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# Supporting patients with sickle cell disease

Sickle cell disease is a chronic, inherited blood disorder that affects thousands of individuals in Michigan, and nationally. About 2,800 newborns with sickle cell trait are identified every year in the state, according to the Michigan Department of Health and Human Services.

Sickle cell disease can cause severe pain, frequent hospitalization and long-term complications, including stroke, organ damage and increased risk of infection. As a Blue Cross Complete provider, you play a vital role in improving the quality of life and health outcomes for members living with sickle cell disease.

Here are some ways you can support patients with sickle cell disease:

## Coordinate comprehensive care

Regular checkups, screenings and vaccinations are essential for managing sickle cell disease and helping to reduce complications. Providers are encouraged to:

- Initiate appropriate management strategies early in life to prevent long-term complications. [Newborn screening](#) for SCD is routine.
- Schedule routine wellness visits.
- Monitor for early signs of organ damage, stroke risks and infections.
- Recommend pneumococcal and annual flu vaccines.
- Provide anticipatory guidance to support patients and caregivers in managing symptoms at home.
- Connect patients with community resources and support groups.

## Promote adherence to treatment plans

Medications such as hydroxyurea can help reduce the frequency of pain crises and hospitalization.<sup>1</sup> Blue Cross Complete recommends providers:

- Educate patients and caregivers on the importance of adherence to treatment plans.
- Monitor for side effects and treatment effectiveness.
- Address any barriers to medication access or understanding.
- Offer culturally sensitive education tailored to the member's health literacy level.

## Refer to specialty and support services

- Blue Cross Complete provides coverage for referrals to specialists and services that address the complex needs of members with sickle cell disease, including:
  - Hematology, pain management, mental health and care coordination services
  - Referrals to social work, nutrition counseling or genetic counseling, as needed

## Leverage case management and CSHCS enrollment

Patients with sickle cell disease may benefit from enhanced care coordination services through Blue Cross Complete's Complex Care Management program. Providers should also inform eligible members about MDHHS' Children's Special Health Care Services, which can provide extra support for children and some adults who have special health care needs. This program is in addition to the medical care an individual gets from a health care provider.

By taking a proactive, team-based approach, Blue Cross Complete providers can make a meaningful difference in the lives of patients with sickle cell disease. Together, we can reduce complications, increase access to services and improve health outcomes for vulnerable populations.



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

## HEDIS Corner: New asthma measure for 2026

The new asthma measure starting in measurement year 2026 is Follow-Up After Acute and Urgent Care Visits for Asthma.

This measure requires patients 5 to 64 years of age, who have had an urgent care visit, acute inpatient discharge, observation stay discharge or emergency room visit with a diagnosis of asthma to have a follow-up visit within 30 days.

### Qualifying follow-up visits

- Outpatient
- Telephone
- E-visit or virtual check-in

Note: All claims must be billed with a diagnosis of asthma.

### Coding requirements

**Outpatient and telehealth** (must be billed with a diagnosis of asthma code):

**CPT:** 98000-98016, 98966-98968, 98970-98972, 98980, 98981, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99429, 99441-99443, 99455-99458, 99483

**HCPCS:** G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2250, G2251, G2252, T1015

**UBREV:** 0510, 0511, 0513-0517, 0519-0523, 0526-0529, 0982, 0983

**Asthma diagnosis:** ICD10CM: J45.20-J45.22, J45.30-J45.32, J45.40-J45.42, J45.50-J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998

Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

\*The HEDIS Asthma Medication Ratio (AMR) measure will be retired at the end of 2025.



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## Helping patients make sense of asthma

Asthma is a treatable, manageable condition that affects more than 25 million people in the United States, according to the National Committee for Quality Assurance. The prevalence and costs of this lifelong, or chronic, breathing problem have increased over the past decade, demonstrating a need for better access to care and medications. Appropriate medication management for patients with asthma may reduce the need for rescue medication — as well as the costs associated with emergency room visits, inpatient admissions and missed days of work or school.

Caused by swelling (inflammation) of the airways in the lungs, asthma can't be cured but symptoms can be prevented and controlled. All members should have an initial severity assessment based on measures of current impairment and future risk to determine type and level of initial therapy, if needed.

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

Patients should be routinely monitored to assess whether the goals of therapy are being met, and impairments and risks are being reduced. Routine monitoring of the patient's level of asthma control also helps indicate whether any therapy adjustments may be needed.

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

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



1. Long-term controllers used daily to help keep asthma under control, even when there are no symptoms. The most common long-term control medicines are inhaled corticosteroids, which reduce swelling in the airways.
2. Quick-relief medicines, also called “rescue” medicines, are often used when asthma symptoms are present and relieve them quickly when they flare up. Patients who use this type of medication too often may not have their asthma under control. The most common types of these medicines are short-acting beta2-agonists, or SABAs. Taken by inhaler, SABAs rapidly relax tight muscles around the airways so more air can get through, making it easier to breathe.

NCQA supports the broad use of HEDIS® measure specifications to evaluate and drive health care quality. The HEDIS measure for asthma, also known as the Asthma Medication Ratio, or AMR, assesses adults and children ages 5 to 64 identified as having persistent asthma, and the ratio of rescue inhaler use versus long-term controller inhaler use.

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

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

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## Quality Improvement program gives members better care

Blue Cross Complete is committed to providing access to high quality health care in Michigan and has a 3.5-star rating from the National Committee for Quality Assurance. We also received the highest ranking possible, a score of 5 apples, in the Michigan Department of Health and Human Services 2025 Consumer Guide for the “Overall Rating”, “Taking Care of Women” and “Keeping Kids Healthy” categories.

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

Blue Cross Complete has held the Multicultural Health Care Distinction from NCQA since 2017 and was granted NCQA's new Health Equity Accreditation in 2024. This accreditation is awarded to organizations that engage in efforts to improve health care for all by making culturally and linguistically appropriate services available to members and reducing health care disparities.

