to take advantage of information that could be beneficial to them and their child's health and well-being.

Keys to Your Care®

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Remind your patients about the benefits of routine dental health

Research conducted by the American Academy of Pediatrics has shown there is a direct link between dental health and overall wellness.

Regular dental exams can:

- Find problems with teeth and gums before they cause pain or are costly to treat
- Prevent some problems from happening in the first place
- Spot warning signs of diseases or other medical conditions in the mouth that are unrelated to the teeth
- Establish a place to go for a dental emergency

For these reasons, it's important that your patients see their dentist twice a year for routine maintenance. It applies to patients who don't have obvious problems or if they no longer have natural teeth. Just as your patients have made a habit of daily brushing and flossing, they should stick to their routine of dental appointments twice a year.

Contact information for dental services	
Traditional Medicaid coverage	**Adults — Contact a local dentist to see if he or she accepts fee-for-service Medicaid coverage.** • The Michigan directory for low-cost or Medicaid dental care by county can be found on the Oral Health Directory* **Children up to age 21 — Healthy Kids Dental** • To find a dentist, visit **HealthyKidsDental.org****, or call **1-844-320-8465** for assistance TTY: **711**.
Healthy Michigan Plan dental services	**Covered through Blue Cross Complete** • To find a dentist, visit **mibluecrosscomplete.com**.
MIChild beneficiaries	To find a dentist, visit **HealthyKidsDental.org**** or call **1-844-320-8465** for assistance. TTY: **711**.

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NaviNet: Instructional videos with new features are available

We recently added functions in NaviNet that allow you to complete more activities directly in the portal. To help you take full advantage of these convenient features, we're sharing videos that walk you through the steps of using each function.

You can view the following videos on NaviNet Plan Central:

- Admissions and discharge alerts
- Claims investigation
- Care gap response form

Additional resources:

For other resources on managing and using your NaviNet account, check out the **NaviNet Basics*** page. It's your virtual user guide to navigating NaviNet. Simply click on the NaviNet Basics link to go directly to the support page. Or, after you've logged in, click **Help** on the top left of the NaviNet screen, and then click the NaviNet Basics tab.

Not using NaviNet? Sign up now.

NaviNet is our secure, web-based provider portal. It allows us to share administrative, financial and clinical data in one place. NaviNet delivers:

- Cost-effective tools and services through a single, secure web portal
- Reliable member information right on the desktop
- Increased efficiency for streamlining business processes
- Reliable access to real-time, paperless transactions

If you're not taking advantage of these tools, sign up now at **navinet.secure.force.com/***.

Questions:

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

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Automated approvals via e-Telligent® technology

Selected medications will be eligible for automated approval when the provider submits the request directly through Blue Cross Complete's online prior authorization form, PerformPA®.

To receive the automated approval, the prescriber will enter the prior authorization data for the prescription directly into PerformPA, which will then present a clinical questionnaire. If the prescriber's response to the clinical questionnaire matches the key decision points in the automated prior authorization algorithm, the application will display an "approved" message and pass the authorization seamlessly to the pharmacy claims processing system. If the prescriber's response to the clinical questionnaire doesn't match the key decision points in the automated prior authorization algorithm, the e-Telligent system will inform the prescriber that the request will require clinical review, and the request will then enter the traditional prior authorization review queue.

E-Telligent protocols currently in place:

- Dipeptidyl peptidase-4 (DPP-4) inhibitors and biguanide combinations
- Sodium glucose co-transporter-2 (SGLT-2) inhibitors and biguanide combinations
- Victoza

- Ranexa
- Ophthalmic anti-inflammatory products (Restasis and Xiidra)
- Xifaxan

Reminder: Blue Cross Complete claims resubmission process

Blue Cross Complete follows the Michigan Department of Health and Human Services guidelines for resubmitted and corrected claims. All claims must be resolved within one year from the date of service, unless an exception exists.

It's no longer necessary to maintain continuous activity through multiple claim submissions. Claim replacements requesting additional payment must meet exception criteria to be considered beyond one year from the date of service.

