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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 and 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 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 of 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 healthcare 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.

Source:

1. *The Impact of Primary Care: A Focused Review*, National Institutes of Health.

\*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.



## Advancing HIV prevention and health equity

As a trusted partner in care, your role is pivotal in helping patients lead healthier lives. One area 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 recommend 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, he or she can take actions to reduce and [prevent HIV](#).

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## Closing the gap

Health disparities related to HIV continue to affect Black, Latino, LGBTQ+ 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 percent 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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## Lead screening reminder for providers

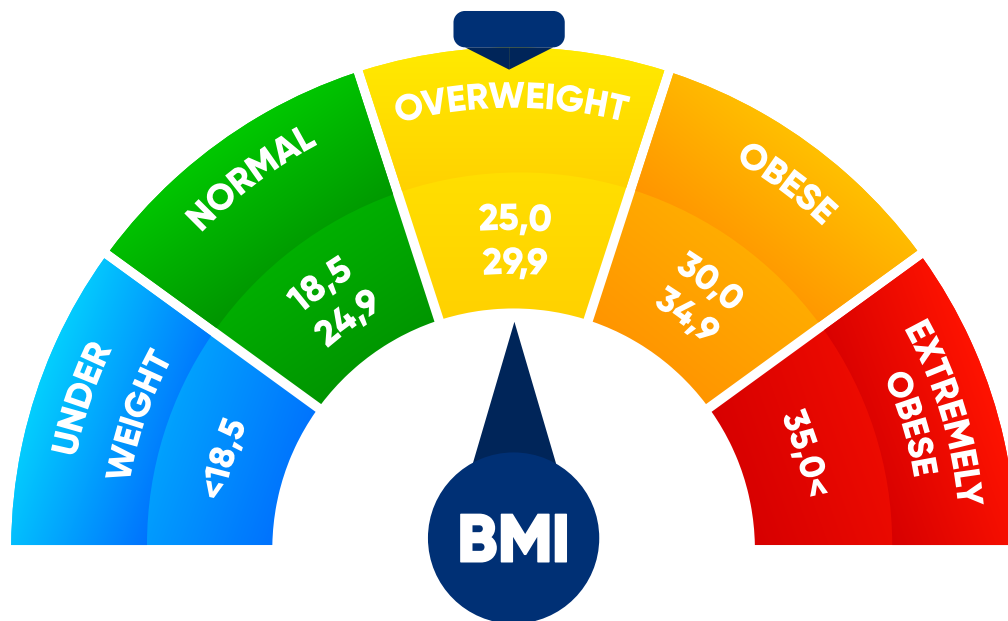
In October 2023, Michigan Governor Gretchen Whitmer signed two laws requiring all Michigan children to receive blood lead level testing at 12 months and 24 months of age. Public Act 146 established the statewide testing requirement, while Public Act 145 requires the test results to be documented in the child's immunization record. This age-based, statewide screening approach is commonly referred to as "universal testing."

The rules require physicians to test or order a blood lead test for all children at ages 12 months and 24 months, and at other intervals based on lead exposure risk. If there is no record of these tests, children must receive a blood lead test between 24 months and 72 months of age.

A risk assessment questionnaire does not substitute for a blood lead test. Lead exposure can occur through unpredictable sources, making universal screening essential for every patient. All screenings results must be documented and reported to the Michigan Department of Health and Human Services as required by law.

Screen every child. Screen on time. Screen regardless of risk. For reporting requirements and clinical guidance, providers can visit [michigan.gov/mileadsafe/professionals/healthcare-providers](https://michigan.gov/mileadsafe/professionals/healthcare-providers). Additional information on universal blood lead testing is available for providers at [michigan.gov](https://michigan.gov).

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## HEDIS Corner: Weight assessment and counseling for nutrition and physical activity for children and adolescents

Healthcare Effectiveness Data and Information Set, or HEDIS, is the most-used performance measure in the managed care industry. Following the HEDIS guidelines will aid your practice with increasing your Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents, or WCC, HEDIS scores.