Blue Cross Complete has an active community outreach program. To engage more with members, we supported more than 1,390 community events across Michigan in 2024. Community health navigators worked with members to screen for social determinants of health needs and schedule appointments with primary care providers, specialists and dentists to make sure their health needs were addressed.

Members are also asked if Blue Cross Complete can assist with a variety of other concerns, including child care and clothing. We ask if we can help with hygiene supplies or household items, such as furniture and appliances. Sometimes members need assistance with access to food, housing, utilities, transportation, education and literacy resources. We saw members with needs that included access to a phone and basic medical supplies.

Blue Cross Complete was also able to provide resources to members to cope with personal and household safety concerns and address social needs to help reduce isolation and loneliness. In 2024, community health navigators continued to assist our members and members of our community complete needed paperwork for Medicaid redetermination. These efforts were at community locations, as well as weekly sessions at our Detroit Community Wellness Center at the Durfee Innovation Society.

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

For services provided in 2024, these CAHPS categories received the highest scores from our members:

- How Well Doctors Communicate
- Customer Service
- Getting Needed Care

Members lowered their ratings for:

- Getting Care Quickly
- Rating of All Health Care
- Discussing Smoking and Tobacco Use Cessation Strategies

This represents an opportunity for doctors and specialists in our network to improve member ratings by assisting members with getting the best health care possible and getting an appointment as soon as it is needed for checkups or routine care, and when members need care right away. Providers can also improve their scores by advising smoking and tobacco users to quit and discussing tobacco cessation medications and strategies. Tobacco cessation strategy discussions represent a continuing opportunity to improve overall health outcomes for members.

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

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# Update your provider information

Blue Cross Complete is reminding all providers to keep their information current in both the Community Health Automated Medicaid Processing System, or CHAMPS, and with Blue Cross Complete.

All providers who serve Michigan Medicaid beneficiaries are required to be screened and enrolled in CHAMPS. To update or modify mailing address information on file in CHAMPS, refer to instructions on the Michigan Department of Health and Human Services Provider Enrollment webpage.

Providers must notify MDHHS via the online system within 35 days of any change to their enrollment information. Examples of such changes include, but are not limited to, changing the address(es) to which remittance advice and/or correspondence are sent. Providers with questions should contact Provider Support at **1-800-292-2550** or by email at [ProviderSupport@Michigan.gov](mailto:ProviderSupport@Michigan.gov).

As a reminder, if you are experiencing demographic changes within your practice, it is important to also submit a Blue Cross Complete [Provider Change Form](#) located at [mibluecrosscomplete.com](http://mibluecrosscomplete.com). Consistent information across both systems helps support network accuracy and helps to ensure compliance with state and health plan requirements.

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



## How members access specialty care

Blue Cross Complete members can access specialty care services without an authorization through our comprehensive network of affiliated providers. Services rendered by providers not affiliated with Blue Cross Complete, including those outside the state of Michigan, must be preauthorized by calling **1-888-312-5713** (press 1).

In situations where an in-network specialist is unavailable, providers can request member referrals to access a specialty care provider affiliated with one of the public entities Blue Cross Complete doesn't contract with (Central Michigan University and Western Michigan University). The following table shows the hospital systems that would require authorization before a member is seen there.

Public entity	Hospital system
Central Michigan University	<ul style="list-style-type: none"><li>• Covenant HealthCare</li><li>• Ascension St. Mary's of Michigan</li></ul>
Western Michigan University	<ul style="list-style-type: none"><li>• Ascension Borgess</li></ul>

To request assistance with an authorization, providers can call Blue Cross Complete's Utilization Management department at **1-888-312-5713** (press 1).

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## Eliminating preventable maternal mortality

According to the World Health Organization, in 2023, 669 women died of pregnancy-related complications in the United States, compared with 817 in 2022. The maternal mortality rate for 2023 decreased to 18.6 deaths per 100,000 live births, compared with a rate of 22.3 in 2022.

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 Centers for Disease Control and Prevention 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](#).\*

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## Chronic Kidney Disease Toolkit can help providers better manage and treat the disease

The [Centers for Disease Control and Prevention](#) estimates that approximately 35.5 million people in the United States have chronic kidney disease. Individuals with diabetes, hypertension and obesity are at higher risk, and as many as 9 in 10 adults who have CKD are unaware of their diagnosis.

To better support health care providers, Blue Cross Complete and Blue Cross Blue Shield of Michigan have unveiled its [Chronic Kidney Disease Toolkit](#). Aimed at combating CKD, the toolkit offers health care providers a comprehensive resource to enhance early detection, management and treatment of CKD. This initiative emphasizes our ongoing commitment to improving health outcomes and the quality of life for those at risk or living with CKD.



Providers can view the toolkit at [mibluecrosscomplete.com](http://mibluecrosscomplete.com).

## Bridging the Gap: Report Z codes to help improve patients' health outcome

The key to addressing disparities in health outcomes lies not just in treating diseases but in understanding the factors that influence them. These factors, known as social determinants of health, or SDOH, are crucial pieces of the puzzle that can't be ignored.

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 social determinants of health needs in the populations we serve 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.

### Understanding social determinants of health

SDOH encompass a wide range of nonmedical factors that influence a person's health. These include socioeconomic status, education level, neighborhood conditions, access to healthy food, employment status and many more. SDOH can have a profound effect on a person's risk of developing chronic disease, access to health care and overall well-being. These social factors can impose significant barriers to a

person's health and wellness and may affect an ability or willingness to follow a recommended treatment plan. By working together to adopt a whole-person approach, we can help remove barriers to improve health and enhance the quality of life for members. Therefore, reporting Z codes related to SDOH can provide crucial information to Blue Cross Complete.

