

May/June 2025

Contents

Health care providers urged to strengthen focus on social determinants of health	2
The HEDIS Corner:	
Prenatal and postpartum care.....	4
Prevent delay when submitting claim disputes and utilization management appeals.....	5
Low birth weight in Michigan: Challenge and solutions	6
Blue Cross Complete releases findings from annual access and availability study	8
Annual survey shows high levels of satisfaction among providers with Blue Cross Complete	12
Prescription required for blood pressure monitors.....	13
Addressing patient wait times and appointment scheduling concerns.....	15
MDHHS updates access standards	17
LGBTQ+ resources available to Blue Cross Complete members	18
Peace of mind: Sharing information helps us understand our provider and member demographic	19
Encourage regular dental visits among patients	20
Eliminating preventable maternal mortality.....	21
Promoting health equity, cultural competency....	21
The importance of collecting race, ethnicity and language data	22
Help us keep Blue Cross Complete provider directory up to date	23
Keep medical records up to date for your patients	24
Report suspected fraud to Blue Cross Complete	25





Health care providers urged to strengthen focus on social determinants of health

Addressing social determinants of health has become increasingly critical to improving patient health outcomes. Health care providers are being encouraged to invest in and collaborate with community-based organizations to bridge gaps in care and tackle the root cause of health disparities.

Social determinants of health, such as food insecurity, stable housing, education, transportation and financial stability, can play a significant role in a patient's overall well-being. According to a [report](#)* by the Office of the Assistance Secretary for Planning and Evaluation, in order to make meaningful improvement to health equity for all, health care providers must recognize the value of working with community-based organizations that have a deep understanding of the population they serve.

These organizations provide vital resources, such as food assistance, mental health services, employment assistance and housing support — all of which can help support better health outcomes. In a pilot study by the Health in Community Survey,¹ more than one-third of respondents reported that they do not have enough resources for food, transportation and covering medical bills, while 41.6% reported their primary care doctors were rarely aware of their struggles.

Here are some ways health care professionals can help promote health equity:

- Collaborate with community-based organizations: These organizations possess valuable knowledge and are dedicated to offering resources to residents in need of support. It's essential for health care providers to educate themselves and their staff about local programs that address specific needs, so they can provide the best possible referrals to patients. Even more, health care systems are encouraged to invest in SDOH initiatives and to partner with social service agencies, housing authorities and nonprofit organizations to establish a more patient-centered, whole-person care model.
- Screening for SDOH: At Blue Cross Complete, we believe health care providers play a crucial role in addressing SDOH by accurately reporting Z codes to help us better address issues and concerns affecting our members. Blue Cross Complete assesses, identifies and addresses health care and SDOH needs by offering incentives to our behavioral health providers through the Behavioral Health Quality Enhancement Program. The program provides a \$5 incentive for each time a provider reports an SDOH code on a claim.

(continued on page 3)

*Our website is mibluecrosscomplete.com. While website addresses for other organizations are provided for reference, Blue Cross Complete does not control these sites and is not responsible for their content.

Health care providers urged to strengthen focus on social determinants of health

(continued from page 2)

- Invest in SDOH initiatives: Blue Cross Complete recognizes the value in funding nonclinical interventions. Blue Cross Complete offers [no-cost transportation](#) to access covered services, such as medical, dental and pharmacy trips. Members can also get rides to Healthy Kids Dental services and specialty mental health treatment, including substance use disorder treatment. Transportation to these services is provided whether they're covered by Blue Cross Complete or by the Michigan Department of Health and Human Services.

Overall, investing in SDOH initiatives makes good financial sense for health care organizations. Addressing social needs offer many benefits, including reducing emergency room visits, lower hospitalization rates and improved chronic disease managements. Ultimately, these benefits can lead to cost savings.²

Health care providers have a unique opportunity to be catalysts for change by prioritizing social determinants of health in their care settings. By fostering relationships with community organizations, investing in social care initiatives and advocating for policies that promote health equity, providers can have a lasting effect on the well-being of their patients and communities.³ Providers who integrate SDOH into their approach will not only

improve patient outcomes but also strengthen the long-term sustainability of the health systems as a whole.³

For health care providers looking to take the next step, resources and partnership opportunities are available through local community coalitions dedicated to advancing health equity.

The 2022-2024 Michigan Department of Health and Human Services Social Determinants of Health Strategy, entitled [Michigan's Roadmap to Healthy Communities](#), builds upon existing efforts by the MDHHS to address the social determinants of health, with a focused approach to align efforts at the state and local levels for a greater effect in communities. For more information, go to [michigan.gov](#).

Citations

1. Resources for Integrated Care. (2024). Leveraging Health Plan and Community Partnerships to Address Social Determinants of Health.
2. Iezzoni LI, Barreto EA, Wint AJ, Hong CS, Donelan K. Development and preliminary testing of the health in community survey. *J Health Care Poor Underserved*. 2015;26(1):134-153. doi:10.1353/hpu.2015.0023
3. Yan AF, Chen Z, Wang Y, Campbell JA, Xue QL, Williams MY, Weinhardt LS, Egede LE. Effectiveness of Social Needs Screening and Interventions in Clinical Settings on Utilization, Cost, and Clinical Outcomes: A Systematic Review. *Health Equity*. 2022 Jun 24;6(1):454-475. doi: 10.1089/heq.2022.0010. PMID: 35801145; PMCID: PMC9257553.



*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.

The HEDIS Corner: Prenatal and postpartum care

Healthcare Effectiveness Data and Information, or HEDIS, is the most used performance measure in the managed care industry. Following the HEDIS guidelines will assist your practice with increasing your prenatal and postpartum HEDIS scores.

Helpful hints to improve HEDIS scores

- See pregnant women for prenatal care in the first trimester, on or before the enrollment start date, or within 42 days of enrollment in the health plan.
- Visits to a primary care provider require that a diagnosis of pregnancy must be present.
- Ultrasound and lab results alone are not considered a prenatal visit; they must be combined with an office visit with an appropriate practitioner to count as a prenatal visit.
- Timing of the trimester is determined by using the estimated delivery date.
- Encourage women to attend a postpartum visit between seven and 84 days post-delivery.
- Services provided during a telephone visit, e-visit or virtual check-in are acceptable.

Office tips

- Reach out to first prenatal visit no-shows and prioritize the patient to ensure prenatal visit within the first 12 weeks.
- Ensure any initial prenatal intake visits performed by a registered nurse are signed off on by the patient's provider.
- If you see a child for the first well-child visit, remind the mother of her need for a postpartum check.
- Encourage your patients to schedule a postpartum visit during a prenatal visit. This may encourage and remind new moms to get post-delivery care.
- Reference the pregnancy and delivery in the medical record for postpartum visits.
- Bill prenatal and postpartum visits as the primary procedure.
- When needed, bill the prenatal visit with an approved pregnancy diagnosis code as the primary diagnosis.