### Body mass index:

- Weight and BMI percentile (such as 87th percentile)
- BMI can be plotted on a body mass index for age percentiles growth chart (must have name, date of birth and date of service listed)
- A BMI value graphs for weight or height are not acceptable for reporting BMIs.
- Ranges and thresholds do not meet criteria. A distinct percentile is needed for compliance.
- Notation of body surface area, or BSA and “fat percentile” are not the same as a BMI percentile.
- Patient-reported values (weight, height, BMI) can be captured during a telephone visit, e-visit or virtual check-in.
- Always send the after-visit summary for HEDIS record requests. These often list the BMI percentile.

### Counseling for nutrition and physical activity

- Documentation of counseling for nutrition and physical activity, or referral for nutrition education and physical activity is recommended. Examples include:
  - Discussion of current nutrition behaviors, such as eating habits, dieting behaviors and physical activity (for example: sports activities, exercise routines).
  - Checklist showing nutrition and physical activity was addressed.
  - Note saying patient received educational materials on nutrition and physical activity during a face-to-face visit.
  - Anticipatory guidance for nutrition and physical activity.
  - Weight or obesity counseling.
  - Referral to the Special Supplemental Nutrition Program for Women, Infants and Children, or WIC, for the nutrition counseling.

Note: BMI value alone listed in kg/m2 is not acceptable.

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## Rapid Response and Outreach Team support providers and members through timely care coordination



By partnering closely with providers, the team helps reduce barriers to care that can contribute to avoidable emergency department visits, hospital admissions and missed appointments. Providers may also benefit from enhanced communication and additional support when attempting to engage hard-to-reach members or coordinate services for individuals with complex medical needs.

Members benefit from personalized outreach and education that encourages them to stay connected to their providers and actively participate in their health care. Outreach specialists may assist members with scheduling appointments,

understanding available benefits, accessing community resources and navigating the healthcare system more effectively.

The RROT also play an important role in supporting quality improvement initiatives by helping increase compliance with preventive care measures and chronic disease management goals.

Blue Cross Complete encourages providers to work with the Rapid Response and Outreach Team to help improve outcomes, strengthen continuity of care and support a more positive experience for members.

Blue Cross Complete members and providers may request RROT support at **1-888-288-1722**. Referrals to the RROT are also received through the Customer Service department, pharmacy staff, utilization review staff, the retention unit, provider relations staff and other sources. For additional information on RROT, providers should review the [Blue Cross Complete Provider Manual](#), Section 11 Managing Care.

Blue Cross Complete continues to strengthen care coordination and member engagement efforts through its Rapid Response and Outreach Team, a dedicated resource designed to support both health care providers and members with timely intervention and personalize outreach services.

The RROT team consists of registered nurses, social workers and care connectors. Case managers are also part of the RROT. They provide care management services for members with urgent health concerns that are clinical in nature. Calls are triaged by care connectors and referred to case managers when indicated by an urgent needs assessment or when case management services are requested.

The RROT works collaboratively with providers to help address urgent member needs, close gaps in care and improve access to important health services. The team assists with member outreach related to preventive screenings, chronic condition management, follow-up appointments, medication adherence and other health-related concerns that may impact member outcomes.

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## Peace of mind: Sharing information helps us understand our provider and member demographic

We want to make sure we're a resource for providers in giving our members the best care. We ask providers like you for information to learn more about you and your facility. When you're completing certain documents, we may ask you about your cultural background (such as race and ethnicity) and what languages are spoken by you or accessible to members at your office.

The more we know about you and your staff, the better we can meet our members' health care needs culturally. If you choose to share this information, it will stay private. We'll only use it to better meet your needs and the needs of your patients. Thank you for helping us improve our services.

Additionally, we continue our commitment to cultural competency by offering culturally and linguistically appropriate services, or CLAS, training to providers. CLAS training provides an overview of cultural competency standards, legal requirements, local needs and tips that you can use with your non-English or limited-English speaking patients.

To access the CLAS training, visit [mibluccrosscomplete.com](https://mibluccrosscomplete.com). If you have any questions, contact Blue Cross Complete's Provider Inquiry department at **1-888-312-5713** or your Blue Cross Complete provider account executive.