### What are Z codes?

SDOH-related Z codes ranging from Z55 to Z65 are the ICD-10-CM diagnosis codes used to document SDOH data (for example, housing, food insecurity and transportation). Z codes are a set of diagnostic codes used in health care to capture information about factors that may not be a primary reason for a patient's visit but still affect the person's health. This data helps us track and identify the unique social needs affecting our members, specific populations who have similar struggles and connect them to resources. It also allows us to form relationships with local community organizations that will assist the member with needs beyond their health concerns. Any member of a person's care team can collect SDOH data. Use this infographic from the Centers for Medicare & Medicaid Services to help you better understand collecting and reporting SDOH Z codes.

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## IMPROVING THE COLLECTION OF Social Determinants of Health (SDOH) Data with ICD-10-CM Z Codes

### What Are Z Codes?

- SDOH-related Z codes range from ICD-10-CM categories Z55-Z65 and are used to document SDOH data (e.g., housing, food insecurity, lack of transportation)
- Z codes refer to factors influencing health status or reasons for contact with health services that are not classifiable elsewhere as diseases, injuries, or external causes

### Using Z Codes for SDOH

- SDOH information can be collected before, during, or after a health care encounter through structured health risk assessments and screening tools
- These codes should be assigned only when the documentation specifies that the patient has an associated problem or risk factor that influences the patient's health
- Coding professionals may utilize documentation of social information from social workers, community health workers, case managers, or nurses, if their documentation is included in the official medical record

### What Are SDOH & Why Collect Them?

SDOH are the conditions in the environment where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks<sup>1</sup>

The World Health Organization (WHO) estimates that SDOH accounts for **30-55% of health outcomes**<sup>2</sup>

### Collecting SDOH can improve equity in health care delivery and research by:

- Empowering providers to identify and address health disparities (e.g., care coordination and referrals)
- Supporting quality measurement
- Supporting planning and implementation of social needs interventions
- Identifying community and population needs
- Monitoring SDOH intervention effectiveness for patient outcomes
- Utilizing data to advocate for updating and creating new policies

### ICD-10-CM Z Codes Update

- New SDOH Z codes may become effective each April 1 and October 1. New codes are announced prior to their effective date on [CDC website](#).
- Use the CDC National Center for Health Statistics [ICD-10-CM Browser tool](#) to search for all the current Z codes.
- Join the public process for SDOH code development and approval through the [ICD-10-CM Coordination and Maintenance Committee](#)

### VIEW JOURNEY MAP

<sup>1</sup> Healthy People 2030 <sup>2</sup> World Health Organization

[go.cms.gov/OMH](https://go.cms.gov/OMH)

For Questions Contact: [The CMS Health Equity Technical Assistance Program](#) | [ICD-10-CM Official Guidelines for Coding and Reporting FY 2024](#)

## IMPROVING THE COLLECTION OF Social Determinants of Health (SDOH) data with ICD-10-CM Z Codes

### Exhibit 1. Recent SDOH Z Code Categories and New Codes

#### Z55 – Problems related to education and literacy

- Z55.5 – Less than a high school diploma (Added, Oct. 1, 2021)
- NEW** • Z55.6 – Problems related to health literacy

#### Z56 – Problems related to employment and unemployment

#### Z57 – Occupational exposure to risk factors

#### Z58 – Problems related to physical environment (Added, Oct. 1, 2021)

- Z58.6 – Inadequate drinking-water supply (Added, Oct. 1, 2021)
- NEW** • Z58.8 – Other problems related to physical environment
- NEW** • Z58.81 – Basic services unavailable in physical environment
- NEW** • Z58.89 – Other problems related to physical environment

#### Z59 – Problems related to housing and economic circumstances

- Z59.0 – Homelessness (Updated)
  - Z59.00 – Homelessness unspecified (Added, Oct. 1, 2021)
  - Z59.01 – Sheltered homelessness (Added, Oct. 1, 2021)
  - Z59.02 – Unsheltered homelessness (Added, Oct. 1, 2021)
- Z59.1 – Inadequate Housing (Updated)
  - NEW** • Z59.10 – Inadequate housing, unspecified
  - NEW** • Z59.11 – Inadequate housing environmental temperature
  - NEW** • Z59.12 – Inadequate housing utilities
  - NEW** • Z59.19 – Other inadequate housing
- Z59.4 – Lack of adequate food (Updated)
  - Z59.41 – Food insecurity (Added, Oct. 1, 2021)
  - Z59.48 – Other specified lack of adequate food (Added, Oct. 1, 2021)
- Z59.8 – Other problems related to housing and economic circumstances (Updated)
  - Z59.81 – Housing instability, housed (Added, Oct. 1, 2021)
    - Z59.811 – Housing instability, housed, with risk of homelessness (Added, Oct. 1, 2021)

- Z59.812 – Housing instability, housed, homelessness in past 12 months (Added, Oct. 1, 2021)
- Z59.819 – Housing instability, housed unspecified (Added, Oct. 1, 2021)
- Z59.82 – Transportation insecurity (Added, Oct. 1, 2022)
- Z59.86 – Financial insecurity (Added, Oct. 1, 2022)
- Z59.87 – Material hardship due to limited financial resources, not elsewhere classified (Added, Oct. 1, 2022; Revised, April 1, 2023)
- Z59.89 – Other problems related to housing and economic circumstances (Added, Oct. 1, 2021)