*Our website is mibluecrosscomplete.com. While website addresses for other organizations are provided for reference, Blue Cross Complete does not control these sites and is not responsible for their content.

Prevent delay when submitting claim disputes and utilization management appeals

Using the correct address to submit claim disputes and utilization management appeals will help us get back to you faster. To prevent a delay in claim disputes and utilization management appeals processing, please submit applicable documentation to the following addresses:

Provider claims disputes:

Blue Cross Complete Claims Disputes
P.O. Box 7355
London, KY 40742-7355

Blue Cross Complete claim denials may be appealed as follows:

- The dispute must be submitted within 365 calendar days of the decision on the claim.
- The documentation that must be submitted with each type of claim dispute is:

Reason for denial	Documentation required
• Timely filing	Supporting documentation must show the claim was filed in a timely manner (Claims must be submitted within 365 calendar days).
• Coding edit (CCI edit denial)	Supporting documentation and medical notes or reports must be submitted.
• Payment amount	Supporting documentation must be submitted.

Blue Cross Complete responds to claim disputes within 30 business days. Clinical editing vendors may have different timelines for submitting claims appeals and supersede Blue Cross Complete's timelines.*

Utilization management appeals:

Appeals Coordinator
Blue Cross Complete
P.O. Box 41789
Charleston, SC 29423

A member, member representative or health care provider acting on behalf of the member, with the **member's written consent**, may submit an appeal of an action or service denial by Blue Cross Complete based on a medical necessity or appropriateness determination.

Appeals will be handled and processed within the timeframes listed below:

Type of appeal	Timeframe to file	Decision
Standard appeal	*60 calendar days from the date of the denial notification letter	Within 30 calendar days from plan receipt of appeal request

Please be advised that all claims and utilization management appeals sent to the incorrect address will not be routed to the correct address for processing. Instead, the appeals will be destroyed, in some instances without notification.

For full details on claims and provider appeals or disputes, please review Sections 13 and 14 of the [Blue Cross Complete Provider Manual](#) at mibluecrosscomplete.com.

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

Low birth weight in Michigan: Challenge and solutions

Low birth weight remains a pressing public health challenge. According to the Michigan Department of Health and Human Services, the state's low birth-weight rate remains high, particularly affecting communities with limited access to prenatal care and social support. Addressing this issue requires a comprehensive approach involving health care providers.

For a newborn, every ounce of weight matters. According to the [March of Dimes](#),* low birth-weight babies, defined as a birth weight of less than 5.5 pounds, may have difficulty breathing or fighting off infections. Later in life, they're also more likely to have intellectual and developmental disabilities and long-term health problems, such as diabetes and heart disease. [Low birth weight and premature birth](#) are the leading contributors to infant death in Michigan.* Women of color are at an [increased risk of pregnancy complications](#) and having a low birth-weight or preterm baby. Risk factors that can contribute to low birth-weight rate include:

- Maternal health conditions: Hypertension, diabetes, infections and inadequate prenatal care.
- Lifestyle and behavioral factors: Smoking, substance use, poor nutrition and high levels of stress during pregnancy
- Social determinants of health: Limited access to quality health care, unstable housing, food insecurity, unemployment and domestic violence during pregnancy

Offer resources and support to your patients

OB-GYNs, doulas and health care providers who serve Michigan women can help improve low birth-weight outcomes and eliminate health disparities in maternal and infant health. Health care providers should encourage members who are or may be pregnant to schedule a prenatal visit during their first three months of pregnancy, or within 42 days of enrolling with Blue Cross Complete.

Once the baby arrives, members should schedule their postpartum visit within seven to 84 days after delivery. If members need a ride to appointments, they can schedule it with Blue Cross Complete's transportation provider, ModivCare, at **1-888-803-4947**.



Promote smoking cessation

Smoking remains a leading preventable cause of low birth weight. A woman who smokes while pregnant is also more likely to experience preterm labor. According to the [Centers for Disease Control and Prevention](#),* a baby born three weeks or more before the due date is premature. If a baby is born too early, the greater the chances for serious health problems or death. Additionally, smoking after the baby is born increases its risk for asthma and sudden infant death syndrome.

Health care providers can remind women who smoke that quitting will help at any stage of family planning. Blue Cross Complete has a confidential, no-cost [Tobacco Quit](#) program with special resources for pregnant and postpartum women. This includes up to five coaching calls during pregnancy, up to four coaching calls after delivery, a dedicated quit coach and rewards for sticking with smoking cessation appointments. Women are covered for over-the-counter nicotine patches, gum or lozenges, if approved by their doctor. Encourage eligible members to enroll by calling the Tobacco Quitline at 1-800-QUIT-NOW (784-8669), 24 hours day, seven days a week.

(continued on page 7)

*Our website is mibluecrosscomplete.com. While website addresses for other organizations are provided for reference, Blue Cross Complete does not control these sites and is not responsible for their content.

Low birth weight in Michigan: Challenge and solutions (continued from page 6)

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 on the connection between smoking and low birth weight, go to mibluccrosscomplete.com.

Encourage stress reduction and behavioral health resources

High stress levels during pregnancy are linked to preterm labor and low birth weight. The [March of Dimes](#)* reports that chronic stress is linked to restricted fetal growth and low birth weight, with mental disorders, such as anxiety and depressive disorders. Offering referrals for behavioral health providers and stress management programs can make a substantial difference.

Community resource hub

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

Preventing low birth weight requires a multi-faceted, patient-centered approach. By prioritizing early invention, patient education and quality health care, medical professionals can help improve birth outcomes.



*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.



Blue Cross Complete releases findings from annual access and availability study

Blue Cross Complete has published the results of its annual access and availability standards study, highlighting key insights into provider accessibility and patient appointment availability across its network.

The study, conducted to assess compliance, evaluates the ease with which members can secure timely appointments with primary care providers, pediatricians, specialists, behavioral health prescribers and behavioral health nonprescribers. The study also measures access to providers outside normal business hours. The purpose of this annual review is to identify opportunities for improvement in provider access.

Below is a summary of the 2024 overall compliance summary by appointment type:

	Appointment Availability - Overall Compliance			
	# Providers	# Compliant	# Non-Compliant	% Compliant
TOTAL	785	488	297	62%
PCPs	209	116	93	56%
Pediatrics	55	38	17	69%
High Volume	316	245	71	78%
High Impact	256	185	71	72%
Prescribers	24	8	16	33%
Non-Prescribers	146	65	81	45%

(continued on page 9)

*Our website is mibluecrosscomplete.com. While website addresses for other organizations are provided for reference, Blue Cross Complete doesn't control these sites and isn't responsible for their content.