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## Maternal Infant Health Program

The Maternal Infant Health Program is Michigan's largest home visitation program designed for pregnant women and newborns. Blue Cross Complete members who are pregnant can get their primary maternal-infant health services through Blue Cross Complete's Bright Start® program or through a certified MIHP provider.

These preventive health services are intended to supplement regular prenatal and infant care and help providers manage the member's health and well-being. MIHP services include:

- Psychosocial and nutritional assessment
- Professional services rendered by a multidisciplinary team that includes a social worker, nurse and nutritionist
- Transportation
- Childbirth (including midwife and nurse practitioner services, if billed as an obstetrics benefit)
- Parenting education
- Referral to community services
- Coordination with medical care providers



For information on MIHP services, providers can call Blue Cross Complete's Provider Inquiry department at **1-888-312-5713**. Members interested in receiving MIHP services should be referred to Blue Cross Complete's Member Services department at **1-888-288-1722**.

## Smoking cessation programs available for members



Members considering quitting tobacco have multiple resources available for support. The Michigan Tobacco Quitline offers free information, tobacco treatment referral, online program and text-messaging 24 hours a day, seven days a week at **1-800-QUIT-NOW (784-8669)**. All Quitline coaches have a minimum of a bachelor's degree and have extensive training in tobacco dependence treatment. Many coaches are also certified tobacco dependence treatment specialists. Visit the [Make a Referral](https://michigan.quitlogix.org) page at [michigan.quitlogix.org](https://michigan.quitlogix.org) to refer patients to the program.

The Blue Cross Complete tobacco quit program is no cost and phone based. It helps members make a plan to quit using tobacco and offers support and encouragement to help them stick to their plans. Members interested in smoking cessation can call **1-800-QUIT-NOW (784-8669)**, 24 hours a 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's Provider Inquiry at **1-888-312-5713**.

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## Improve health equity – report social determinants of health on claims

Health equity is a priority at Blue Cross Complete. Our goal is to help ensure each member has access to timely, quality care that suits the unique needs of each individual member. We believe every member deserves the opportunity to achieve optimal health regardless of race, gender identity, sexual orientation, level of education, ZIP code and other social factors that often play a role in health inequities.

Social determinants of health are conditions in the places where people are born, live, learn, work, worship and play that affect a wide range of health risks and outcomes.<sup>2</sup>

These social factors can impose significant barriers to a person's health and wellness and may affect their ability or willingness to follow a recommended treatment plan. By working together to adopt a "whole-person" approach, we can help remove barriers to improved health and enhance quality of life for members.

We know improving health equity requires a collaborative, evidence-based approach. Working together with providers is vital to achieving health equity. You play a critical role in the care our members receive and the daily decisions they make about their health.

Integrating science-based interventions with community preferences is being used nationwide to improve the health of underserved populations.

### How you can practice evidenced-based health equity:

- Ask members questions to learn more about the social, economic and environmental factors they live in.
  - These conditions are also known as social determinants of health.
  - Social factors can impose significant barriers to a person's health and wellness and may affect their ability or willingness to follow a recommended treatment plan.

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– Working together to adopt a “patient-centered” approach helps remove barriers to improved health and enhances quality of life for our members.

- **Use social determinants of health ICD-10 Z codes on all claims.** This data helps us track and identify the unique social needs impacting our members — specific populations who have similar struggles — and connect them to resources.
- Form partnerships with community resource centers in the area who will collaborate with the member to assist with needs beyond health concerns.

Any clinician (physician, nurse, social worker, community health worker, case manager or other provider) can document a patient’s social needs. Social determinants of health code categories include:

- Z55 Problems related to education and literacy
- Z56 Problems related to employment and unemployment
- Z57 Occupational exposure to risk factors
- Z59 Problems related to housing and economic circumstances
- Z60 Problems related to social environment
- Z62 Problems related to upbringing
- Z63 Other problems related to primary support group, including family circumstances
- Z64 Problems related to certain psychosocial circumstances
- Z65 Problems related to other psychosocial circumstances
- Z75 Problems related to medical facilities and other healthcare

Each patient has unique life circumstances in addition to the symptoms they present when visiting your office or a clinic. Members often rely on their health plan to help eliminate barriers they’re facing, such as access to better health care, safe and convenient transportation, safe housing and access to nutritional foods. These are only a few of the obstacles standing between minority populations and better healthcare.