Exceptions can be made to the timely filing billing limitation policy in the following circumstances:

- Blue Cross Complete administrative error occurred, including:

  - The provider received erroneous written instructions from Blue Cross Complete staff
  - Blue Cross Complete staff failed to enter (or entered erroneous) authorization, level of care or restriction in the system
  - Other administrative errors by Blue Cross Complete that can be documented

- Medicaid beneficiary eligibility or authorization was established retroactively

- Primary insurance taking back payment after timely filing limitation has passed:

  - The provider must submit a copy of the insurance letter or explanation of benefits from the primary insurance showing the date money was taken back from paid claim.
  - The claim must be submitted to Blue Cross Complete within 120 days of the primary insurance letter or remit date.

Note: Retroactive provider enrollment with Blue Cross Complete isn't considered an exception to the timely filing billing limitation.

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

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Coding Corner: Neoplasm disease — current vs. personal history

Health plan claims analysis reveals that malignant neoplasm, or active cancer, is a frequently over-coded diagnosis. It's important that accurate coding and correct documentation are used to distinguish between an active malignancy versus personal history of a malignancy. As you know, complete and correct coding is important for many reasons, including:

- Reducing future medical record inquiries for audits to support the reporting of chronic conditions

- **Adherence to ICD-10-CM coding conventions for diagnosis reporting is required** under the Health Insurance Portability and Accountability Act regulations[1]

- It's vital for managed care organizations, such as Blue Cross Complete, to have accurate and complete neoplasm diagnosis data on file to provide optimum care management for health plan members

Guidelines

Accurate coding of neoplastic disease requires understanding of the **Centers for Medicare & Medicaid Services ICD-10-CM Official Guidelines in the ICD-10 Manual**.[1] Please follow the quick-reference guide and examples below when coding for neoplasm disease:

- **Active or current malignant neoplasm —** Assign the correct **active** neoplasm code for the primary malignancy until treatment is completed. This applies even when the primary malignancy has been excised but further treatment (e.g., radiation therapy, chemotherapy or additional surgery) is directed to that site.

- **Personal history —** When a primary malignancy has been excised or eradicated and there is **no further treatment of the malignancy** directed to that site, and there is no evidence of any existing primary malignancy, a code from Category Z85, indicating there is a personal history of malignant neoplasm should be used for the site of the former malignancy.

- **Note: Leukemia, multiple myeloma and malignant plasma cell neoplasms** — don't confuse personal history with "in remission." Codes for leukemia, multiple myeloma and malignant plasma cell neoplasms **are considered active conditions** and must indicate whether the condition has achieved remission. Assign a code for personal history of leukemia when the physician documents that the leukemia no longer exists. The codes for personal history and in remission are only assigned when documented by the provider.

The **"ICD-10-CM Table of Neoplasms" in the Alphabetic Index of the CMS ICD-10 CM Official Guidelines in the ICD-10 Manual**[1] lists the codes for **neoplasms** by anatomical site. For each site, there are six columns of codes identifying whether the **neoplasm** is malignant, benign, in situ, uncertain or unspecified behavior. Certain benign neoplasms, such as prostatic adenomas, may be found in the specific body system chapters.

Examples

1. **Situation:** Medical documentation states patient admitted to rule out metastatic bone cancer originating from the breast. The breast cancer was treated with mastectomy and adjunct chemotherapy three years ago.

   Coding example: *Report the code that corresponds with a personal history of malignant neoplasm at the former site of the cancer because the breast cancer has been treated and isn't an active diagnosis of breast cancer. (Category Z85.)*

2. **Situation:** A patient with metastatic bone cancer originating from breast cancer that was eradicated three years ago is admitted for pain management.

