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## The importance of having a primary care doctor and how providers can help patients understand their role

A primary care doctor, or PCP, is often the first and most important partner in a patient's health care journey. This clinician plays a central role in helping patients stay healthy, managing chronic conditions, and navigating the health care system with confidence and support.

For patients living with conditions such as diabetes, asthma or high blood pressure, a PCP serves as the central point of care. Regular visits help monitor symptoms, adjust treatment plans and support long-term health goals. Strong primary care-based health systems have been shown to reduce hospitalization, decrease duplicative treatment, promote appropriate use of health care technology, lower cost, improve quality of care and lower health care disparities.<sup>1</sup> PCPs know their patients' medical history, medications and lifestyle factors. This continuity allows them to coordinate care across specialists, hospitals and community services.

As medical professionals, PCPs are uniquely positioned to help patients better understand the value of an ongoing primary care doctor-patient relationship. Clear, consistent communication can make a meaningful difference.

Here are practical ways providers can help reinforce to their patients the importance of developing a strong relationship with them:

- Providers can explain their role early and often. During new patient visits and annual checkups, PCPs can explain their role as the patient's "health care home." Simple language such as "I'm your main doctor and I help manage your overall health" can reinforce the message.
- Emphasize prevention, not just treatment. Highlight how routine visits help prevent illness, not just treat symptoms. Connecting preventive care to real-life benefits, such as staying healthy for family and work, helps patients see the value beyond immediate concerns.
- Encourage patients to contact their PCP first. Remind patients that your office is often the best first call for non-emergency health questions, medication concerns or new symptoms. This can help build trust and reinforce PCPs' role as their primary point of care.

- Use everyday interaction as an education opportunity. Follow-up visits, care-gap discussions, chronic disease check-ins and even after-visit summaries can reinforce the importance of ongoing primary care and regular appointments.
- Normalize asking questions and staying engaged. Encourage patients to ask questions, address concerns during visits and participate in decisions about their care. Engaged patients are more likely to maintain long-term relationships with their PCP.

Having a PCP can lead to better health outcomes, stronger patient-provider relationships and a more effective health care experience overall. When PCPs consistently communicate their role as a long-term health care partner, patients are more likely to engage in preventive care, manage conditions successfully and feel empowered in their health decisions.<sup>2</sup> Primary care is not just the first stop — it's the foundation in lifelong health.

It's important to remind your patients what a PCP does, when to contact their PCP versus seeking treatment at an urgent care or emergency room. Remember to meet patients where they are by acknowledging barriers such as transportation, scheduling challenges or past negative experiences. Reassure your patients that PCPs are here to support, not judge their health journey.

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**Blue Cross Complete members are encouraged to enroll with a primary care physician or specialist to get the care they need. Members can also find a hospital, urgent care center, lab or facility at [Find a Doctor at mibluccrosscomplete.com](#).**

**In an emergency, call 911 or go to an emergency room near you.**

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\*Our website is [mibluccrosscomplete.com](#). While website addresses for other organizations are provided for reference, Blue Cross Complete does not control these sites and is not responsible for their content.

## Non-emergency medical transportation services available to members



Blue Cross Complete provide no-cost, non-emergency medical transportation for Medicaid-covered services. These services include routine doctor visits; pharmacy pickups; trips to specialty mental health services, including substance use disorder treatment; and dental appointments for children enrolled in Healthy Kids Dental.

The Michigan Department of Health and Human Services released [Letter 24-36](#) on July 11, 2024, establishing the new policy for Medicaid Health Plans, effective Oct. 1, 2024. This policy update is designed to simplify NEMT for members.

MTM Health is Blue Cross Complete's transportation provider. Members can schedule rides through the MTM app or by calling **1-888-803-4947** 24 hours a day, seven days a week.

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Providers should let their patients know they can schedule and manage their rides through the MTM Link member app. From the app, they can book or change rides, track a driver's location in real time, manage upcoming trips and add passengers. To download, search "MTM Link Member" on Google Play™ or the Apple Store®. An email address is required to create an account.