#### How to reduce barriers to care:

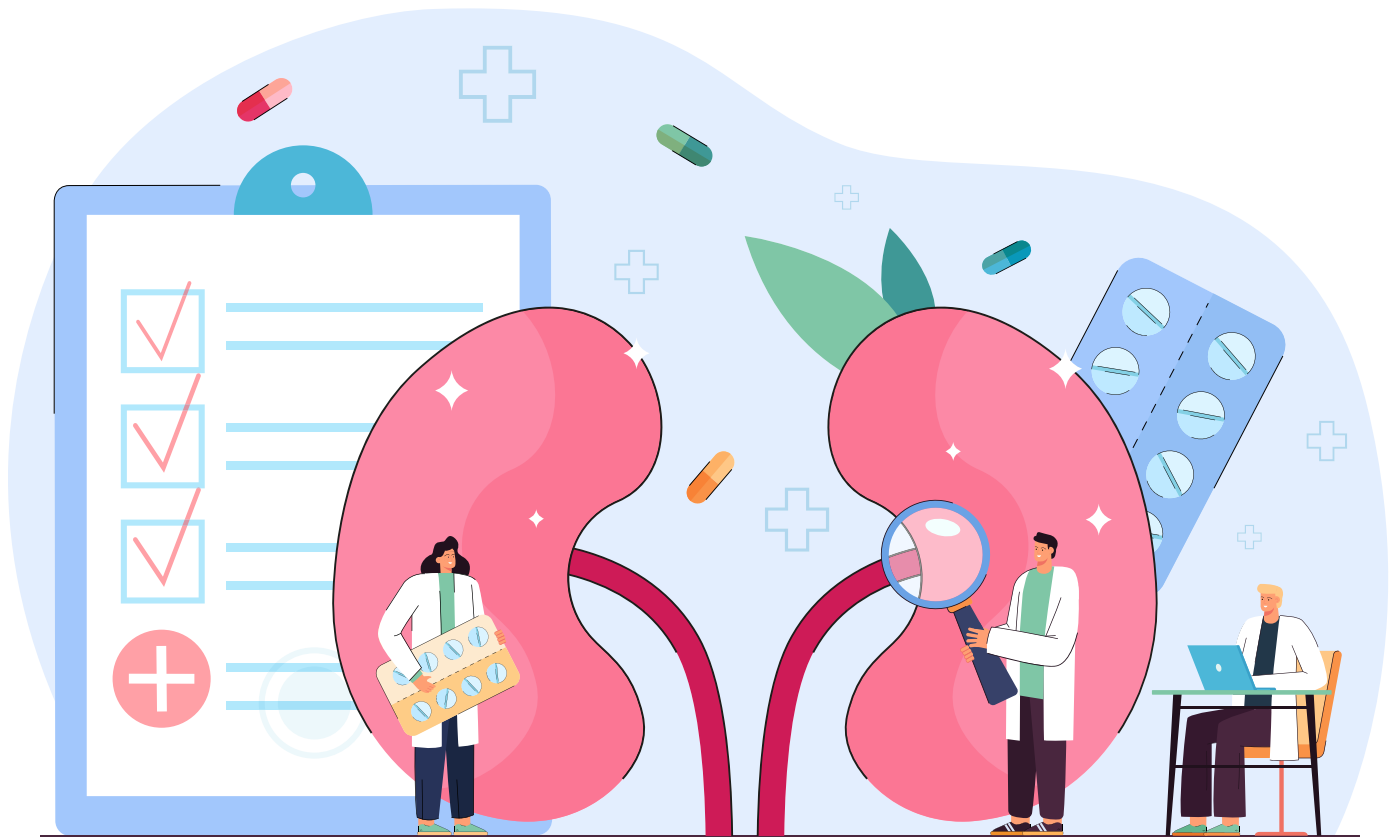
- Listen to all your members’ concerns and continue to be an advocate for healthy decisions. We want to encourage members to be self-sufficient while supporting them in any way we can.
- Form better relationships with our members (and all patients). This can help bridge the gap in communication between patients and providers.
- Provide health equity training to staff for a better understanding of factors that cause inequities in healthcare, so patient needs are recognized and addressed.
- Collaborate with area agencies, health departments and other resource centers that can help assist patients with matters, such as utility shutoffs, rent assistance and home improvements.
- Give options for telehealth. This allows patients with transportation issues to still be seen and have their health concerns addressed.