   Example coding categories:
   G89 — Neoplasm related pain (acute) (chronic)
   C79 — Secondary malignant neoplasm of bone
   Z85 — Personal history of malignant neoplasm

3. **Situation:** Patient with leukemia documented as "in remission" is admitted for autologous bone marrow transplantation. **Coding example:** *Use the appropriate code to designate the type of leukemia and in remission.*
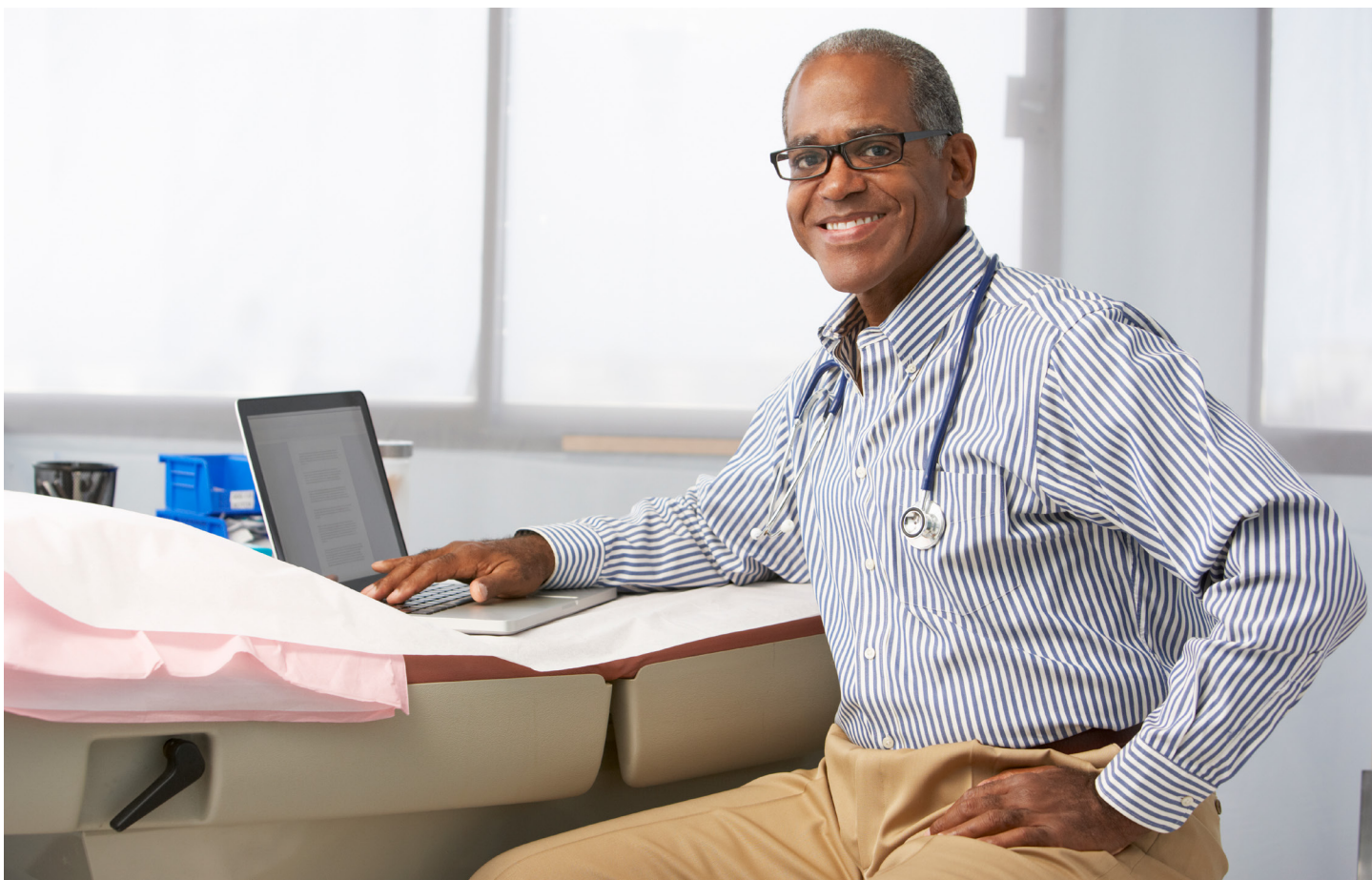
Receive payments through electronic funds transfer

Blue Cross Complete is going green. Soon we'll be eliminating paper checks. You can help us by signing up for electronic funds transfer.