Blue Cross Complete releases findings from annual access and availability study (continued from page 8)

Appointment compliance summary by appointment type

Appointment Availability - Compliance Summary By Appointment Type							
	TOTAL	PCPs	Pediatrics	High Volume	High Impact	Behavioral Health	
						Prescribers	Non-Prescribers
Urgent Care	89%	96%	100%	NA	NA	50%	79%
Routine Care	100%	100%	98%	NA	NA	NA	NA
Non-Urgent Symptomatic Care	91%	89%	98%	NA	NA	NA	NA
Initial Visit Routine Care (BH)	86%	NA	NA	NA	NA	76%	88%
Follow-up Routine Care (BH)	99%	NA	NA	NA	NA	95%	99%
Preventive Care	89%	87%	94%	NA	NA	NA	NA
Emergent Care	84%	81%	82%	NA	NA	100%	87%
Non-Life Threatening Emergency Care	73%	NA	NA	NA	NA	96%	69%
Specialist Appointment	95%	NA	NA	97%	94%	NA	NA
Acute Specialty Care	80%	NA	NA	84%	80%	NA	NA
Wait Time	92%	91%	84%	NA	NA	92%	97%
Initial Pregnant-Woman Prenatal Care	78%	89%	NA	71%	71%	NA	NA
Third Trimester Prenatal Care	92%	94%	NA	91%	92%	NA	NA
High-Risk Prenatal Care	95%	98%	NA	94%	95%	NA	NA

Appointment compliance for specialist appointments:

Appointment Availability - Compliance Summary By Specialist Type								
	Total	OBGYN	Oncology	Cardiology	Neurology	Ophthalmology	Physical Therapy	Optometry
Overall Compliance	74%	57%	67%	74%	35%	81%	94%	82%
Specialist Appointment	95%	96%	89%	100%	67%	91%	100%	97%
Acute Specialty Care	80%	77%	56%	71%	38%	85%	94%	83%
Initial Pregnant-Woman Prenatal Care	72%	67%	NA	0%	100%	NA	100%	100%
Third Trimester Prenatal Care	91%	90%	NA	100%	100%	NA	100%	67%
High-Risk Prenatal Care	94%	94%	NA	0%	100%	NA	100%	67%

Appointment Availability - Compliance Summary By Specialist Type				
	2023 Total	2024 Total	High Volume Specialists	High Impact Specialists
Overall Compliance	95%	74%	78%	72%
Specialist Appointment	95%	95%	97%	94%
Acute Specialty Care	NA	80%	84%	80%
Initial Pregnant-Woman Prenatal Care	NA	72%	71%	71%
Third Trimester Prenatal Care	NA	91%	91%	92%
High-Risk Prenatal Care	NA	94%	94%	95%

(continued on page 10)

*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.

Blue Cross Complete releases findings from annual access and availability study (continued from page 9)

After-hours availability summary:

	After Hours - Overall Compliance			
	# Providers	# Compliant	# Non-compliant	% Compliant
Total Sample	189	114	75	60%

Reasons for Non-Compliance		
	# of Providers	% of Total Providers
Recorded message does not give Emergency instructions to dial 911	35	19%
Recorded message with option to leave a message for callback	32	17%
Recorded message does not list a way to reach a live party	21	11%
Reached a recorded message after selecting prompt to reach an unspecified live party	6	3%
Answering service staff did not confirm patient is able to speak with a medical provider within 30 minutes	3	2%
No answer / No answer following automated prompts	1	1%
Sample Size:	(189)	

(continued on page 11)

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

*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.

Blue Cross Complete releases findings from annual access and availability study

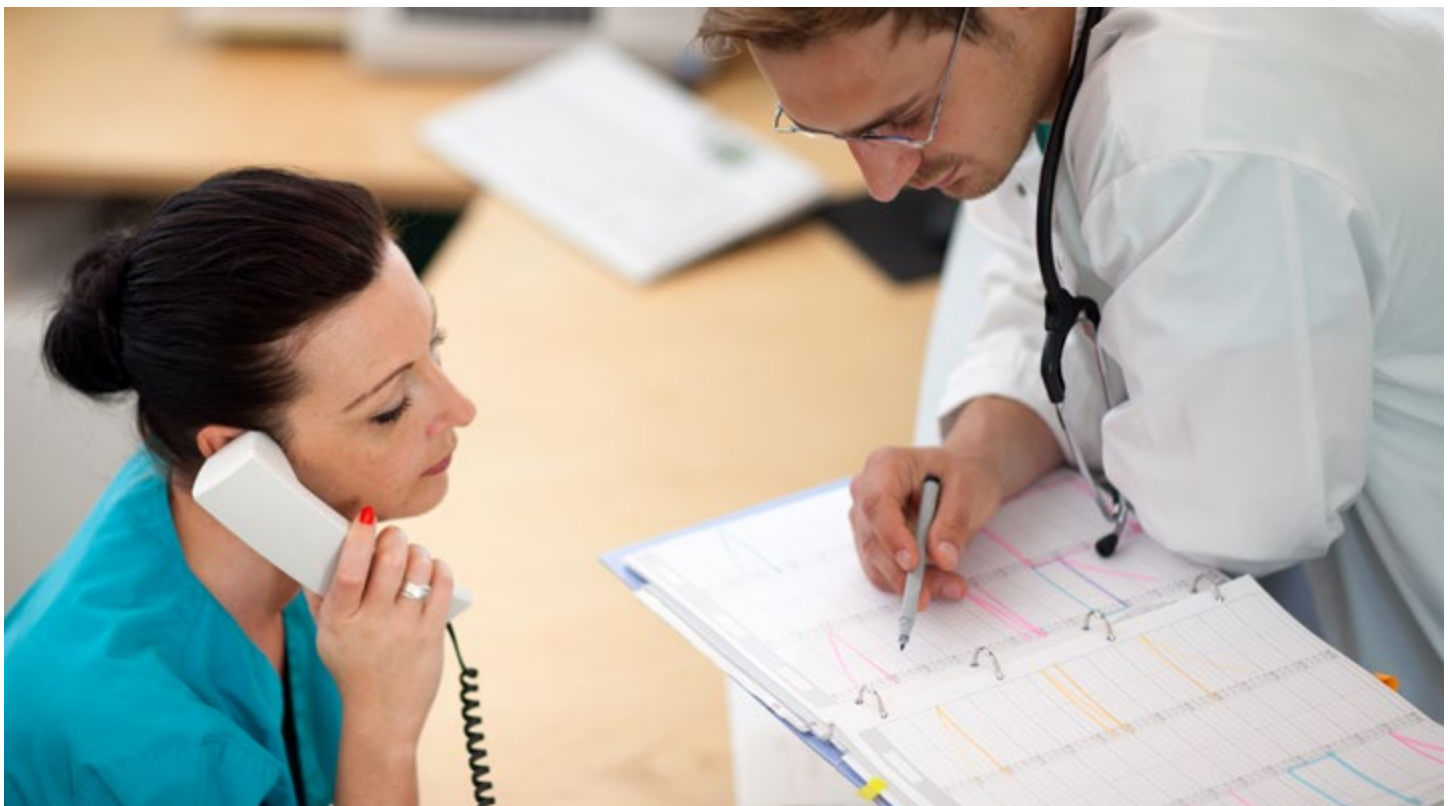
(continued from page 10)

