

**November/December 2021**

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# Quality improvement program gives our members better care and service

Blue Cross Complete is committed to providing access to high quality health care in Michigan and has a 3.5 star rating from the National Committee for Quality Assurance. Due to COVID-19, NCQA will not release 2020 – 2021 Health Plan Ratings for any product line. This rating is based upon 2019 – 2020 Health Plan Ratings.<sup>1</sup>

NCQA rates health plans on the results of care people receive and what patients say about their care. These results are obtained through the NCQA Healthcare Effectiveness Data and Information Set and the Consumer Assessment of Healthcare Providers and Systems® survey. We maintained our accreditation with NCQA, which means we have well-established programs for service and clinical quality. These programs meet or exceed requirements for consumer protection and quality improvement.

Blue Cross Complete also continues to hold the Multicultural Health Care Distinction from NCQA. This distinction is awarded to organizations that engage in efforts to improve health care for all by making culturally and linguistically appropriate services available to members, and reducing health care disparities.

Blue Cross Complete has an active community outreach program. To engage more with members, we supported more than 800 community events across Michigan in 2020. During the pandemic, community health representatives worked with members to screen for social determinant of health needs and schedule appointments with primary care providers, specialists and dentists to make sure their health needs were addressed.

Members are also asked if Blue Cross Complete can assist with a variety of other concerns, including child care and clothing. We ask if we can help with hygiene supplies or household items, such as furniture and appliances. Sometimes members need assistance with access to food, housing, utility, transportation, education and literacy resources. We saw members with needs that included access to a phone and undocumented, basic medical supplies. Blue Cross Complete was also able to provide resources to members needing resources to cope with personal and household safety concerns and address social needs to help reduce isolation and loneliness.

Each year, we also send the CAHPS survey to a random group of members asking them to rate their experience with Blue Cross Complete and their health care for the previous year.

## For services in 2020, these CAHPS categories received the highest scores from our members:

- Getting Needed Care
- Getting Care Quickly
- Coordination of Care

## Members lowered their ratings of Doctor's Communication and Service in 2020, specifically regarding:

- How Well Doctors Communicate
- Rating of Personal Doctor
- Medical Assistance with Smoking and Tobacco Use Cessation

This represents an opportunity for providers in our network to improve communication and overall service with our members, including advising smoking and tobacco users to quit by discussing cessation medications and strategies.

Providers are encouraged to utilize Blue Cross Complete's Tobacco Quit program for support — a no cost, phone-based program that helps members develop a plan to quit tobacco use. It also offers ongoing support and encouragement to help members stay with the plan long-term. For more details, call the Tobacco Quit Line at **1-800-784-8669**, 24 hours a day, seven days a week.

**Full HEDIS and CAHPS survey results are available to providers by calling Blue Cross Complete at **1-888-312-5713** from 8 a.m. to 5 p.m., Monday through Friday. We can also mail this information to providers who don't have fax, email or internet access.**

<sup>1</sup>National Committee for Quality Assurance, Advertising and Marketing Guidelines, Health Insurance Plan Ratings, [https://www.ncqa.org/wp-content/uploads/2020/09/20200915\\_HPR\\_Advertising\\_and\\_Marketing\\_Guidelines.pdf](https://www.ncqa.org/wp-content/uploads/2020/09/20200915_HPR_Advertising_and_Marketing_Guidelines.pdf)

HEDIS is a registered trademark of the National Committee for Quality Assurance and CAHPS is a registered trademark of the Agency for Healthcare Research and Quality.

\*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.

## Additional dose updates for the COVID-19 vaccine

The Centers for Disease Control and Prevention Advisory Committee on Immunization Practices has recommended that moderately to severely immunocompromised individuals receive a third dose of the Pfizer COVID-19 vaccine (for persons over age 12) or Moderna COVID-19 vaccine (for persons over age 18) after an initial two dose COVID-19 vaccine series. The additional dose should be administered at least 28 days after the completion of the COVID-19 vaccine series. Learn more about the CDC guidance here and the clinical guidance for Michigan providers [here](#).

Medicaid program coverage of COVID-19 vaccines will continue to align with current and future CDC and ACIP guidelines as they are updated, consistent with MDHHS policy bulletin [MSA 20-75](#).

Consistent with Medicaid final bulletin [MSA 20-75](#), the Medicaid program will be covering newly recommended third dose vaccinations using [Current Procedural Terminology](#) code 0003A for the Pfizer vaccine and 0013A for the Moderna vaccine. The latest code updates with reimbursement information on Medicaid covered COVID-19 response CPT codes and reimbursement rates can be found [here](#).

Recently, Michigan Governor Gretchen Whitmer issued several executive directives to state department directors and agencies to take appropriate actions to protect vulnerable Michigan citizens and promote protection against COVID-19. The Medicaid program will be supporting all activities to ensure that a third dose of the Pfizer COVID-19 vaccine or the Moderna COVID-19 vaccine is available to all Medicaid eligible immunocompromised residents of nursing homes and skilled nursing facilities, adult foster care homes and homes for the aged in response to Executive Directive [No. 2021-4](#). In response to Executive Directive [No. 2021-5](#), the Medicaid program will also be providing collaborative assistance in the implementation of statewide efforts in prioritizing booster doses when approved as per the CDC ACIP recommendations beginning with residents in long-term care facilities, including nursing homes and adult foster care.