#### Z60 – Problems related to social environment

#### Z62 – Problems related to upbringing

- Z62.2 – Upbringing away from parents
- NEW** • Z62.23 – Child in custody of non-parental relative (Added, Oct. 1, 2023)
- NEW** • Z62.24 – Child in custody of non-relative guardian (Added, Oct. 1, 2023)
- Z62.8 – Other specified problems related to upbringing (Updated)
  - Z62.81 – Personal history of abuse in childhood
  - NEW** • Z62.814 – Personal history of child financial abuse
  - NEW** • Z62.815 – Personal history of intimate partner abuse in childhood
  - Z62.82 – Parent-child conflict
  - NEW** • Z62.823 – Parent-step child conflict (Added, Oct. 1, 2023)
  - Z62.83 – Non-parental relative or guardian-child conflict (Added Oct. 1, 2023)
  - NEW** • Z62.831 – Non-parental relative-child conflict (Added Oct. 1, 2023)
  - NEW** • Z62.832 – Non-relative guardian-child conflict (Added Oct. 1, 2023)
  - NEW** • Z62.833 – Group home staff-child conflict (Added Oct. 1, 2023)
  - Z62.89 – Other specified problems related to upbringing
  - NEW** • Z62.892 – Runaway [from current living environment] (Added Oct. 1, 2023)

#### Z63 – Other problems related to primary support group, including family circumstances

#### Z64 – Problems related to certain psychosocial circumstance

#### Z65 – Problems related to other psychosocial circumstances

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## Developmental screenings are vital to early childhood health

The early years of a child's life are a period of rapid growth and development. During this critical time, it's essential to monitor if children are reaching key development milestones.

Development screenings play a pivotal role in identifying and addressing potential development delays. It's important to identify development delays early so that families can receive early intervention services and support. Detecting and addressing delays in children at an early age can offer many benefits.

Health care providers play a critical role in monitoring children's growth and development and identifying problems as early as possible. Developmental screening examines how a child is developing in certain areas such as language, movement, thinking, behavior and emotions.

The American Academy of Pediatrics recommends all children complete developmental screenings even if there isn't a known concern. Developmental and behavioral screening for all children should be completed during regular well-child visits at ages: 9 months, 18 months and 30 months. Health care providers are encouraged to do the following:

- Monitor the child's development during regular well-child visits.

- Periodically screen children with validated tools at recommended ages to identify any areas of concern that may require a further examination or evaluation.
- Ensure that more comprehensive developmental evaluations are completed if risks are identified.

Developmental monitoring and screening can be done by a number of professionals in health care, community and school settings in collaboration with parents and caregivers. It provides early detection if a child needs additional help developing language, movement, thinking, behavior and emotions. Early intervention programs, such as speech therapy, occupational or physical therapy can help children with development delays. Pediatric primary care providers are in a unique position to promote children's healthy development due to regular contact with them before they reach school age.

The AAP encourages pediatric care providers to offer **family-centered**, comprehensive and coordinated care. Remind your patients to schedule an appointment to address any questions or concerns about developmental screenings.\*

Source: <https://www.cdc.gov/ncbddd/childdevelopment/screeninghcp.html> [www.cdc.gov/ncbddd/childdevelopment/screeninghcp.html](https://www.cdc.gov/ncbddd/childdevelopment/screeninghcp.html)

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## MDHHS urges Michiganders to continue routine screenings

Cancer is the second leading cause of death in Michigan, and heart disease remains the leader, according to the Michigan Department of Health and Human Services.

Screening tests are proactive measures that can detect cancer at an early stage before symptoms appear. When found earlier, it's typically easier to treat. Health screenings are also important in identifying risk factors a person may have for chronic conditions such as heart disease or sexually transmitted infections, including gonorrhea, chlamydia and syphilis.

Screening disparities among low-income minority women were evident prior to 2019. However, the COVID-19 pandemic has only intensified this issue. MDHHS is urging Michigan women to resume these routine screenings. Patients in need of screenings can call MDHHS at **1-844-446-8727** to speak with a program specialist.

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

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



- The [Michigan STI clinical services locations](#) directory provides information on local health departments that offer STI screening and clinical services, as well as organizations that offer STI specialty services.\*
- [CDC 2021 sexually transmitted infections treatment guidelines](#)\*

To learn more about these MDHHS programs, call **1-844-446-8727** or visit [Michigan.gov/cancer](https://michigan.gov/cancer).\*

Providers are encouraged to utilize NaviNet to determine which Blue Cross Complete members are due for routine screenings and conduct outreach to schedule any appointments for services they may need.\* We appreciate the care and access you provide to our members. If you have any questions, contact your Blue Cross Complete provider account executive or call Provider Inquiry at **1-888-312-5713**.

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## Providers encouraged to attend NaviNet training in December

Blue Cross Complete is offering NaviNet training by video conference, Thursday, December 11, 2025, from 10 a.m. to noon. If you're an office manager, biller or registration staff, join us for a discussion on NaviNet functionalities, such as:

- How to access NaviNet
- Understanding the benefits of the provider portal
- Accessing NaviNet's important features
- New NaviNet features available to providers

To register, send your name, provider organization, number of attendees and email address to Blue Cross Complete Provider Communications at [providercomm@mibluccrosscomplete.com](mailto:providercomm@mibluccrosscomplete.com). 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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## Connecting patients to community resources

At Blue Cross Complete, we understand that various life factors can affect your patients' health. For instance, some of them may need help finding enough food to eat or a place to stay. Others might require assistance with heating and water bills. Still more may need transportation to your office for appointments. Despite these difficult challenges, we recognize the importance of ensuring patients can attend essential health screenings and receive the care they need.

To make it easier for you to assist your patients in meeting both their health and social needs, we've added **Community Resources** to our website. You'll find a variety of programs offering no-cost or reduced-cost services for such things as utilities, household items (clothing, home goods, medical supplies and toys), transportation, housing and food. To find resources, go to [mibluecrosscomplete.com](https://mibluecrosscomplete.com).

1. Click **Resources**.
2. Click **Community Health Resources**.
3. Enter your patient's ZIP code into the search box.
4. Select the category that fits their needs.



Patients who don't have access to the internet can call our Rapid Response and Outreach Team at **1-888-288-1722** from 8 a.m. to 5:30 p.m., Monday through Friday. TTY users should call **1-888-987-5832**.