Improving member access to care and availability

We're aware that each provider office is unique and faces its own challenges. That's why we've provided a list of strategies to improve overall access to care and availability:

- Implement same-day appointments for certain patient types.
- Allow walk-in appointments.
- Offer virtual appointments.
- Leave appointment slots open daily.
- Train office staff to identify medical situations so the patient can be seen immediately or directed to the emergency room.
- Identify patterns of care in the office. If more urgent or sick-care appointments are needed earlier in the week, schedule routine-care appointments for later in the week.
- Extend office hours.
- Educate members on appropriate use of after-hours services to manage utilization:
 - What symptoms require after-hours advice?
 - Use urgent care versus emergency room for low-acuity illnesses or symptoms after hours.
 - Emphasize importance of after-hours advice to prevent emergency room visits.

We appreciate the quality care and access you provide to our members. To discuss additional strategies, contact your Blue Cross Complete provider account executive or call Blue Cross Complete's Provider Inquiry department at **1-888-312-5713**.



Annual survey shows high levels of satisfaction among providers with Blue Cross Complete

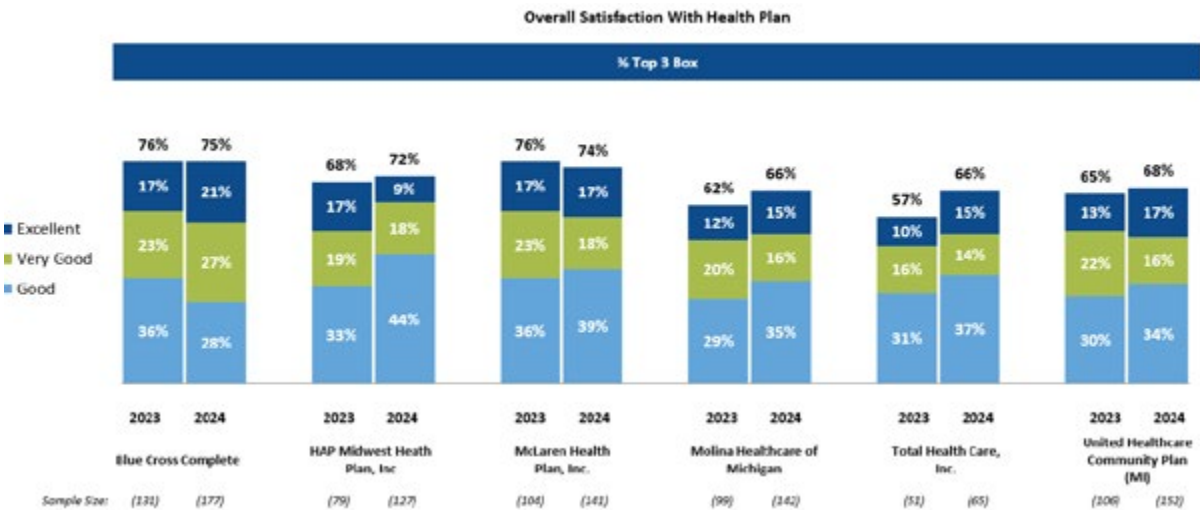
Each year, Blue Cross Complete conducts an annual survey with contracted providers to assess their overall satisfaction with the health plan. The primary objectives of this research are to:

- Provide quantifiable and measurable feedback regarding provider satisfaction with the health plan.
- Assess satisfaction of providers with specific activities, such as provider relations and services, claims reimbursement, utilization management and care management.
- Track changes over time to monitor progress of action plans, if possible.
- Identify strengths and opportunities for improvement.

The 2024 survey results indicated:

- 75% of providers rated Blue Cross Complete as excellent, very good or good
- 21% of providers gave an excellent rating to Blue Cross Complete
- 77% of providers believe the provider network has an adequate number of specialists.

Providers’ overall satisfaction with Blue Cross Complete:



The survey also identified Blue Cross Complete’s strengths:

- Accuracy of claims processing
- Timeliness of claims processing
- Resolution of claims payment problems or disputes
- Knowledgeable, accuracy and helpfulness of responses to telephone inquiries
- Ease of obtaining a peer-to-peer review with the medical director
- Plan’s timeliness with providing an authorization response for elective and nonurgent services
- Relevance and timeliness of written communications, policy bulletins and manuals

Providers’ ability to provide quality care to our members helps us to ensure our commitment to offering access to quality health care coverage to everyone regardless of circumstance. We appreciate the care and service you and your staff provide our members.

For details on the 2024 provider satisfaction survey, contact your Blue Cross Complete provider account executive.

*Our website is mibluecrosscomplete.com. While website addresses for other organizations are provided for reference, Blue Cross Complete does not control these sites and is not responsible for their content.

Prescription required for blood pressure monitors

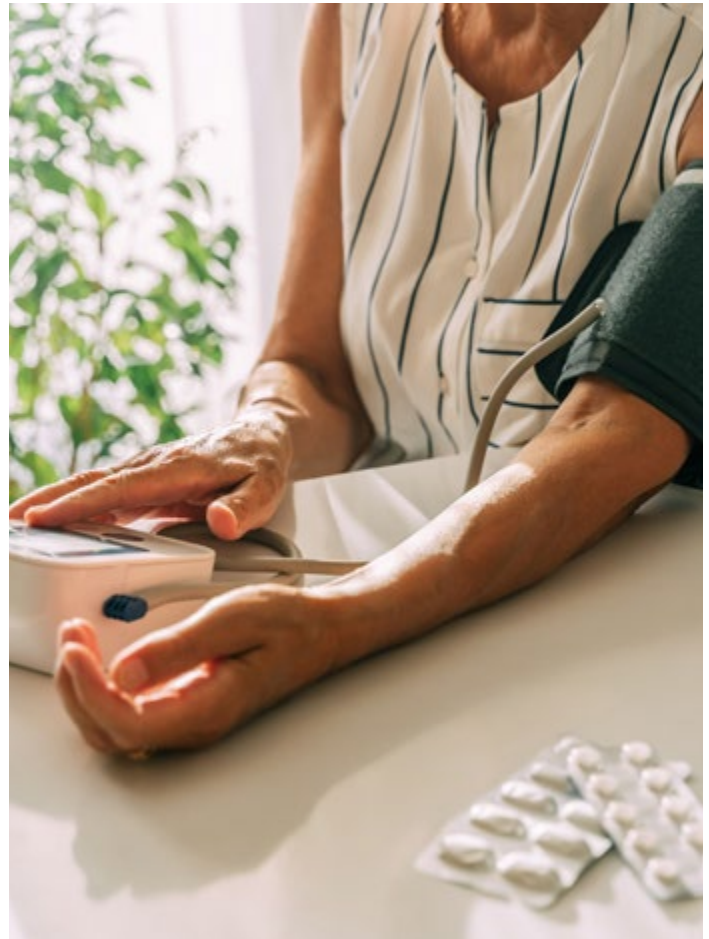
As outlined in proposed Medicaid policy [2206-DMEPOS](#), the Michigan Department of Health and Human Services provides coverage for manual and automatic blood pressure monitors.