Providers are encouraged to regularly access updated ACIP guidelines and current information related to COVID-19 vaccines. Questions can be sent to [MSAPolicy@michigan.gov](mailto:MSAPolicy@michigan.gov). For more helpful resources, visit:

- [cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)
- [Michigan.gov/coronavirus](https://Michigan.gov/coronavirus)



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## Lead screening and testing reminders

Lead is a poison that affects virtually every system in the body and is especially harmful to young children. The Flint water crisis brought attention to the importance of protecting children from lead exposure through screening and prevention.

The Centers for Disease Control and Prevention indicated that there is no safe documented blood lead level in children. Even low levels, with no corrective action to exposure, have been shown to affect IQ, attention span and academic achievement.

**Michigan Medicaid requires all children be tested at 12 and 24 months of age.** Children from 36 to 72 months of age must be tested at least once. For more information on requirements and resources, visit [Michigan.gov/lead](https://Michigan.gov/lead).

The CDC recently updated recommendations on children's blood lead levels and uses a reference level of 5 micrograms per deciliter to identify children with higher than average blood lead levels. The CDC's level is based on the population of children ages 1 to 5 who are in the highest 2.5% tested.

In Michigan, a blood lead level of 4.5 micrograms per deciliter or higher is considered elevated. For more information about how the Michigan Department of Health and Human Services defines elevated blood lead levels, read the [MDHHS CLPPP Policy on Definition of Elevated Blood Lead Test Result](#).

The CDC has also shifted its focus to protecting children from lead exposure by reducing and eliminating dangerous environmental sources.

Recommendations for medical treatment haven't changed. Experts suggest chelation therapy when a child has blood level equal to or greater than 45 micrograms per deciliter.

**Lead screening is also a HEDIS requirement. The Lead Screening in Children measure assesses the percentage of children 2 years of age who received one or more capillary or venous blood tests for lead poisoning on or before their second birthday.**

**The MDHHS recommends using these tips for blood lead testing:**

- Testing: This requires a blood specimen.
- Screening: Ask exposure-related questions only when a child isn't enrolled in Medicaid and doesn't live in a target community.
- A venous blood specimen isn't required for initial testing; a capillary specimen is acceptable.
- If the capillary result is below 5 µg/dL — the CDC's level of concern — further testing isn't necessary until the next recommended time.
- If the capillary result is equal to or greater than 5 µg/dL, confirm results with a venous sample. The venous sample doesn't need to be taken in the primary care provider's office.
- If the capillary or venous specimen is collected in the provider's office and packaged for mailing, you don't need Clinical Laboratory Improvement Amendments certification.
- Blood specimens may be sent through the U.S. Postal Service.



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# Getting children and adolescents caught up on routine well visits and vaccines

It's no secret the COVID-19 pandemic has disrupted routine well-child visits for many Michigan children over the last year — especially those with Medicaid. As a result, both pediatric and adolescent populations aren't seeing the primary care provider for routine well exams or vaccinations. Unfortunately, Michigan continues to see a sharp decline in vaccination rates. The downward trend for routine vaccination has continued throughout 2021 and brings the potential for a resurgence in vaccine-preventable diseases such as meningococcal meningitis, measles and pertussis (whooping cough).

Well-child visits are important — they help detect health issues early and can identify missed developmental milestones and other potential problems. Bringing Medicaid patients into the office for well-child visits can be challenging because they sometimes face unique barriers to care. These can include language and cultural issues, as well as social and financial stress. Even among English-speaking populations, low health literacy is a common part of families not going to the primary care provider enough. Low-income patients often experience housing and food instability, lack of transportation, and lack of paid time off — all issues that affect time made for primary care provider appointments. Each of these issues are important considerations in understanding the best approach and strategy to take when attempting to schedule a member for well-child appointments at your office and how to best deliver your message.

For everyone's safety, it's imperative to ensure every patient is up to date on **all recommended vaccines**. We must be vigilant with vaccinating against all vaccine-preventable diseases.

**Below are a few strongly recommended strategies from MDHHS to get your patients scheduled for their well-child exams and up to date on their vaccinations:**

- Remind members with school-aged patients to schedule annual physical exams, required sports participation visits and other medical visits for their students before the end of the year.
- Focus efforts to send **recall letters** to members who may be behind on vaccines using the Michigan Care Improvement Registry (instructions are [here](#)) or your electronic health record system.

**Some recommended age groups are:**

- Children (4 – 6 years old)
- Adolescents (11 – 13 years old)
- Older adolescents (14 – 18 years old)

- Identify and contact patients that are due for a vaccination (e.g., [use of the MCIR QI reports](#)). For guidance on generating the Michigan QI reports, click [here](#)).
- Offer convenient appointments, including nurse-only and vaccine-only visits for working parents and adolescents (such as times later in the evening and on weekends).
- Create and use standing orders for the nurse-only and vaccine-only appointments (guidance on implementing [standing orders](#) can be found here on the [IAC website](#)).
- Consider partnerships for school immunization clinics, offering vaccines to students, staff and the community (in-person or mobile units).