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

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## Support your patients with PrEP services by registering in the Michigan 211 Community Organization Portal

Blue Cross Complete encourages providers to help patients access HIV prevention services, including pre-exposure prophylaxis, or PrEP medication. PrEP can significantly reduce the risk of HIV transmission and is a key tool in promoting better health outcomes for at-risk populations.

According to the Michigan Department of Health and Human Services, taking PrEP as prescribed by a health care provider can reduce the chances of getting HIV by up to 99% from sex and by at least 74% from sharing needles or other injection equipment.

To help connect patients to PrEP services and other community resources, we encourage all providers to register with the [Michigan 211 Community Organization Portal](https://mi211.org/providers/portal). By registering, your organization will be included in a statewide resource database that patients and other providers can use to easily find PrEP services and other support programs. Register your organization in Michigan 211 Community Organization Portal at [mi211.org/providers/portal](https://mi211.org/providers/portal). Your participation can help ensure patients have access to critical prevention resources, increase health equity and strengthen the statewide network of care.

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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# Understanding LGBTQ+ health disparities

In the journey toward achieving health care equity, the lesbian, gay, bisexual, transgender, and questioning and queer community stands at a crossroads of systemic challenges and profound disparities. Disparities in health care access and outcomes persist within the LGBTQ+ community, highlighting the need for comprehensive measures to address these issues. Blue Cross Complete is committed to exploring and implementing strategies to promote LGBTQ+ health equity and inclusion and affirming quality health care for all.

## LGBTQ+ individuals face unique health disparities

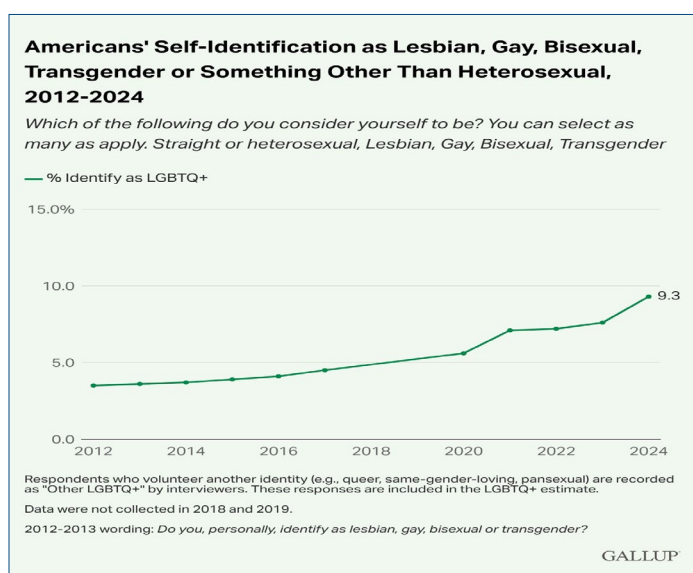
According to a [Gallup poll released in February 2025](#), U.S. adults who identify as other than heterosexual have more than doubled since 2012. About 9.3% of these adults now identify as lesbian, gay, bisexual, transgender, queer or some other sexual orientation besides heterosexual, the poll found. The current figure is up from 3.5% in 2012. These findings are based on telephone surveys conducted in 2024 with more than 12,000 U.S. adults. The national polling agency began measuring sexual orientation and transgender identity in 2012.

The LGBTQ+ community includes individuals from all races, religions, ethnicities and social classes. Accessing equitable health care can be especially difficult for LGBTQ+ individuals who also belong to marginalized groups, such as people of color.



In 2016, the National Institute on Minority Health and Health Disparities identified the LGBTQ+ community as a health disparity population. [Research by KFF, an independent source for health policy research, polling and journalism](#), consistently demonstrates that LGBTQ+ individuals face unique health disparities compared to their cisgender, heterosexual counterparts.\* These disparities stem from various factors reported by LGBTQ+ patients. They include discrimination, stigma, lack of culturally competent care, barriers to health care access and poor treatment from health care providers. These barriers make it harder for LGBTQ+ individuals to access the care they need. As a result, LGBTQ+ individuals are disproportionately affected by mental health conditions, substance abuse, HIV/AIDS and other chronic illnesses.

A 2022 KFF survey of 6,442 adults ages 18 to 64, including 958 LGBT+ people, collected data on a range of demographic characteristics and issues from general well-being to experiences engaging in the health system, use of preventive services including HIV and STI testing, reproductive health and mental health. The survey found LGBT+ people were more likely to be in fair or poor health than non-LGBT+ people despite being a younger population overall (Figure 2). About half (50%) of LGBT+ people reported that they had an ongoing health condition that requires regular monitoring, medical care or medication, a higher share than non-LGBT+ people (Table 1).



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## Understanding LGBTQ+ health disparities continued

Table 1

Many LGBTQ+ people reported living with ongoing health conditions or disabilities		
Share of people ages 18 – 64 who report having at least one of the following:		
	Ongoing health condition requiring regular monitoring, medical care or medication	Disability or chronic disease preventing full participation in work, school, housework or other activities
<b>All</b>		
LGBT+ (Ref)	50%	29%
Non-LGBT+	45%*	16%
<b>LGBT+</b>		
<b>Gender</b>		
Women (Ref)	52%	21%
Men	48%	25%
<b>Age</b>		
18 – 44 (Ref)	44%	26%
45 – 64	70%	23%
<b>Race/Ethnicity</b>		
White (Ref)	53%	24%
Black	54%	31%
Hispanic	44%	20%
<b>Insurance</b>		
Private (Ref)	49%	15%
Medicaid	54%	45%
Uninsured	30%	13%

NOTE: \*Estimate is statistically different from estimate for reference (Ref) within group and column ( $p < 0.05$ ). Persons of Hispanic origin may be of any race; other groups are non-Hispanic.