Providers are important to fostering a foundation in wellness for patients that also offers support and advocacy. We actively offer gift card rewards to encourage our members to schedule regular appointments and keep up with their routine screenings and vaccinations.

Offering members such rewards helps encourage them to get the care they need. Working together, we can implement best practices, bridge gaps and reduce barriers to help ensure health equity for all members.

<sup>2</sup>The Centers for Disease Control and Prevention, [Social Determinants of Health: Know What Affects Health](#)

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## Providers urged to strengthen chronic kidney disease screening and early invention efforts

Blue Healthcare providers are being encouraged to increase screening, early detection and care coordination efforts for patients at risk for, or diagnosed with, chronic kidney disease, particularly individuals living with diabetes and hypertension.

Aimed at eliminating hepatitis C virus in Michigan, the Michigan Department of Health and Human Services continues to promote its [“We Treat Hep C”](#) public health campaign. This initiative involves increasing the number of people who are tested for the hepatitis C virus infection, increasing the number of providers who screen for and treat HCV while expanding access to curative treatments.

According to the CDC, an estimated [35.5 million Americans are living with CKD](#), and many remain undiagnosed until the disease has significantly progressed. The primary drivers of the disease are widespread, with diabetes and high blood pressure account for roughly two out of three new cases of kidney failure.

### It’s important to test all your adult patients for HCV

The MDHHS estimates that over 69,000 Michiganders are currently living with hepatitis C and that almost half of this population is unaware of their infection. Hepatitis C can be cured in only eight to 12 weeks with safe, effective, oral medications.

Through the We Treat Hep C initiative, hepatitis C treatment medication MAVYRET® no longer requires prior authorization and hepatitis C treatment with MAVYRET® is available to all Medicaid (\$1 copay) and Healthy Michigan Plan (no copay) beneficiaries at little to no cost. Other direct-acting antiviral medications (\$3 copay) require prior authorization and are approved when MAVYRET® is not clinically appropriate.

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Providers are encouraged to prioritize annual kidney health evaluations for patients with diabetes, including estimated glomerular filtration rate testing and urine albumin/creatinine ratio screening. Early identification of kidney damage may help slow disease progression, reduce complications and decrease the risk of kidney failure or cardiovascular disease. Providers should also emphasize the importance of patient education regarding blood sugar control, blood pressure management, healthy nutrition, medication adherence and routine follow-up care. Coordinated care between primary care physicians, endocrinologists, nephrologists and care management teams can help improve outcomes for high-risk populations

Through the We Treat Hep C initiative, MDHHS' goal is to treat all of the estimated 40,000 Medicaid beneficiaries with HCV. With the removal of prior authorization on curative therapies such as Mavyret® in 2021, this goal is within reach. As a reminder, hepatitis C medications don't need to be prescribed by or in consultation with a hepatologist, gastroenterologist or infectious disease specialist. All professional providers with prescriptive authority can prescribe Mavyret or other direct-acting antivirals to their patients with a hepatitis C diagnosis.