**Michigan vaccinating providers have the opportunity to get everyone back on track with all immunizations and protected from vaccine-preventable diseases. Providers have an important role and are always appreciated; we continue to need your help with these efforts.**

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## MDHHS urges Michiganders to continue routine screenings

According to the Michigan Department of Health and Human Services, cancer is the second leading cause of death in Michigan. The pandemic has taken its toll on life-saving cancer screenings. Since the pandemic began in April 2020, the Centers for Disease Control and Prevention noticed an 87% drop in breast cancer screenings and an 84% decrease in cervical cancer screenings nationally compared to the previous five years.

Screening tests are proactive measures and can help find cancer at an early stage before symptoms appear. The earlier cancer is found, the easier it can be to treat. Health screenings are also important in identifying risk factors a person may have for chronic disease.

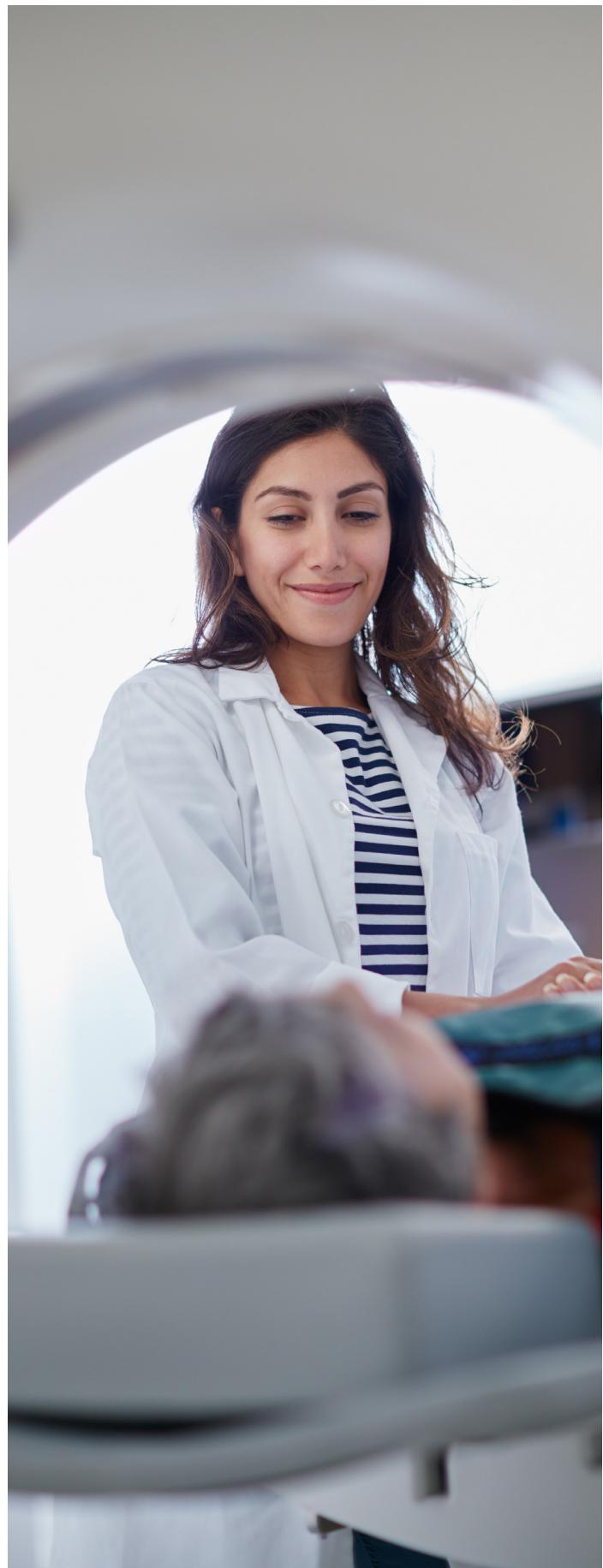
Screening disparities among low-income minority women were already evident prior to COVID-19 and the pandemic has only intensified them. MDHHS is urging Michigan women to resume these routine screenings. Patients in need of screenings can call MDHHS at **1-844-446-8727** to speak with a program specialist.

Women in Michigan can take charge of their health by working with a health coach and making healthy lifestyle choices. They can also take advantage of free support services to maintain their health. MDHHS has openings for program-eligible women to receive free cancer and health screenings through two programs:

- **The Breast and Cervical Cancer Control Navigation Program** provides free breast and cervical cancer screening services, statewide, to low-income women.
- **The WISEWOMAN Program**, available in select areas, helps participants understand chronic disease risk factors and make healthy lifestyle choices.

To learn more about these MDHHS programs, call **1-844-446-8727** or visit [Michigan.gov/cancer](https://Michigan.gov/cancer). Providers are encouraged to utilize **NaviNet** to determine which Blue Cross Complete members are due for routine screenings and conduct outreach to schedule any appointments for services they may need. We appreciate the care and access you provide to our members.