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

Transportation services are available for:

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

To schedule a ride, members will need:

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

Providers should refer to the Non-Emergency Medical Transportation chapter of the [MDHHS Medicaid Provider Manual](#) for additional information. If you have any questions, contact your Blue Cross Complete provider account executive or the Blue Cross Complete Provider Inquiry at **1-888-312-5713**.

# Understanding and properly building inpatient emergent cases in provider portal

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

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

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

- What should I select to notify the health plan of an emergent admission notification?
  - For emergent admission notifications, users can select Inpatient Emergent Admission Notification under service type in Navinet.
- What is the difference between urgent and emergent?

### Outpatient requests include:

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

### Inpatient requests include:

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



In Navinet, users can click the question mark next to the Level of Service field for Outpatient requests and next to the Admission Type field for Inpatient requests to display these guidelines.

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



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

Providers can approve or dispute claim overpayments and submit supporting documentation electronically in real-time through NaviNet. This functionality allows providers to respond to overpayment letters electronically. It also helps reduce the need to mail written correspondence and minimize response times.

In the past, overpayment letters were mailed to providers. Providers were required to mail in their responses with any supporting documentation.

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

- Easily access the Overpayment – Approve/ Dispute Submission Form.
- Review the overpayments summary page and approve or dispute claims with overpayments down to the claim line level in real time.

- Attach and submit supporting documentation (explanation of benefits, eligibility/third-party liability verification documentation, etc.) directly in NaviNet.
- Check for resolution on disputed overpayments.
- Pull reports of claim overpayments.

Providers will continue to receive notification of overpayments by mail. However, providers can also review and respond to these letters with NaviNet.

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

## Chronic kidney disease screening for high-risk patients

Chronic kidney disease is a progressive condition that often develops silently and remains undiagnosed until it reaches advanced stages. Early identification through routine screening is essential, particularly for patients at high risk. Health care providers play a critical role in detecting CKD early, slowing disease progression and improving long-term outcomes.

According to the Michigan Department of Health and Human Services, one in seven adults in Michigan has CKD and most don't know it. The National Kidney Foundation reports 33% of adults in the United States are at risk for kidney disease.

Early stages of CKD are often asymptomatic, meaning patients may not seek care until kidney damage is significant and irreversible. However, early detection can help better treat the disease.

Early detection allows providers to:

- Detect kidney disease before symptoms appear
- Initiate intervention that slow disease progression
- Reduce the risk of kidney failure, cardiovascular issues and mortality
- Improve patient quality of life and reduce health care costs

Early diagnosis also creates opportunities for patient education, medication optimization and lifestyle interventions that can preserve kidney function. The MDHHS offers resources providers can use for [CKD screening, testing guidelines](#) for CKD and additional [information for kidney professionals](#).

### Identifying high-risk patients for CKD

[Centers for Disease Control and Prevention](#) recommends CKD screening for patients with known risk factors, including:

- Diabetes
- Hypertension
- Heart disease
- Family history of kidney disease
- Obesity

Health care providers are uniquely positioned to help reduce the health outcomes of CKD through early screening and coordinated care. By proactively identifying high-risk individuals, providers can help ensure appropriate monitoring and timely intervention.

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## Health conditions affecting minority populations

Health disparities among minority populations are a pressing issue in health care, where race, ethnicity and socioeconomic status can significantly affect access to care, disease prevalence and overall health outcomes.

These disparities reflect deep-rooted systemic issues, including unequal access to resources, economic hardship and bias in the health care system. In the United States, there are certain populations that often have trouble accessing adequate care.

[The National Institute of Health](#)\* designated U.S. health disparity populations include people who are American Indian/Alaska Native, Asian American, Black/African American, Hispanic/Latino, Native Hawaiian and other Pacific Islanders, members of the LGBTQIA+ community, socioeconomically disadvantaged populations and underserved rural populations.<sup>1</sup>

Due to systemic racism, bias, environmental factors and social determinants of health, minority groups are more prone to certain health conditions. Below is a closer look at some of the health conditions that disproportionately affect certain minority groups.