### Providers can help eliminate hepatitis C by:

- Screening all adults for the hepatitis C virus infection at least once in their lifetime<sup>1</sup>
- Incorporating orders for hepatitis C tests in routine primary care
- Evaluating those with confirmed hepatitis C infection for treatment
- Prescribing curative therapies for any patient infected with hepatitis
- Refer patients to Mavyret [Nurse Ambassador Program](#) for treatment support

### Resources for providers

- Hepatitis C screening and testing recommendations: [cdc.gov](https://www.cdc.gov)
- Treating hepatitis C in pregnancy: [hcvguidelines.org](https://www.hcvguidelines.org)
- [Recommended Testing Sequence for Identifying Current Hepatitis C Virus Infection](#)
- [Simplified Guidelines for Hepatitis C Treatment in Adults: a Quick Reference for Michigan Providers](#)
- [Diabetes and CKD](#)
- MDHHS's We Treat Hepatitis C: [Clinical Fact Sheet](#)

As Blue Cross Complete and public health organizations continue to advocate for increased awareness surrounding CKD, providers should continue to following current clinical guidelines and practices when caring for patients at risk for or diagnosed with CKD.

### Kidney health experts share best practices

In collaboration with Michigan State University College of Osteopathic Medicine, the National Kidney Foundation of Michigan is offering a virtual 2026 Grand Rounds series on chronic kidney disease for all healthcare professionals. Free CME will be provided.

Click on the links below to register for these sessions:

- Integrating CKD into the Cardiometabolic Continuum,
- Slowing CKD Progression: Medication Optimization
- Managing CKD Complications: When to Watch and When to Refer
- Lifestyle Prescriptions for Kidney Health

To register, go to [nkfm.org/healthcare-professionals/#education](https://nkfm.org/healthcare-professionals/#education). All sessions will be presented from 12:15 p.m. to 1:15 p.m. from June 2026 to September 2026.

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## Importance of optometry exams

Eye exams are important and can often detect other serious health conditions, such as diabetes, high blood pressure, high cholesterol and sometimes even cancer. Blue Cross Complete covers routine eye exams once every two years and nonroutine eye exams for evaluating chronic, acute or sudden abnormal ocular conditions.

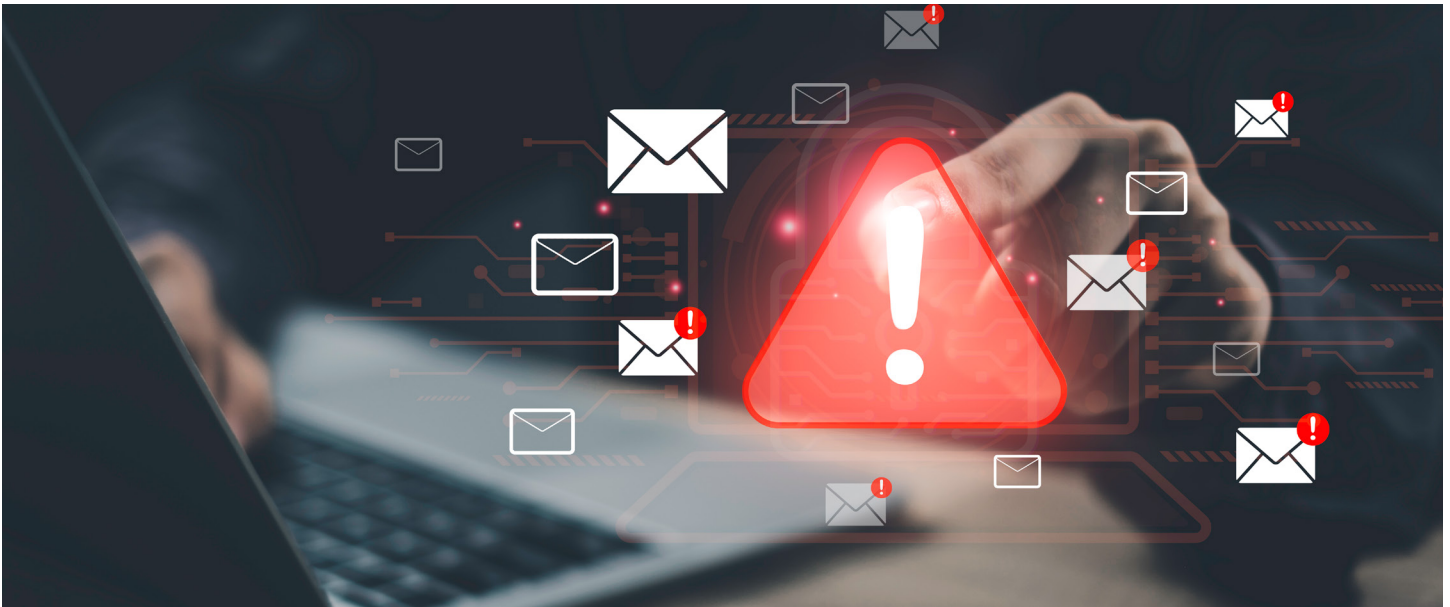
Routine eye exams are especially important for members with diabetes or anyone who might be at risk due to obesity, family history or other reasons. According to the U.S. Centers for Disease Control and Prevention, more than 30 million Americans living with diabetes and another 84 million with prediabetes are at risk for developing diabetic eye disease, the