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



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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 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, call your provider account executive or Blue Cross Complete Provider Inquiry at 1-888-312-5713.**



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# HEDIS well-child coding tips

The Healthcare Effectiveness Data & Information Set is a widely used set of quality measures, developed and maintained by the National Committee for Quality Assurance. Blue Cross Complete reports HEDIS data to NCQA about the use of services including well child visits. Coding HEDIS measures accurately can assist you in identifying and eliminating gaps in care, help ensure timely and appropriate care, monitor preventive care and facilitate timely claim adjudication, incentives and payments.

In accordance with the Centers for Medicare & Medicaid Services and the American Medical Association, listed below are some helpful tips for coding well-child visits:

## Early periodic screening and diagnostic treatment visits

When medically appropriate, members within the documented age range should have a well-visit exam during a follow-up visit or sick visit. In accordance with AMA CPT coding guidelines, all early periodic screening and diagnostic treatment visits should include the following components:

1. Health and developmental history (including age and gender appropriate history)
2. Physical exam (multiple systems)
3. Lab tests if appropriate (example: lead screening)
4. Immunizations (use all visits, preventive and sick if medically appropriate)
5. Health education and anticipatory guidance (including risk factor reduction and interventions)

## Best practices

If the child has a well-child exam performed but is also sick upon presentation, the provider or biller can append the 25 modifier to the appropriate Evaluation and Management code and diagnosis in the second position.

Example: A child has a well-child visit EPSDT (99381 – 99461), with a well-child diagnosis code (z-codes) in the first position — the sick visit code (99211 – 99215) with the modifier 25 and with the illness diagnosis CPT code in the second position.

- To bill this way, there must be enough evidence in the medical record documentation to support a stand-alone visit for **both** services.



It's acceptable to provide an annual wellness visit on the same day as a sick visit, if the child is dual eligible (Medicare is primary). The provider or biller should verify through the Medicare system that the child is eligible for their annual visit.

**Note:** There must be documentation for both services rendered by documenting the wellness visit and a new note on the same day for the sick visit.

## Anticipatory guidance/Bright Futures™

In alignment with Early and Periodic Screening, Diagnostic, and Treatment guidelines, the American Academy of Pediatrics Bright Futures program guidance suggests risk factors and reduction can also meet the anticipatory guidance criteria. For younger children, this could be parental behaviors such as smoking or exposure to secondhand smoke. In older children, these assessments for smoking, tobacco, drugs or alcohol would help identify and address risky behavior. Additional guidance on coding well-child visits can be found in the [Coding for Pediatric Preventive Care Guide at pediatrics.aappublications.org](http://pediatrics.aappublications.org).

In accordance with Bright Futures, the following are examples of medical documentation:

### Example of history for an infant

The following portions of the patient's history were reviewed and updated as appropriate allergies, current medications, past family history, past medical history, past social history, past surgical history and problem list.	
Birth History	
• Birth	
Length:	52 cm (20.47")
Weight:	3.28 kg (7 lb 3.7 oz)
HC	33.5 cm (13.19")
• Apgar	
One:	8
Five:	9
• Discharge Weight:	3.17 kg (6 lb 15.8 oz)
• Delivery Method:	Vaginal, Spontaneous Delivery
• Gestation Age:	39 6/7 wks
• Feeding:	Bottle Fed - Breast Milk
• Days in Hospital:	2
• Hospital Name:	[REDACTED]
• Hospital Location:	[REDACTED]
GBS: (+) b/d x3 with PCN	

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## HEDIS well-child coding tips (continued)

<p><b>Review of Nutrition:</b> Current diet: breast milk and formula ( ) Current feeding patterns: ? oz every 2 hours Difficulties with feeding? no Current stooling frequency: once a day</p> <p><b>Objective:</b></p> <p>Pulse 158   Temp 98.4 °F (36.9 °C) (Tympanic)   Resp 60   Ht 52 cm (20.47")   Wt 3.65 kg (8 lb 0.8 oz)   HC 36.3 cm (14.3")   BMI 13.5 kg/m<sup>2</sup></p> <p><b>General:</b> alert and vigorous no distress noted  <b>Skin:</b> normal  <b>Head:</b> anterior fontanelle open and soft, no cephalohematoma or caput  <b>Eyes:</b> sclerae white, red reflex normal bilaterally  <b>Ears:</b> normal external ears bilaterally  <b>Mouth:</b> normal palate and normal oral cavity  <b>Neck:</b> supple, no midline lesions  <b>Chest:</b> normal breasts bilaterally, clavicles intact  <b>Lungs:</b> normal lung sounds bilaterally, with normal chest movements  <b>Heart:</b> regular rate and rhythm, S1, S2 normal, no murmur, click, rub or gallop  <b>Abdomen:</b> soft, non-tender; bowel sounds normal; no masses, no organomegaly  <b>Cord stump:</b> cord stump absent  <p>Screening DDH:</p> </p>	<p>leg length symmetrical, thigh &amp; gluteal folds symmetrical and normal hips; no hip clunks  <b>GU:</b> normal male - testes descended bilaterally and circumcised  <b>Femoral pulses:</b> present bilaterally  <b>Extremities:</b> extremities normal, warm and well-perfused  <b>Back:</b> no midline abnormalities, no sacral pits or tufts  <b>Neuro:</b> alert, moves all extremities spontaneously, good 3-phase Moro reflex, good suck reflex, and normal Babinski and plantar grasp</p> <p><b>Assessment:</b></p> <ol style="list-style-type: none"> <li>Health supervision for newborn 8 to 28 days old</li> <li>Congenital blocked tear duct</li> </ol> <p><b>Plan:</b></p> <ol style="list-style-type: none"> <li>Feeding guidance discussed. Infant has regained his birth weight.</li> <li>Follow-up visit in 1 month for next well child visit or weight check, or sooner as needed.</li> <li>Age appropriate anticipatory guidance was provided, and reviewed, as documented in the Patient Information section.</li> </ol>
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Notice the visit ends with documentation of anticipatory guidance, but the blocked tear duct and other pre-diagnosed congenital condition for the visit was coded as a sick visit instead of a well-child visit.