Native Americans and Alaska Natives have a high prevalence of and risk factors for mental health and suicide, unintentional injuries, obesity, substance use disorder, sudden infant death syndrome (teen pregnancy, diabetes, liver disease and hepatitis).<sup>2</sup>

Some of the more prevalent factors that Asian Americans face include infrequent medical visits, language and cultural barriers, and lack of health insurance. [Asian Americans](#)\* are most at risk for health conditions such as cancer, heart disease, stroke, unintentional injuries, diabetes, chronic obstructive pulmonary disease, hepatitis B, HIV/AIDS, smoking, tuberculosis and liver disease.<sup>3</sup>

Common health concerns that [African Americans](#)\* incur include heart disease, high blood pressure, cancer, diabetes, stroke, peripheral artery disease and sickle cell disease.<sup>4</sup> The [most common health issues](#)\* seen in the Hispanic/Latino community are obesity, diabetes, hypertension chronic kidney disease, chronic liver disease and cancer.<sup>5</sup>

Some of the leading causes of death among Native Hawaiians and other Pacific Islanders include cancer, heart disease, unintentional injuries, stroke and diabetes. Other common health conditions and risk factors are hepatitis B, HIV/AIDS and tuberculosis.<sup>6</sup>

Members of the LGBTQ+ community face unique health risks that include conditions such as cardiovascular disease, behavioral health disorders, diabetes, smoking, heavy drinking, obesity and HIV/AIDS.<sup>7</sup>

Those who are of lower socioeconomic status are at increased risk of premature mortality; the development of serious conditions, such as coronary heart disease, diabetes and depression; and other health outcomes at older ages, including disability and dementia.<sup>8</sup>

According to the [Centers for Disease Control and Prevention](#), people who live in rural communities face many health disparities compared with their urban counterparts.\* Rural residents face higher risks of death due to factors like limited access to specialized medical care and emergency services, and exposure to specific environmental hazards. Rural Americans are more likely to die from heart disease, cancer, unintentional injury, chronic lower respiratory disease and stroke.<sup>9</sup>

Understanding the health concerns and conditions that minority populations may face lays the groundwork for closing gaps in care for these populations. It allows health care professionals to be aware of disparities when presented, helping make informed decisions and prioritizing the unique needs of the individual. By prioritizing health equity, we can create a more inclusive health care system that serves all individuals, regardless of race, ethnicity or socioeconomic status.

### References:

1. "Minority Health & Health Disparities," National Institute of Allergy and Infectious Diseases,
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7. Ning Hsieh and Matt Ruther, "Sexual Minority Health and Health Risk Factors," Intersection Effects of Gender, Race, and Sexual Identity, *Am J Prev Med*, Vol. 50, No. 6, June 2016, pp. 746 – 755
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9. "About Rural Health," Centers for Disease Control and Prevention,
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## The HEDIS Corner: Diabetic eye exams

Diabetes is known to damage the small blood vessels in the retina, causing diabetic retinopathy, which can only be detected during an eye exam.

Diabetes also increases the risk of glaucoma. Getting regular eye exams will identify necessary steps to prevent a worsening of eye damage. Below are some HEDIS tips for Diabetic eye exams.

- Eye exam for patients with diabetes
  - Retinal or dilated eye exams are required yearly by an eye care professional (ophthalmologist or optometrist).
  - Blindness isn't an exclusion for a diabetic eye exam.
  - Ask diabetic patients to have a diabetic eye exam performed by an optometrist or ophthalmologist and request that the eye test results be sent to their primary care provider. This will increase coordination of care between the PCP and eye care provider. Coordination of care can lead to better integrated care for the patient.
  - Chart necessities:
    - › A note or letter during the measurement year prepared by an ophthalmologist, optometrist, PCP or other health care provider indicating that an ophthalmoscopic exam was completed by an eye care provider. It should also include the date the procedure was performed and the results.
    - › A chart or photograph indicating the date the fundus photography was performed and evidence that an eye care professional (optometrist or ophthalmologist) or qualified reading center reviewed the results, or that results were read by a system that provides artificial intelligence interpretation.