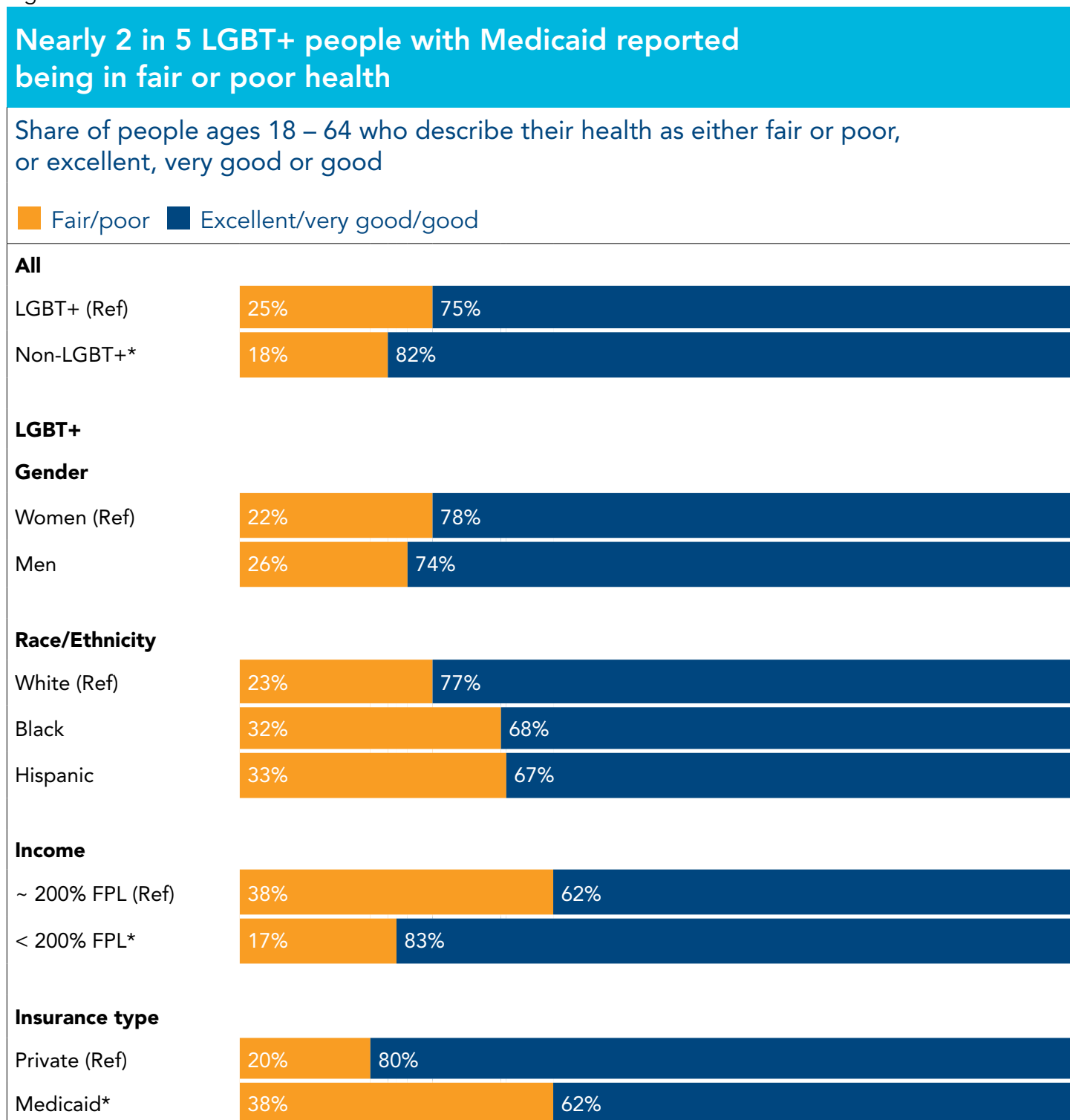
SOURCE: KFF Women's Health Survey 2022

\*Our website is [mibluemcrosscomplete.com](https://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.



## Understanding LGBTQ+ health disparities continued

Figure 2



NOTE: \*Estimate is statistically different from estimate for reference (Ref) within group ( $p < 0.05$ ). The federal poverty level (FPL) for an individual in 2022 was \$13,590. Estimates may not sum to 100% due to rounding.

SOURCE: KFF Women's Health Survey 2022

## Understanding LGBTQ+ health disparities continued

### Providers' support is needed

Health care providers play an important role in progressing LGBTQ+ health equity. By fostering inclusive environments, offering culturally competent care and addressing the specific health care needs of LGBTQ+ patients, providers can significantly improve health outcomes and patient satisfaction. This includes ongoing education and training on LGBTQ+ health issues, gender-affirming care, and best practices in communications and advocacy.

Blue Cross Complete provides comprehensive services to address the specific health care needs of LGBTQ+ individuals. These efforts include the implementation of training programs and resources to help educate providers on LGBTQ+ health issues to increase sensitivity and awareness in clinical settings. Recognizing the unique health care challenges faced by LGBTQ+ individuals, Blue Cross Complete offers coverage for gender-affirming care and mental health services specific to the LGBTQ+ population.

This includes medically necessary gender affirmation services, including pharmacy treatments and surgery, for members clinically diagnosed with gender dysphoria. Gender dysphoria is classified as mental and emotional

discomfort or distress caused by a discrepancy between a person's gender identity and that person's sex assigned at birth (along with its associated gender role and primary and secondary sex characteristics). For individuals who experience gender dysphoria at a level that meets criteria for formal diagnosis, various gender affirming treatment options are available. For coverage of gender affirmation surgical procedures, the medical necessity determination must include a mental health evaluation.

Blue Cross Complete's effort toward LGBTQ+ health equity aligns with its broader commitment to provide a more equitable health care system for all. With an aim to increase sensitivity, awareness and knowledge, and help decrease potential disparities among the LGBTQ+ community, we offer ongoing cultural competency training and additional tools and resources to support providers are available at [mibluccrosscomplete.com/providers/training/](https://mibluccrosscomplete.com/providers/training/). Please check often for updated information and trainings.