As a reminder, blood pressure monitors for Blue Cross Complete members are covered under [pharmacy](#). A prescription is required. Members can get the prescription filled at a pharmacy. Pregnant moms monitored prenatally via telemedicine may also be eligible to receive a blood pressure cuff with a prescription. For questions about the pharmacy benefit, call PerformRx at 1-888-288-3231.

Key information for providers

Manual and automatic blood pressure monitors are available to Medicaid beneficiaries of any age with uncontrolled blood pressure when all of the following are met:

- The treatment plan requires the beneficiary to self-monitor and record blood pressure readings at a minimum of once daily; and
- The beneficiary has any of the following conditions:
 - History of heart disease, congenital heart defects or stroke
 - A neurological condition that affects blood pressure
 - Blood pressure fluctuations due to renal disease
 - Hypertensive disorders in pregnancy, childbirth, or the puerperium period (e.g., pre-eclampsia)
 - Chronic hypertension despite beneficiary compliance with the treatment plan (i.e., adherence to medication regimen, dietary changes, smoking cessation, etc.)
- The ordering practitioner or practitioner's nursing staff has educated the beneficiary on self-measurement of blood pressure, recording blood pressure readings, and have fit the beneficiary for the appropriate cuff size; and
- The medical supplier has provided further education regarding use of the monitor cuff, cleaning/maintenance, warranty information, troubleshooting errors, and the medical supplier's contact information for repairs/replacement or assistance for equipment malfunction.



An automatic blood pressure monitor is recommended over a manual blood pressure monitor unless the beneficiary has an adult family member or caregiver available to assist them in taking their blood pressure using the manual monitor. The family member or caregiver must be educated by the beneficiary's practitioner or practitioner's staff regarding proper use of the blood pressure monitor.

The blood pressure monitor must be registered with the U.S. Food and Drug Administration. (Refer to the *American Medical Association U.S. Blood Pressure Validated Device listing of blood pressure monitors that meet the AMA criteria for clinical accuracy at [validatebp.org](https://www.validatebp.org)*. Provision of the link to the AMA validated device list is for provider information purposes only.) Medicaid blood pressure monitor coverage isn't contingent upon the requested device being validated by the AMA.

(continued on page 14)

*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.

Prescription required for blood pressure monitors (continued from page 13)

Noncovered

Finger or wrist monitors are noncovered items.

Additions to documentation

Documentation must be less than 30 days old and include:

- Complete practitioner's treatment plan, including current blood pressure medications, frequency of checks, lifestyle changes (such as diet and exercise) and specific patient protocol, in case of an abnormal reading

Frequency

One blood pressure monitor (manual or automatic) may be purchased within a five-year period. The blood pressure cuff may be replaced once every two years.

Changes to prior authorization requirements

Prior authorization isn't required for the following when standards of coverage are met and the beneficiary has one of the following diagnoses or conditions:

- Renal disease
- Hypertensive disorders in pregnancy, childbirth, or the puerperium period (e.g., pre-eclampsia)

Prior authorization is required for the following:

- Diagnoses or conditions other than those listed above.
- Medical need beyond the standards of coverage.
- Replacement of the monitor or accessories prior to frequency limitations.

Warranty

All manual and automatic blood pressure monitors must have a minimum one-year warranty.

Changes to payment rules

A blood pressure monitor is considered a purchase-only item and includes all accessories necessary for operation of the monitor. Any warranties must be expired prior to requesting replacement of the monitor or accessories.

Refer to the Medicaid Code and Rate Reference tool within MDHHS' Community Health Automated Medicaid Processing System for Healthcare Common Procedure Coding System code coverage parameters. Refer to the Medical Supplier Chapter of the [MDHHS Medicaid Provider Manual](#) for all other policy requirements.



*Our website is mibluemcrosscomplete.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.



Addressing patient wait times and appointment scheduling concerns

Prolonged wait time and difficulty scheduling appointments has been a long-standing concern in health care, posing various challenges for providers and members.

Patients often express frustration over extended wait times at health care facilities. Whether in the waiting room or during the appointment itself, prolonged wait times can lead to increased stress and dissatisfaction. This concern has been even more pronounced as the demand for health care services increases.

The scheduling of appointments is another area of health care that has faced scrutiny. Balancing the availability of physicians, the urgency of patient needs and the intricacies of individual schedules can be complex. Long waitlists, difficulty securing timely appointments and a lack of flexibility in scheduling leaves both patients and providers overwhelmed and dissatisfied.

At Blue Cross Complete, health care providers can reduce waiting room time and provide efficient appointment scheduling by following guidelines outlined in the Standards and Rating section of the [Blue Cross Complete Provider Manual](#).

Below are some key points to help providers better meet the needs of their patients while creating a more productive and efficient workplace for members and staff. Please review the *Blue Cross Complete Provider Manual* for full details.

Waiting room time

The acceptable office waiting room time is no more than 30 minutes from the scheduled time of appointment. Since situations arise in the practice of medicine beyond a practitioner's control, waiting times may extend periodically beyond the 30-minute time frame. In such cases, the member must be advised of any delay and, whenever possible, provided with an estimated time at which the appointment will begin.

If the member is unable to wait until the practitioner is available, an alternate appointment should be offered consistent with Blue Cross Complete's appointment access standards and according to the member's medical status. Blue Cross Complete monitors primary care physicians, mental health practitioners and other specialists for compliance with waiting room guidelines.

(continued on page 16)

*Our website is mibluecrosscomplete.com. While website addresses for other organizations are provided for reference, Blue Cross Complete does not control these sites and is not responsible for their content.