- › A note or letter prepared by an ophthalmologist, optometrist, PCP or other health care provider indicating that an ophthalmoscopic exam was completed, the date when the procedure was performed and the results.
- › Make sure the full name and credentials of the provider conducting the eye exam is documented. Name of a vision care center alone isn't acceptable for compliance.
- › Make note if retinopathy is present or of any eye enucleations.
- › Documentation of "diabetes without complications" doesn't meet criteria.

Source: HEDIS MY26 Specifications and HEDIS MY26 Coding Guideline Enterprise as supporting documentation

# Syphilis testing becomes a high priority in Michigan



A concerning trend has emerged that demands urgent attention — the rise of congenital syphilis births in Michigan.

According to the Michigan Department of Health and Human Services, since 2019, congenital syphilis births in Michigan have increased more than 200% in Michigan. Syphilis rates have also drastically increased for those ages 20 to 45 and in heterosexual people.

Syphilis during pregnancy can lead to having a low-birth-weight baby, stillbirth, miscarriage, development delays, organ damage, infant death and maternal and infant morbidity. These are preventable through early detection and treatment. The Centers for Disease Control and Prevention [reported](#) in 2022 that delayed testing and inadequate treatment has contributed to almost 90% of congenital syphilis cases in the United States.\* Recent [data](#) from the CDC shows a concerning increase in cases of congenital syphilis not only in Michigan, but across the United States.\*

In response to increasing rates of syphilis, MDHHS has launched the "[Stop Syphilis](#)" campaign to increase awareness of and testing for [syphilis](#). Along with the MDHHS, Blue Cross Complete is emphasizing the need for early intervention.

Health care providers are encouraged to increase screening, testing and the treatment of syphilis. The CDC recommends that pregnant people be screened for syphilis during their first prenatal health visit or as soon as pregnancy is diagnosed. Testing should be repeated at 28 weeks gestation and at birth for pregnant people who live in communities with high rates of syphilis and who are at high risk of re-infection during pregnancy because of substance abuse or having a new sexual partner.

Blue Cross Complete covers many preventive and routine medical services and programs that can help prevent and reduce the spread of STIs. Some of these services and programs include:

- Sexually transmitted disease testing and treatment
- HIV/AIDS testing and treatment
- Physical exams — routine or annual exams
- Pap tests
- Prenatal and postpartum care
- Family planning
- Pregnancy testing
- Maternal Infant Health Program
- Help with personal problems that may complicate pregnancy

As STIs continue to be a public health concern, raising awareness about prevention, testing and treatment is necessary in helping to mitigate their impact on individuals and communities. Providers can direct members to the Blue Cross Complete [Member Handbook](#) for covered testing and treatment of sexually transmitted diseases. If you have any questions, contact your Blue Cross Complete provider account executive or call Provider Inquiry at **1-888-312-5713**.

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## Quality Enhancement Program resources available to providers

Blue Cross Complete is committed to working with providers to improve health outcomes for our members through quality improvement initiatives.

We're proud to offer our contracted providers an opportunity to participate in the following Quality Enhancement Programs:

- PerformPlus™ Total Cost of Care for Primary Care Providers
- Behavioral Health Provider Quality Enhancement Program
- PerformPlus™ True Care for Maternity Health providers

These QEPs offer health care providers incentives for high quality and cost-effective care, member service and convenience, and health data submission. To assist providers in understanding QEP requirements and expectations, Blue Cross Complete has developed QEP booklets for primary care, behavioral health and maternity care providers.

These booklets include:

- Measure descriptions and performance criteria
- Eligible member populations
- Documentation and reporting guidance
- Payment schedules

Providers are encouraged to review the applicable QEP booklets to ensure awareness of program requirements and support successful participation.