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## Help expectant mothers navigate gestational diabetes

As a Blue Cross Complete health care provider, you are a vital source of support and guidance for expectant mothers throughout pregnancy, labor and postpartum recovery. One common condition you may encounter among members is gestational diabetes — a form of diabetes that develops during pregnancy and can affect both the mother's and baby's health if not properly managed.

Health care providers can make a meaningful difference for members facing this diagnosis by providing proper medical care, offering emotional support which can help reduce stress and reinforce the importance of following the care plan set by physicians. Encouraging members to maintain healthy eating habits, stay active (as advised by their provider), and monitor their blood sugar levels can be critical to a healthy pregnancy.

Obstetrics can also help members prepare for labor and delivery by discussing how gestational diabetes may impact their birth plan and reminding them of their Blue Cross Complete benefits, such as access to continuous glucose monitors, blood pressure monitors and supplies.

By staying informed and offering knowledgeable support, health care providers can help empower members to better manage their health to create a healthier pregnancy and birthing experience.

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## PrEP can help protect high-risk patients from HIV

Unlike in the 1980s, the virus that causes AIDS is now very treatable. Most people with HIV who receive medical care are able to live as long as those without the disease.

The Centers for Disease Control and Prevention recommends that physicians offer pre-exposure prophylaxis, or PrEP, a once-daily medication, to patients who are HIV negative but at high risk of getting the infection. PrEP can help prevent patients from contracting HIV if exposed. According to the National Institutes of Health, taking PrEP as prescribed may reduce a patient's chances of getting HIV by up to 99% for sexual encounters and 74% for intravenous drug use.

The CDC reports that as many as 1.2 million Americans are candidates for prescription drug treatments that prevent HIV, yet only about one-quarter of them received the medication in 2020. The costs of PrEP include office visits, lab work and the medication itself. For patients with Blue Cross Complete, these costs are entirely covered.

Determining whether a patient is an appropriate candidate for PrEP begins with capturing a detailed sexual history and screening for illicit drug use as a routine part of primary care.

It can be difficult to initiate dialogue with an individual about their sexual behaviors and accurately gauge a patient's risk. Reasons are often complex and rooted in decades of stigma, historically high prescription drug prices and a lack of medical providers educated in HIV prevention.

Discussing sexual practices with medical professionals can be uncomfortable, which can create barriers. Some patients might not realize they're eligible for PrEP and, if the right questions aren't asked, they might not see a reason to mention it. Oftentimes, medical providers feel the same way and may not ask about sexual practices. Primary care providers who don't ask the questions may not be aware that certain patients are eligible.

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## PrEP can help protect high-risk patients from HIV continued

### Who's eligible for PrEP?

Those who test negative for HIV and:

- Patients who engage in infrequent or inconsistent condom use during sex with partners
- Those who have unprotected sex with someone whose HIV status is unknown
- Anyone diagnosed with a sexually transmitted disease in the past six months
- Patients who share needles or other equipment to inject drugs
- Individuals with an HIV positive sexual partner (especially if the partner has an unknown or detectable viral status)

Current guidelines recommend anyone who has had sex to get tested at least once. People at high risk for HIV are those with more than one sex partner (especially men who have sex with men), those who trade sex for money, housing or drugs, or use IV drugs. Partners of those with HIV should be tested at least once a year. All pregnant women should be screened to protect their babies and anyone who has a sexually transmitted disease, such as chlamydia or gonorrhea, should be tested (including their partner).

### How PrEP works

When taken as prescribed, PrEP prevents HIV from replicating itself in the body if an individual is exposed to the virus. PrEP doesn't treat or cure HIV and it doesn't protect against sexually transmitted infections. Using condoms while on PrEP is highly recommended.

### What you can do

Consider offering HIV (and Hepatitis C) testing in the office setting. Preventive visits are an ideal opportunity for HIV risk assessment to identify patients who require annual or more frequent testing and PrEP. Opportunities for testing persons in populations with the highest risk for acquiring HIV shouldn't be missed. These systematic changes have been shown to result in much higher screening rates.

HIV can be prevented. If you have a patient in one of these high-risk groups, or the patient is thinking about having a new sex partner and tests negative for HIV, encourage condom use when they have sex and urge them to seriously consider PrEP.

Primary care providers are in a unique position to help reduce the number of new HIV infections. Daily use of PrEP is safe and highly effective in preventing HIV infection in patients at risk. Because most people without HIV receive health care in a primary care setting, these providers are optimally positioned to identify patients who are candidates for PrEP and to prescribe it for patients willing to participate. Following these PrEP protocols is well within the scope and expertise of family physicians, pediatricians, general internists, gynecologists and advanced practice professionals.

Encourage your patients to get tested, and offer PrEP to those who need it. For more information, visit [Michigan.gov/MIPrEP](https://michigan.gov/MIPrEP).

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## Proper medical documentation requirements

Health care providers are required to submit complete and accurate medical record documentation when rendering services to members.

Providers must also ensure that proper procedure codes and any procedure code modifiers are properly documented and submitted on claims.

Common procedure codes where medical record documentation is not supported include:

- Immunization administration codes (90460 and 90461)
- Developmental and Behavioral Health Screening and Testing (96127)
- Evaluation and management codes
- Procedure code modifiers

The most common code modifier found in encounter data, but often omitted from medical records documentation, is modifier 25. This modifier indicates a significant, separately identifiable E/M service provided by the same provider on the same day as another procedure or service. High medical record omission rate for the procedure code modifier data element can be attributed to several factors:

- Medical record non-submission: When medical records weren't submitted, associated procedure codes and procedure code modifiers were treated as medical record omissions.
- Omitted procedure codes: When procedure codes were omitted, their associated procedure code modifiers were also omitted.