Addressing patient wait times and appointment scheduling concerns

(continued from page 15)

Standards for access to after-hours care

All Blue Cross Complete members should have appropriate and timely access to their practitioners. Health care providers must provide their patients with access to care 24 hours a day, seven days a week. Practitioner compliance with these standards helps to ensure that Blue Cross Complete members receive timely service.

After-hours access compliance can be achieved by one of the following methods:

- Answering service
- On-call pager
- Call forwarding to practitioner's home or other location
- Recorded phone message with instructions that direct the member to a practitioner for instruction in after-hours care

Note: Recorded messages instructing members to obtain treatment in the emergency room for conditions that are not life-threatening aren't acceptable.

On an annual basis, Blue Cross Complete monitors primary care providers and pediatricians for access to after-hours care by calling practitioners' offices after normal business hours and documenting compliance with standards. The expected performance level for after-hours care is 100% within the specified time frame.

Monitoring appointment access

Blue Cross Complete conducts appointment access reviews annually for primary care, obstetrician gynecologist, specialty and mental health practitioners. Reviews are conducted more frequently for practitioners who don't meet access standards. Blue Cross Complete contacts the practitioner's office to determine access and records the next available appointment for each of the designated appointment types. Physician-specific member complaints related to access are also analyzed.

The expected performance level for each appointment type is 85% within the specified time frame.

Blue Cross Complete provides practitioners with a copy of their individual access performance results within four weeks of their assessment. This may include recommendations for actions for improvement, when applicable. Practitioner-specific access monitoring results are considered at recredentialing.

Below are additional strategies providers can use to reduce wait times and provide efficient appointment scheduling:

- Telehealth integration: Virtual care presents an opportunity to address scheduling challenges. Blue Cross Complete covers virtual visits for our members in accordance with state and federal policy.
- Standardized protocols: By establishing clear and standardized appointment protocols, as outlined in the [Blue Cross Complete Provider Manual](#), providers can help create consistency in scheduling appointments. Defining guidelines for appointment duration, prioritizing urgent cases and optimizing communication between members and scheduling staff can contribute to more efficient scheduling.
- Staff training: Ongoing training for scheduling staff is important for staying updated on the latest protocols and technologies. A well-trained staff can better navigate the scheduling process efficiently to help ensure a good experience for both providers and patients.

As the health care industry continues to adapt to the ever-changing needs of patients and providers, addressing wait times and appointment scheduling concerns is a top priority. Resources, such as the [Blue Cross Complete Provider Manual](#), can help providers create a positive experience that's characterized by efficiency, accessibility and patient satisfaction.

*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.



MDHHS updates access standards

Effective October 1, 2024, Blue Cross Complete implemented the following access standard updates outlined by the Michigan Department of Health and Human Services. This change is designed to improve the availability and quality of care for Medicaid recipients across the state.

The updated access standards include:

- Emergency care that must be provided immediately, 24 hours/day, seven days per week
- Nonurgent symptomatic care that must be provided within seven business days of a member's request
- Prenatal care:
 - In the first or second trimester, care must be provided within seven business days of the member being identified as pregnant.
 - In the third trimester, care must be within three business days of the enrollee being identified as pregnant.
 - High-risk care must be within three business days.

For the full details, refer to Section 5 of the Blue Cross Complete [Provider Manual](#). If you have any questions, please contact your Blue Cross Complete provider account executive or call Provider Inquiry at **1-888-312-5713**.

*Our website is mibluecrosscomplete.com. While website addresses for other organizations are provided for reference, Blue Cross Complete does not control these sites and is not responsible for their content.

LGBTQ+ resources available to Blue Cross Complete members

Blue Cross Complete believes in the importance of helping ensure the organization provides accessible, equitable resources for all individuals, including the LGBTQ+ community. Blue Cross Complete is committed to supporting the unique needs of its LGBTQ+ members by helping them access the care and services that promote their physical, mental and emotional well-being.

Here are some of the key LGBTQ+ resources available to Blue Cross Complete members:

- **Inclusive health care providers:** Finding a health care provider who understands the specific needs of LGBTQ+ patients can be challenging. Blue Cross Complete offers access to a diverse network of medical providers who are experienced in and sensitive to the unique health concerns of the LGBTQ+ community. Many of these providers specialize in LGBTQ+ care, such as sexual health counseling and behavioral health services. To find a primary care provider or specialist, members can go to the [Find a Doctor](#) page. If someone needs help finding a provider, they can also call Customer Service at **1-800-228-8554**, 24 hours a day, seven days a week. TTY users, call **1-888-987-5832**.
- **Behavioral health support:** Although being LGBTQ+ is not a mental illness, the [mental health needs](#) of the LGBTQ+ community can be distinct, often due to issues, such as discrimination, social stigma and fears of rejection.* At Blue Cross Complete, LGBTQ+ health care services include mental health. Whether your patient is living openly, privately thinking about their sexual or gender orientation, or somewhere in between, some days may be harder than others. There are no-cost resources available to your patients. Visit the [Find a Doctor](#) page to find an LGBTQ+-friendly behavioral health provider. Some providers offer telehealth or flexible hours. If your patient is having a mental health crisis, call or text **988**. If you believe they may harm themselves or others, call **911**.
- **Gender-affirming care:** For some transgender members, access to gender-affirming care can be critical. Blue Cross Complete offers coverage for medically necessary services for members clinically diagnosed with gender dysphoria. This

includes pharmacy treatments and surgery. For coverage of gender affirmation surgery, the medical necessity determination must include a mental health evaluation.

- **HIV prevention and care:** Blue Cross Complete is dedicated to promoting sexual health within the LGBTQ+ community, particularly in the area of HIV prevention and care. Coverage for PrEP, a medication that helps reduce the risk of contracting HIV for those at high risk, is covered by Medicaid. Patients who have questions about their coverage can call Pharmacy Customer Service at **1-888-288-3231** from 8:30 a.m. to 6 p.m. Monday through Friday. TTY users, call **1-888-988-0071**.
- **Community resources:** Navigating health care can be daunting, but Blue Cross Complete provides resources to connect LGBTQ+ members with community organizations, advocacy groups and support networks. These connections can help members find assistance with housing, legal services and other social determinants of health, all of which can play a vital role in an individual's overall well-being. To search for resources, members can go to the Community Resource Hub and type in their ZIP code. Then, type "LGBTQIA+" in the search bar and select the tag from the drop-down menu to filter the results.

Blue Cross Complete is committed to ensuring that all members, regardless of sexual orientation or gender identity, receive high-quality, affirming care. By offering a range of resources tailored to the LGBTQ+ community, Blue Cross Complete can help LGBTQ+ members live healthier lives.