If you have any questions or concerns, contact your Blue Cross Complete provider account executive or the Provider Inquiry Resolution team at **1-866-447-3525**.



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## Expanded coverage of maternal depression and mental health screening

Effective Jan. 1, 2026, the Michigan Department of Health and Human Services is updating and expanding coverage of maternal depression and mental health screenings for individuals with children up to 12 months postpartum, under [Bulletin MMP 25-55](#), issued Nov. 26, 2025.

Pursuant to Public Act 246 of 2024, Michigan Medicaid covers early and periodic screening, diagnosis and treatment services, including maternal depression screenings, in accordance with the American Academy of Pediatrics medical guidelines. The AAP periodicity schedule requires a maternal depression screening is to be performed during each Early and Periodic Screening, Diagnostic, and Treatment, or EPSDT, well-child visit beginning at one month of age and up to six months of age for a child.

In accordance with PA 246, Michigan Medicaid is expanding coverage to include maternal depression and mental health screenings for individuals who have given birth to be conducted at follow-up appointments or well-child visits up to 12 months postpartum.

When a maternal depression or mental health screening is conducted during the child's visit, the service should be reported under the child's Medicaid ID number as it is considered a service rendered for the benefit of the child. The child's primary care provider should bill under the CPT code: 96161. When the maternal depression and mental health

screening is performed by a practitioner during a visit for the postpartum individual, in a primary care or obstetric and gynecological setting, the service should be billed under the postpartum individual's Medicaid ID number. In this instance, the practitioner should bill under the CPT code: 96127.

If the child's PCP or other health care professional determines that a postpartum individual may need additional mental health resources, the health care professional may provide the individual with the following resources:

- Information regarding postpartum mental health conditions and their symptoms
- Treatment options for postpartum mental health conditions
- Referrals considered appropriate by the health professionals for the individuals
- Any additional support, services or information considered appropriate by the health professionals to support the individual

For full details on Bulletin MMP 25-55, go to [michigan.gov](http://michigan.gov).\* If you have additional questions, contact your Blue Cross Complete provider account executive or call Blue Cross Complete Provider Inquiry at **1-888-312-5713**.

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## Tobacco Quit Program supports patients

Smoking and tobacco use are a major public health concern, linked to numerous health conditions such as heart disease, cancer, respiratory illness and more. Recognizing the challenges of quitting tobacco, Blue Cross Complete offers a comprehensive Tobacco Quit Program to support its members in their journey towards a healthier, tobacco-free life.

The Tobacco Quit Program is designed to provide personalized guidance, resources, and support to help individuals quit smoking or using tobacco products for good. The program offers help making a plan to quit smoking, guidance and support through counseling, and resources for pregnant people.

Blue Cross Complete also covers over-the-counter and prescription medicines to help you quit at no cost. Over-the-counter options may include generic forms of products such as Nicorette® (gum or patch) and Commit® (lozenges). Prescription medicines may include Chantix®; Nicotrol® inhaler, cartridges and nasal spray; and generic Zyban® (bupropion).

The program isn't limited to cigarette smokers. It also supports members who use other forms of tobacco, including:

- E-cigarettes and vape products
- Smokeless tobacco, like spit tobacco and snuff
- Cigars, cigarillos and little cigars
- Dissolvable products, like nicotine gel or tobacco sticks

To enroll, physicians are encouraged to refer their patients to [mibluccrosscomplete.com/quit](https://mibluccrosscomplete.com/quit). Blue Cross Complete members can also enroll in the Tobacco Quit Program by calling 1-800-QUIT-NOW (784-8669). TTY users, call **1-888-229-2182**. Online enrollment is also available at [michigan.quitlogix.org/en-us/enroll-now](https://michigan.quitlogix.org/en-us/enroll-now).