### AMA CPT well-child codes

Code	Description	ICD-10
99381 New patient	Infant (younger than 1 year)	Z00.110 Health supervision for newborn under 8 days old Z00.111 Health supervision for newborn to 28 days old
99391 Established		Z00.121 Routine child health exam with abnormal findings Z00.129 Routine child health exam with out abnormal findings
99382 New patient	Early childhood (age 1 – 4 years)	
99392 Established	Late childhood (age 5 – 11 years)	
99383 New patient	Adolescent (age 12 – 17 years)	Z00.121 Routine child health exam with abnormal findings Z00.129 Routine child health exam with out abnormal findings
99384 New patient		
99394 Established		
99385 New patient	18 years or older	Z00.00 General adult medical exam with out abnormal findings Z00.01 General adult medical exam with abnormal findings
99395 Established		
99201 – 99215	Evaluation and management-office	Append modifier 25 to 99201-99215 if illness or abnormality is discovered in the process of performing the preventive service. <b>Billing example using 25 modifier:</b> <ul style="list-style-type: none"><li>• <b>99393 / DX Z00.129</b></li><li>• <b>99213 25 / DX J309 allergic rhinitis</b></li></ul>

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## MDHHS launches online access to immunization records for Michiganders ages 18 and older

Michigan adults ages 18 and older with immunization records posted in the Michigan Care Improvement Registry now have access to locate their own vaccination information online through the [Michigan Immunization Portal](#). Users can download, save or print their own information, which also includes their COVID-19 vaccination status. Officially launched in mid-August by the Michigan Department of Health and Human Services, the portal was funded through grant dollars from the Centers for Disease Control and Prevention.

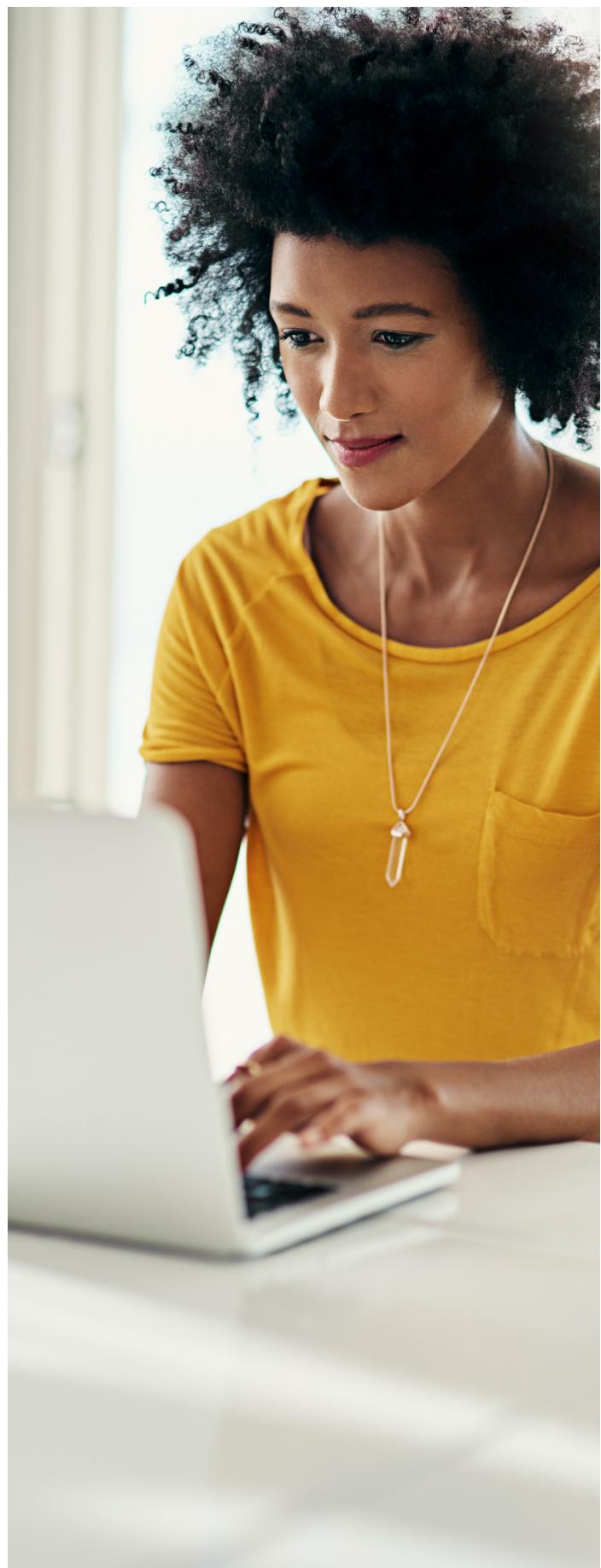
"We want to make sure Michiganders are able to access their vaccination records as easily as possible as this is important health information," said Elizabeth Hertel, MDHHS director. "The Michigan Immunization Portal allows them to find their record from their computer or smart phone and save a copy for their records. This will also allow anyone who has misplaced their COVID-19 vaccination card to print a record of their vaccination."