- Incomplete documentation: Providers didn't document evidence related to the modifiers in the medical records, despite submitting the modifiers to the plan.

As a reminder, incomplete or inaccurate documentation may result in claim denial, delayed payment, or other compliance action. Providers should review documentation and coding guidelines to confirm that medical records support the services billed. For detailed requirements, refer to the Michigan Department of Health and Human Services [Medicaid Provider Manual](#).

We appreciate your cooperation in maintaining accurate records and supporting quality care for our members. If you have any 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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## Do you know your Blue Cross Complete account executive?

Blue Cross Complete account executives are dedicated professionals who serve as primary points of contact for providers. They bridge the gap between health care providers and Blue Cross Complete, ensuring that communication is smooth, challenges are addressed promptly, and providers have the resources they need to deliver exceptional care to members.

Check for updates, and locate the account executive for your area at [mibluecrosscomplete.com](https://mibluecrosscomplete.com).

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## Resources to support patients in controlling blood pressure

High blood pressure affects nearly 50% of the U.S. adult population. This condition, also known as the “silent killer,” increases risk of heart disease and stroke.

Blue Cross Complete offers a number of programs, tools and policies to help members monitor, manage and reduce high blood pressure. These resources cover blood pressure monitoring supplies, care coordination, health equity, education and lifestyle support.

As a reminder, Blue Cross Complete provides coverage for blood pressure monitors, continuous glucose monitors and certain blood pressure monitoring supplies for eligible members, as part of our commitment to support chronic disease management. Coverage is subject to medical necessity criteria and prior authorization requirements, where applicable. For more information, contact your [Blue Cross Complete account executive](#).

The following best practices have been identified by multiple research studies and are recommended by the American Heart Association, Million Hearts and the Centers for Disease Control and Prevention for providers who are helping patients control high blood pressure.<sup>1</sup>

This article highlights health literacy, shared decision making and resources to help teach patients how to measure their blood pressure at home.

### Tips for improving health literacy and medical outcomes among patients with hypertension

Use plain language, visual aids and technology, and incorporate effective teaching methods such as:

- The teach-back method
- The show-back method

Also:

- Be aware of language differences, the patient’s culture and other considerations.
- Don’t use medical jargon or talk too fast.
- Encourage patients to get involved with their care and ask questions.
- Educate patients about taking medications correctly (pill chart and box), offer assistance setting up a system and review medications with them.

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## Resources to support patients in controlling blood pressure continued

- Develop action plans to change patients' behavior and discuss health care priorities with them.
- Teach patients about self-management activities (such as checking their blood pressure at home, exercise and eating a healthy diet).

### Shared decision-making

When providers utilize a shared decision-making model, it can have a positive affect on adherence to hypertension treatment plans, including medication adherence.

### Shared decision-making offers many benefits, which include:

- Improved health equity by allowing patients to engage in their health care
- A decrease in anxiety associated with medication side effects, constant tracking of blood pressure and cost of medications

### Here are several options available to teach patients how to measure their blood pressure at home:

- The self-measured blood pressure [training video](#) helps train care teams and patients how to properly self-measure blood pressure.
- Use this [patient training checklist](#) as a guide when training patients during an in-person self-measured blood pressure encounter. Training may be done by many members of the care team, and steps can occur in different sequences. This checklist can serve as a template and help ensure the necessary steps and components are covered.
- [7-step self-measured blood pressure quick guide](#) helps patients achieve and maintain blood pressure goals
- [SMBP cuff selection](#)
- [Device calibration test](#): self-measured blood pressure

Blue Cross Complete covers the cost of one blood pressure cuff for members 11 years and older. Providers are encouraged to remind members of this benefit, as it can make it easier to monitor blood pressure at home. Pregnant people can also receive a blood pressure cuff at no cost through the Bright Start® program. Members can call 1-888-288-1722 for more information. Blood pressure cuffs require a prescription.

1 Centers for Disease Control and Prevention. Hypertension Cascade: Hypertension Prevalence, Treatment and Control Estimates Among U.S. Adults Aged 18 Years and Older Applying the Criteria from the American College of Cardiology and American Heart Association's 2017 Hypertension Guideline—NHANES 2017–2020. Atlanta, GA: May 12, 2023. Accessed July 6, 2023.

2 <https://www.acpdecisions.org/four-simple-strategies-for-improving-your-patients-health-literacy/>

3 Internet Citation: Use the Teach-Back Method: Tool #5. Content last reviewed September 2020. Agency for Healthcare Research and Quality, Rockville, MD. <https://www.ahrq.gov/health-literacy/improve/precautions/tool5.html>

4 Seyedeh Belin Tavakoly Sany, "Communication Skills Training for Physicians Improves Health Literacy and Medical Outcomes Among Patients With Hypertension: A Randomized Controlled Trial," BMC Health Services Research, Vol. 20, No. 60, January 2020, <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-020-4901-8>.

5 Aisha T. Langford, "Partnerships to Improve Shared Decision Making for Patients with Hypertension – Health Equity Implications," Ethn Dis., February 21, 2019, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6428173/>

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## New functionality! NaviNet claims dispute submission

Providers can now submit disputes regarding claims issues and supporting documentation through the NaviNet provider portal by accessing Forms and Dashboards and completing the applicable form. Once the form has been submitted, a document ID number will be provided. This document ID number will need to be included in any follow-up inquiries.

This enhancement is designed to streamline your workflow by eliminating the need to:

- Call the health plan to submit a claims dispute.
- Mail hard copy requests.
- Fax or mail supporting documentation.

There is no limit on the number of supporting documents that can be uploaded when submitting a request. However, each supporting document must be 32 MB or smaller and in one of the following file formats:

- .docx, .doc
- .pdf
- .png
- .jpg
- .xls, .xlsx

If you don't have access to the NaviNet provider portal, please visit: <https://register.navinet.net/> to sign up. 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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