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### MiHIN Referrals

MiHIN Referrals is a digital platform designed to streamline the referral process. It facilitates the secure exchange of patient information between health care providers, ensuring that referrals are managed quickly, accurately and efficiently.

Providers can use the referral e-tool, to refer their patients to various health care resources, such as the Tobacco Quit Program.

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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 [mibluccrosscomplete.com](https://mibluccrosscomplete.com):

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

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## The importance of collecting race, ethnicity and language data

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

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

### Why is collecting REL data important?

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

### How do we collect REL information?

- Blue Cross Complete requests that its contracted provider network voluntarily share REL data, as well as their office support staff's languages.
- Blue Cross Complete requests and collects network provider REL data using the same Office of Management and Budget categories it uses to collect 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 Blue Cross Complete provider directory.
- Provider's language, staff's language and additional language services are also available through the provider directory.
- Information on race and ethnicity is only made available to enrollees upon request.
- Research by the National Institutes of Health shows that race, culture or ethnicity concordance within the patient-provider relationship aren't strong indicators of overall quality care. However, cultural competence and awareness are critical to build rapport, comfort and trust with diverse patients. REL data is one essential tool that health plans use to establish, enhance and promote cultural competence.
- When the health plan is able to share other languages spoken by the provider network, members have the autonomy to select a provider that matches their cultural and linguistic preferences.

Blue Cross Complete provides CLAS training and evaluates providers' compliance with these standards. If you have any questions, contact your Blue Cross Complete provider account executive or call Provider Inquiry at **1-888-312-5713**.

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## 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
- Phone number
- Office hours
- Hospital affiliations
- Address
- Fax number
- Open status
- Multiple locations

To view your provider information, visit [mibluecrosscomplete.com](https://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](https://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

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



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## Keep medical records up to date for your patients

According to the National Committee for Quality Assurance, health care providers are required to maintain accurate and timely medical records for Blue Cross Complete members for at least 10 years in accordance with all federal and state laws. Providers must also ensure the confidentiality of those records and allow access to medical records by authorized Blue Cross Complete representatives, peer reviewers and government representatives within 30 business days of the request at no charge.

As a reminder, medical records must include, at a minimum:

- A. A record of outpatient and emergency care
- B. Specialist referrals
- C. Ancillary care
- D. Diagnostic test findings, including all laboratory and radiology
- E. Therapeutic services
- F. Prescriptions for medications
- G. Inpatient discharge summaries
- H. Histories and physicals
- I. Allergies and adverse reactions
- J. Problem list
- K. Immunization records
- L. Documentation of clinical findings and evaluations for each visit
- M. Preventive services risk screening
- N. Other documentation sufficient to fully disclose the quantity, quality, appropriateness and timeliness of services provided



Medical records must be signed, dated and maintained in a detailed, comprehensive manner that conforms to professional medical practice, permits effective medical review and medical audit processes and facilitates an organized system for coordinated care and follow-up treatment.

Providers must store medical records securely and maintain written policies and procedures to:

- Allow access to authorized personnel only.
- Maintain the confidentiality of all medical records.
- Maintain medical records so that records are documented accurately and in a timely manner, are readily accessible and permit prompt and systematic retrieval of information.
- Train staff periodically on proper maintenance of member information confidentiality.

Blue Cross Complete provides training and evaluates providers' compliance with these standards. If you have any questions, contact your Blue Cross Complete provider account executive or call Provider Inquiry at **1-888-312-5713**.

Source: Healthcare Effectiveness Data and Information Set, or HEDIS®  
HEDIS is a registered trademark of the National Committee for Quality Assurance. Bright Start is a registered trademark of AmeriHealth Caritas.

\*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.



## Report suspected fraud to Blue Cross Complete

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

If you or any entity with which you contract to provide health care services suspect another Blue Cross Complete provider, employee or member is committing fraud, notify Blue Cross Complete's Special Investigations Unit:

- Phone: **1-855-232-7640** (TTY: 711)
- Fax: **1-215-937-5303**
- Email: [fraudtip@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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\*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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