To ensure privacy and that individuals are only able to access their own immunization records, Michiganders must create a MILogin account at [Michigan.gov/Milmmssportal](#) and upload a valid government issued photo ID such as a driver's license, state ID or passport. There is no cost to access the portal.

Immunizations provided in another state or country may not be included in an individual's record in the portal. If an individual's immunization record can't be found, records can still be requested from a physician's office or local health department.

As the portal is only available for those 18 years or older, parents won't be able to download their child's immunization records. Parents may contact their child's provider's office or local health department to get a copy of their immunization records.

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



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## Helping patients make sense of asthma

Asthma is a lifelong, or chronic, breathing problem caused by swelling (inflammation) of the airways in the lungs. It can't be cured, but symptoms can be prevented and controlled. All members should have an initial severity assessment based on measures of current impairment and future risk to determine type and level of initial therapy, if needed.

At planned follow-up visits, patients diagnosed with asthma should review control levels with their provider and develop a mutually agreed upon asthma action plan designed to guide decisions on maintaining or adjusting therapy. Every patient who has asthma should be taught to recognize unique symptom patterns that indicate inadequate asthma control and how to identify the need for treatment changes.

Patients should be routinely monitored to assess whether or not the goals of therapy are being met and to assess whether impairments and risks are being reduced. Routine monitoring of the patient's level of asthma control also helps indicate whether or not any therapy adjustments may be needed.

All people who have asthma should receive a written asthma action plan to guide their self-management efforts. The asthma action plan helps spell out which asthma medicines are needed and when. Each action plan should include instructions for daily treatment (including medications and environmental controls), and how to recognize and handle worsening asthma. For more information on the diagnosis, treatment, management and other patient resources for asthma, visit [getasthmahelp.org](http://getasthmahelp.org).

Although there are many types of medications used to treat asthma, there are two main types. When used effectively, they can help your patient live a healthy, active life with few symptoms.

1. Long-term controllers used daily to help keep asthma under control, even when there are no symptoms. The most common long-term control medicines are inhaled corticosteroids, which reduce swelling in the airways.
2. Quick-relief medicines, also called "rescue" medicines, are often used when asthma symptoms are present and relieve them quickly when they flare up. Patients who use this type of medication too often may not have their asthma under control. The most common types of these medicines are short-acting beta<sub>2</sub>-agonists, or SABAs. Taken by inhaler, SABAs rapidly relax tight muscles around the airways so that more air can get through, making it easier to breathe.

**Blue Cross Complete covers inhalers and spacers for members. We appreciate the quality care and access you provide to our members. To discuss additional strategies for asthma management or if you have questions about this benefit, contact your Blue Cross Complete provider account executive or Provider Inquiry at 1-888-312-5713.**

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## Members can schedule transportation services

Blue Cross Complete understands circumstances arise when your patients need a ride to medical services or procedures. Members may arrange transportation for medically necessary medical exams and treatment, including picking up prescriptions and durable medical equipment by calling our transportation provider, ModivCare, at **1-888-803-4947**. TTY users should call **711**.

Members should schedule transportation two days in advance of their appointment. Patients who are pregnant, or need an urgent appointment, can obtain same-day transportation. Patients can also arrange transportation for appointments scheduled for multiple days with just one phone call. Members should refer to the [\*\*Blue Cross Complete Member Handbook\*\*](#) for more details.

**Members can also schedule transportation online by following the steps below:**

**1. Set up an online account.**

- Go to [\*\*member.logisticare.com\*\*](http://member.logisticare.com).
- Select the "**I'm a new user**" link.
- Fill in the account information.
- Add the members whose rides will be managed through this account.