To learn more about LGBTQ+ resources available to your patients:

- Visit mibluccrosscomplete.com
- Click *Resource*
- Click *LGBTQ+ Resources*

*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.

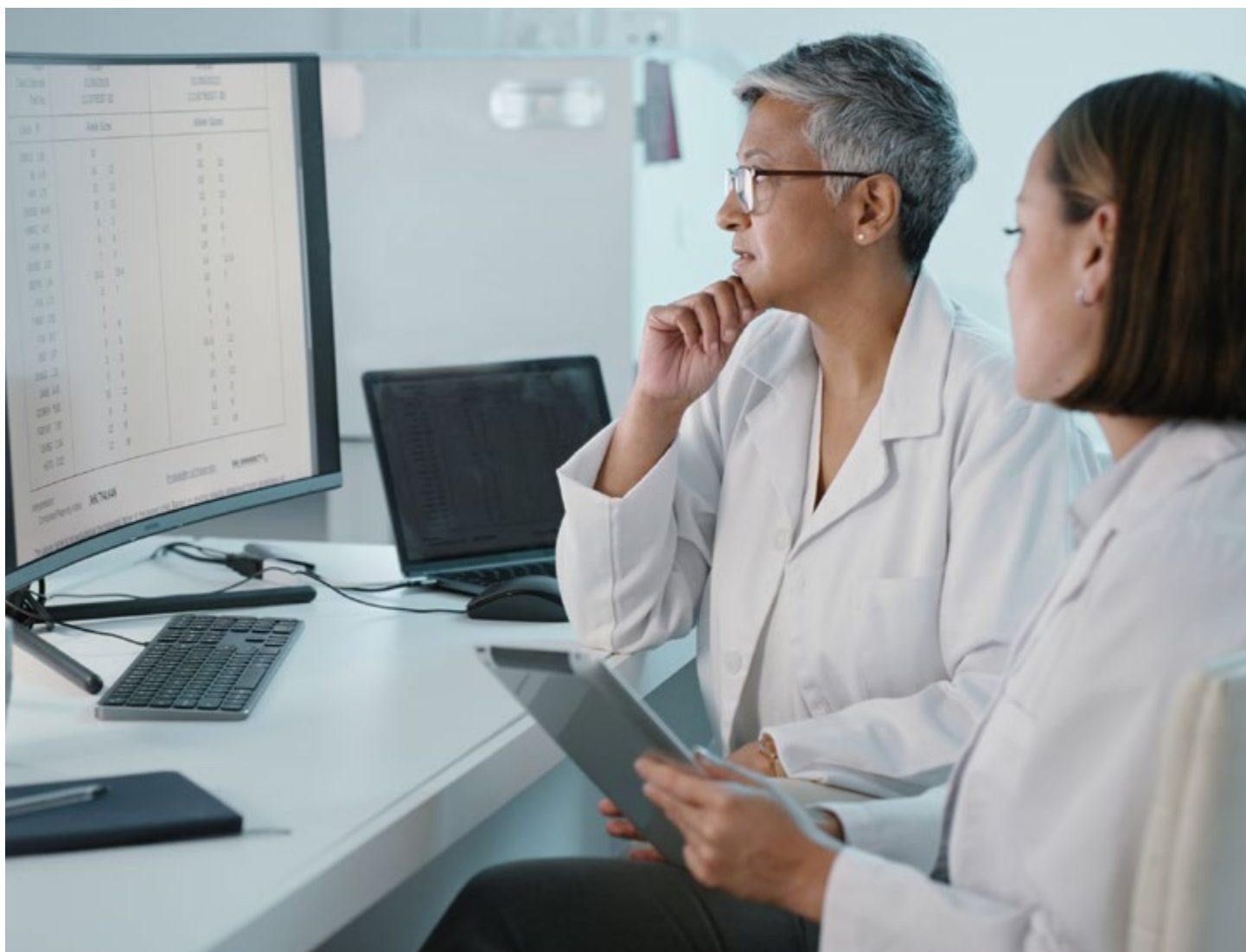
Peace of mind: Sharing information helps us understand our provider and member demographic

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, our members. 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 mibluecrosscomplete.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.



*Our website is mibluecrosscomplete.com. While website addresses for other organizations are provided for reference, Blue Cross Complete does not control these sites and is not responsible for their content.

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.

Encourage regular dental visits among patients

At Blue Cross Complete, we understand that good oral health is an essential part of overall well-being. As a health care provider, you play a key role in encouraging members to maintain their health by scheduling regular dental checkups.

Remind patients that eligibility for dental benefits includes:

- Healthy Michigan members ages 19 to 20 years, including pregnant women, are eligible for dental care coverage through Blue Cross Complete
- Members ages 21 years and older, including Healthy Michigan plan beneficiaries and pregnant women, are eligible for dental care coverage through Blue Cross Complete.

Eligible Blue Cross Complete members can locate a dentist by visiting mibluccrosscomplete.com and selecting *Find a Doctor*, and then *Find a dentist*. Members may also call Dental Customer Service at **1-844-320-8465** (TTY 711), Monday through Friday, from 9 a.m. to 5 p.m.

Dental health practitioners should provide appointments to members according to the following guidelines:

Dental		
Appointment type	Definition	Standard
Emergency dental services	Requires immediate treatment in order to save a tooth, stop ongoing tissue bleeding or alleviate severe pain. A severe infection or abscess in the mouth can be life threatening.	Immediately 24 hours/day seven days per week
Urgent care	Includes replacement of tooth/teeth; treatment of cracked or broken tooth/teeth; treats individuals who experience acute dental pain	Within 48 hours of member's request
Routine care	Includes a professional cleaning, exam and possibly X-rays.	Within 21 days of member's request
Preventative services	Include oral evaluations, routine cleaning, X-rays and fluoride treatments	Within six weeks of member's request
Initial appointment	Evaluation of overall health and oral hygiene, risk of tooth decay, root decay and gum or bone disease. Evaluation for tooth restoration or tooth replacement; check bite and jaws for problems.	Within eight weeks of member's request

Refer to the Blue Cross Complete [Provider Manual](#) for coverage information. If you have questions, contact your Blue Cross Complete provider account executive or call Blue Cross Complete's Provider Inquiry department at **1-888-312-5713**.

Eliminating preventable maternal mortality

According to the Centers for Disease Control and Prevention, more than 700 women nationwide die every year due to pregnancy-related complications. Although rare, these deaths are particularly tragic because about 2 in 3 could be prevented. Health care providers play a crucial role in eliminating preventable maternal mortality.

To help reduce pregnancy-related deaths, the CDC has resources for health care professionals as part of the [Hear Her](#)* campaign. The website contains information for specialty providers focused on obstetrics, pediatrics and other fields of medicine.