leading cause of blindness among adults. In its early stages, diabetic eye disease has no visible symptoms. Only a comprehensive eye exam can detect signs of the disease so treatment can begin soon enough to prevent vision loss.

A comprehensive eye exam by an optometrist or ophthalmologist is the best way to ensure patients remain free from potentially serious eye diseases.

For more information and a list of network eye doctors and vision centers, call Blue Cross Complete's Member Service department at **1-800-228-8554**.

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## Can you spot the phish?

More than 3.4 billion phishing emails are sent out each day worldwide. But one factor can make life much harder for scammers: **You**. As the first line of defense, it's important that you're able to recognize and report a suspected phishing email.

### What is phishing?

Phishing scams are emails that look real, but are designed to steal important information. A phishing email with malicious software can allow cybercriminals to take control of your computer and put protected health information and personally identifiable information, as well as your organization's confidential and proprietary information, at risk.

### Beware of ransomware

In addition to stealing information, phishing scams can lead to ransomware attacks. Ransomware is a form of malware designed to encrypt files on a device, rendering them unusable until a ransom is paid.

It may be a phishing email if it:

- Promises something of value (such as "Win a free gift card!")
- Asks for money or donations
- Comes from a sender or company you don't recognize
- Links to a site that is different than the company the sender claims to be from

- Asks you for personal information, such as your username and password
- Includes misspelled words in the site's URL address or subject line
- Has a sense of urgency for you to act now

### What you should do

#### If you receive a suspicious email:

- Don't click any links in the email.
- Don't provide your username and password; you should never share your username or password, even if you recognize the source. Phishing scams frequently mimic well-known companies, such as banks or retailers, such as Target or Amazon.
- Don't reply or respond to the email or forward it to anyone else within your organization.
- Familiarize yourself with your organization's process for reporting suspicious emails. If you suspect an email is a phishing attempt, report it immediately.
- Your organization's information security department may have additional information and guidance on how to protect yourself from phishing scams.

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## Promoting health equity, 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 [mibluecrosscomplete.com](http://mibluecrosscomplete.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 (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.
- **To promote 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.
- **To empower patients:** Sharing REL data gives patients the tools and autonomy to choose a provider who meets their preferences.
- **To promote 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 enrollees REL.

## How do we store and share this information?

REL data is housed in a database that is made available to enrollees.

- Gender data is available through the Blue Cross Complete provider directory.
- Providers and staff 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 build rapport, comfort and trust with diverse patients. REL data is an 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 the Provider Inquiry department 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
- Address
- Phone number
- Fax number
- Office hours
- Open status
- Hospital affiliations
- 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 any 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

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

## 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 healthcare 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@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*)
- 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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## 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 record of outpatient and emergency care
- Specialist referrals
- Ancillary care
- Diagnostic test findings, including all laboratory and radiology
- Therapeutic services
- Prescriptions for medications
- Inpatient discharge summaries
- Histories and physicals
- Allergies and adverse reactions
- Problem list
- Immunization records
- Documentation of clinical findings and evaluations for each visit
- Preventive services-risk screening
- 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 the Provider Inquiry department 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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of the Blue Cross and Blue Shield Association.*

\*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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[mibluecrosscomplete.com](http://mibluecrosscomplete.com)