**2. To schedule transportation online:**

- Go to [\*\*member.logisticare.com\*\*](http://member.logisticare.com).
- Sign in with email and password.
- Click the "**Login**" button.
- Members should keep both their reservation number and their confirmation number. The member should receive their confirmation number within 24 hours.  
**Same-day scheduling isn't available online.**

**Additional details on transportation services for Blue Cross Complete members are available on the Member Benefits page on [mibluecrosscomplete.com](http://mibluecrosscomplete.com) under [Transportation Services](#).**

There are some services that aren't covered by Blue Cross Complete but are available under the Medicaid program. These may include dental services covered by Medicaid fee-for-service, dental services covered under Healthy Kids Dental, substance use disorder treatments and some mental health services provided through the Prepaid Inpatient Health Plans.

**For Blue Cross Complete members receiving these services, non-emergency transportation services are available:**

- Our transportation provider, LogistiCare, changed its name to ModivCare in January 2021. This change didn't affect ride service benefits or the online scheduling steps given above. Members can continue to call **1-888-803-4947** to schedule a ride.
- Members in Wayne, Oakland and Macomb counties may arrange transportation through **ModivCare** at **1-866-569-1902** from 8 a.m. to 5 p.m., Monday through Friday.
- Members living in other counties may request non-emergency transportation services through their local Michigan Department of Health and Human Services office.



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# Save the date for our first virtual provider conference

Please save the date for Blue Cross Complete's first virtual provider conference scheduled for Thursday, December 2, 2021, from 10 a.m. to 12 p.m. The virtual provider conference will be hosted exclusively on Zoom and will cover the following topics in breakout sessions:

## Value-based care and what it means for providers

**Presenter:** Rita Orr

Director of Provider Programs and Payment Innovation,  
AmeriHealth Caritas

This presentation focuses on how we support providers  
for success in value-based programs and move along the  
continuum to more accountability and increased reward.

## Integration between health care and behavioral health

**Presenter:** Dena Austin

Director of Population Health, Blue Cross Complete  
of Michigan

This presentation focuses on integration strategies to  
incorporate behavioral health care into regular health care  
settings.

## COVID-19 and the long haul

**Presenter:** Donald Beam, M.D.

Chief Medical Officer, Blue Cross Complete of Michigan

This presentation will explain the long-term effects  
of COVID-19 and who is at risk.

## Health equity

**Presenter:** Danielle Brooks

Director of Health Equity, AmeriHealth Caritas

This discussion will assist in bringing awareness to what  
health and health care disparities are, the impact felt within  
communities of color and potential action steps.

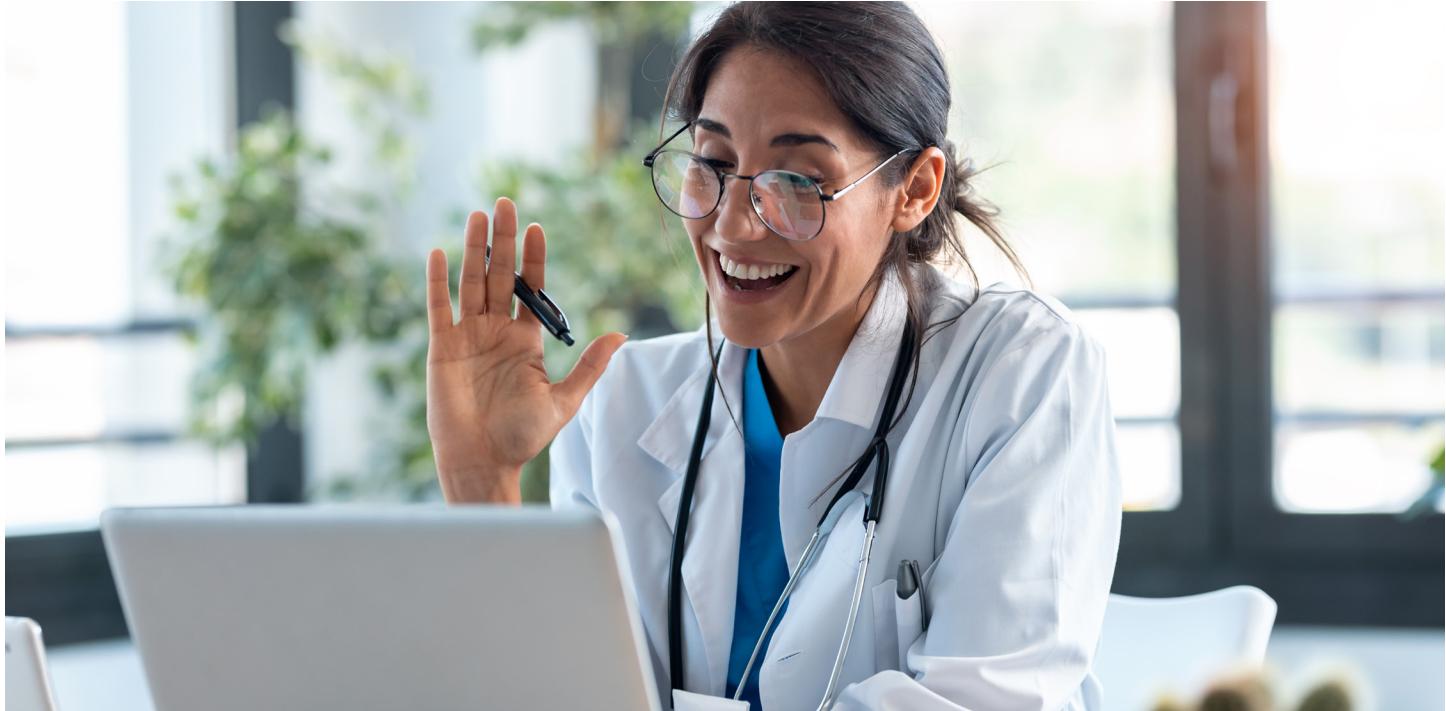
## Doing business with Blue Cross Complete