- Obstetric professionals, such as OB-GYNs, obstetric nurses, midwives, women's health nurse practitioners and doulas, have an opportunity to provide important education to pregnant and postpartum patients about the urgent maternal warning signs. It's important to build trust with patients when prenatal care begins and encourage them to share their concerns.
- Pediatricians, pediatric nurses and other pediatric staff can be an important connection to care for postpartum patients. Women can suffer from pregnancy-related complications up to a year after birth. When doing infant checkups, pediatric staff can ask moms how they are feeling and listen for urgent maternal warning signs.
- Emergency department staff, paramedics, urgent care staff, primary care providers, mental health professionals and others have an important role to play in asking about recent pregnancy status and recognizing the signs and symptoms of pregnancy-related complications. It's crucial for providers to ask if patients are pregnant or were pregnant in the last year.
- [Hear Her](#)* campaign materials for providers include posters, palm cards, shareable graphics and sample social media content in English and Spanish. Clinical resources and health equity, implicit bias awareness and other educational tools from a variety of organizations are also available at [cdc.gov](https://www.cdc.gov).*

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 mibluexcrosscomplete.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*.

*Our website is mibluexcrosscomplete.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.

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 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**.

HEDIS is a registered trademark of the National Committee for Quality Assurance. Bright Start is a registered trademark of AmeriHealth Caritas.

*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.

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, 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. Go to the *Providers* tab, click *Forms* and then click *Provider Change Form*.

Send completed forms by:

Email: 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.



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

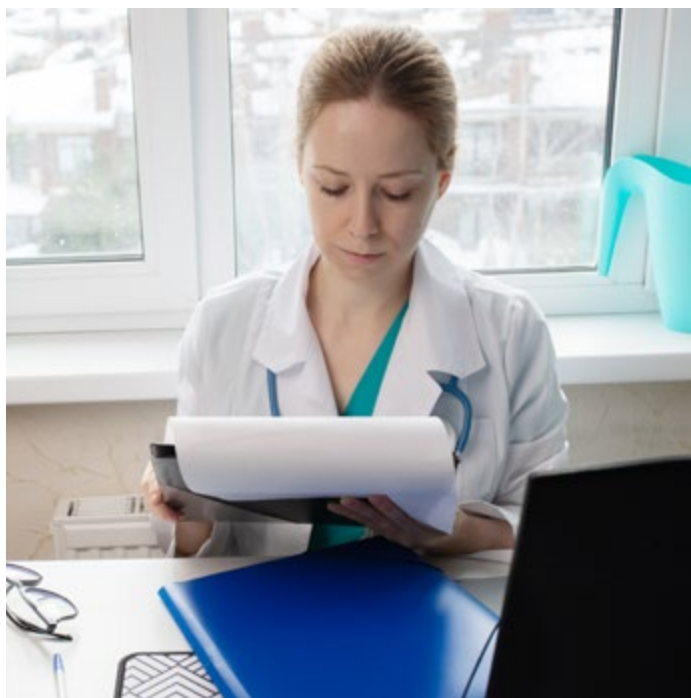
Medical records must be signed, dated and maintained in a detailed, comprehensive manner that conforms to professional medical practice, permits effective medical review and medical audit processes and facilitates an organized system for coordinated care and follow-up treatment.

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 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.

Report suspected fraud to Blue Cross Complete

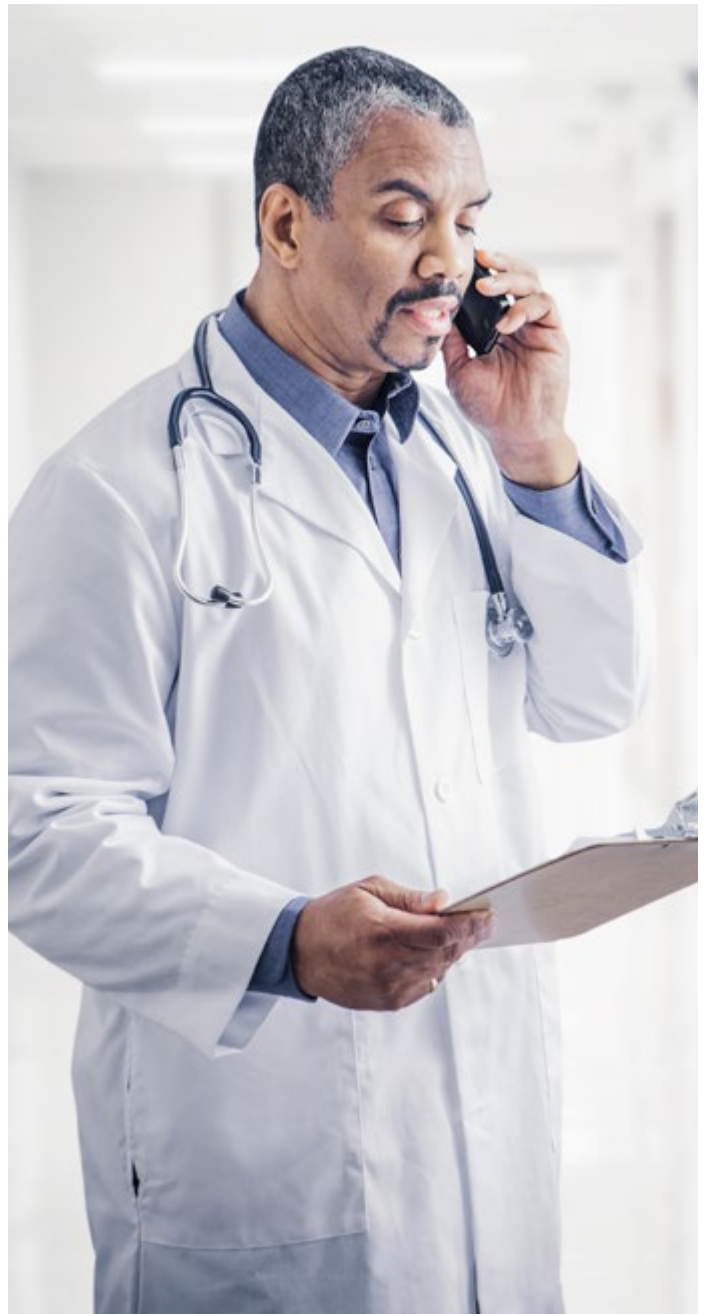
Health care fraud affects everyone. It significantly affects the Medicaid program by squandering valuable public funds needed to help vulnerable children and adults access health care.

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@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 Office of Inspector General in one of the following ways:

- Website: 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.





*Blue Cross Complete of Michigan LLC is an independent licensee
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.

BCC_254370450-1

All images are used under license for illustrative purposes only. Any individual depicted is a model.

mibluecrosscomplete.com