An EFT is the electronic exchange or transfer of funds from one account to another. EFT is Blue Cross Complete's recommended choice of payment because of its overall efficiency. It improves the processing of all payments and simplifies payment reconciliation when used with a standard electronic remittance advice.

An ERA is an electronic explanation to the provider of the payment made that includes:

- Information about the patient

- Services rendered

- Name of the provider that rendered services

- Any claims adjustments

EFT is a solid investment and a long-term, efficient tool for receiving payments.

If you're interested in receiving electronic payments and remittance from Blue Cross Complete, enroll now at **changehealthcare.com** and select **Blue Cross Complete Michigan (payer ID: 32002)** as your receiver.

If you have questions about EFT or enrollment, call Change Healthcare at **1-866-506-2830, option 1**, or your Blue Cross Complete provider account executive.

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# 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 users call **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.
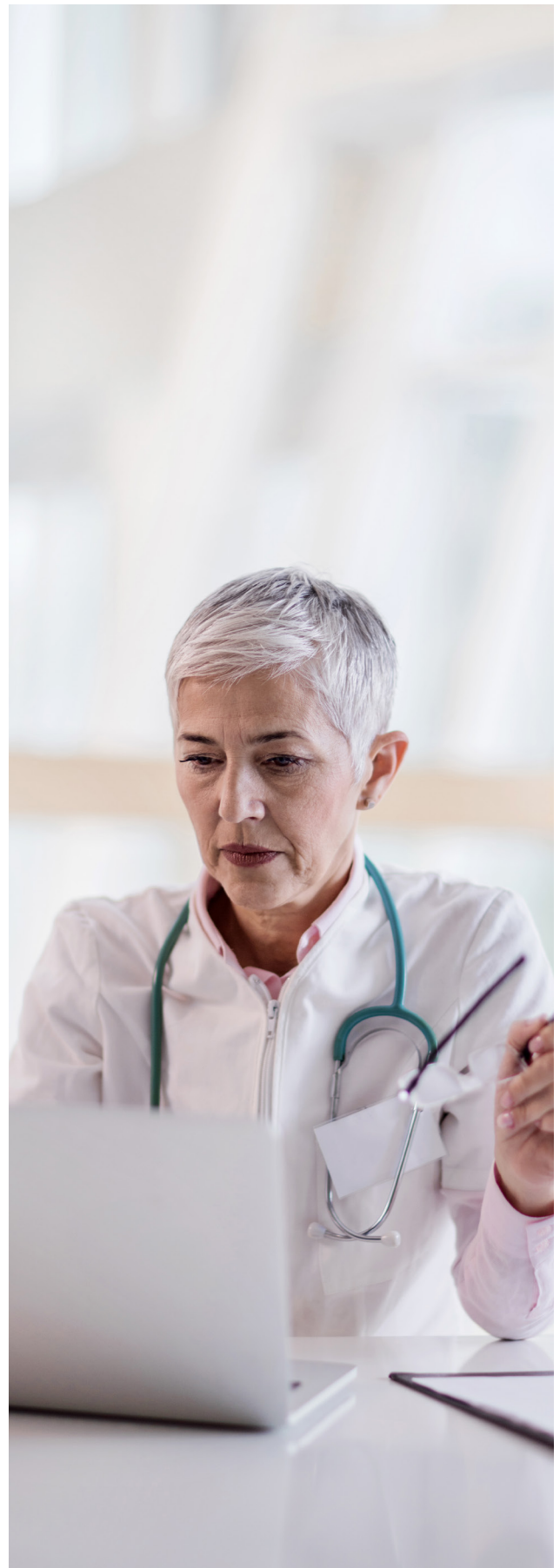
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Blue Cross **complete** of Michigan

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