**Presenter:** Brenda R. Lever

Director of Provider Network Management,  
Blue Cross Complete of Michigan

This presentation helps providers navigate through  
Blue Cross Complete's comprehensive network of  
administrative and covered services.

Providers should receive a formal invitation with registration  
instructions in November. If you have any questions about  
this event, please contact your Blue Cross Complete  
provider account executive. If you're unsure who your  
account executive is, scroll down to the bottom of the  
**Resources** page on [mibluecrosscomplete.com](http://mibluecrosscomplete.com) to find  
**County-based contacts for providers**. Select your county,  
and the name and contact information for the appropriate  
account executive will appear.



\*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.

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

## Send completed forms by:

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



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**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.

## Report 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:

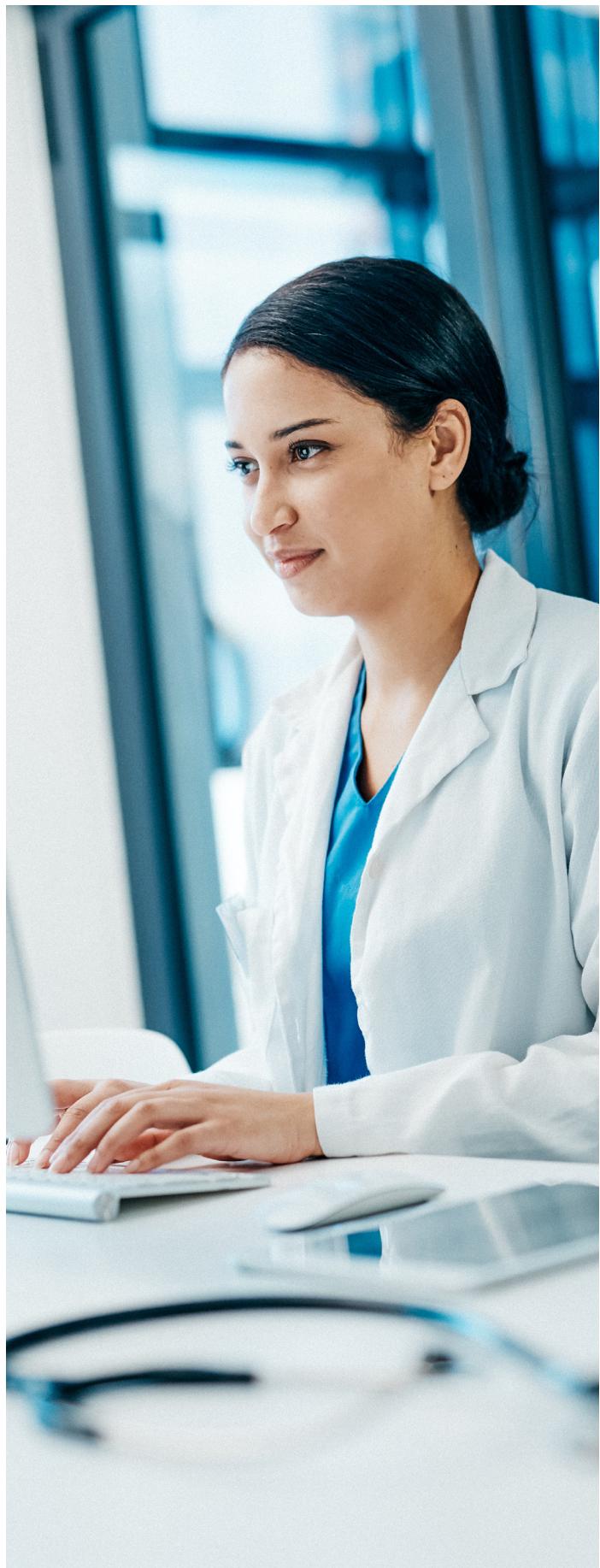
- Phone: **1-855-232-7640 (TTY 711)**
- Fax: **1-215-937-5303**
- Email: [fraudtip@mibluecrosscomplete.com](mailto:fraudtip@mibluecrosscomplete.com)
- Mail:  
Blue Cross Complete  
Special Investigations Unit  
P.O. Box 018  
Essington, PA 19029

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 by:

- Website: [michigan.gov/fraud](http://michigan.gov/fraud)
- Mail:  
Office of Health Services Inspector General  
P.O. Box 30062  
Lansing, MI 48909

**You can make reports anonymously.**



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