Blue Cross complete of Michigan

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CONNECTIONS

November/December 2020

Contents

State addresses budget shortfall with Medicaid plans

The state of Michigan has a $2.2 billion budget shortfall in tax revenue for fiscal year 2020 due to a decline in tax revenue from businesses forced to close due to COVID-19, as reported by **The Detroit Free Press**.* The state allocates funding to Blue Cross Complete to manage its Medicaid members based on the assumption of a certain level of utilization of services. Beginning in March with the onset of the pandemic and the state's stay-at-home order, along with limits placed on elective medical procedures, services were underutilized. Utilization levels began to return to normal in July as providers resumed medical services. Since the state allocated funding to Blue Cross Complete based on an assumed level of utilization, it will recoup monies because Michigan's Medicaid plans have realized less medical costs than projected by the assumed utilization.

Blue Cross Complete's highest priority is maintaining quality care in collaboration with its providers to help keep its Michigan Medicaid members supported.

If you have questions, 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.

Single Preferred Drug List launched October 1, 2020

Effective for dates of service on or after October 1, 2020, the Michigan Department of Health and Human Services requires Medicaid health plans to follow the Michigan Preferred Drug List used by the fee-for-service pharmacy program, also described as the Single PDL. It's available at **michigan.magellanrx.com**.*

The Single PDL aligns coverage of PDL drug products under managed care with fee-for-service. This includes both formulary status and edits. Blue Cross Complete is collaborating with MDHHS and other Medicaid health plans throughout this process. To help facilitate a smooth transition, on August 1, 2020, Blue Cross Complete began notifying members who were negatively impacted by the implementation of the Single PDL. Multiple notices may have been sent — depending on the type of change — to notify the members of any updates or grandfathering decisions. The intent of each notification was to prompt member discussion with their health care provider.

In the event of a negative change, the member notification identified the current medication according to claims data. In the case of a shift from preferred to non-preferred, the alternative preferred medications in place as of October 1, 2020, are listed. If there's a different edit change (for example, an age or quantity limit), the new limit as of October 1, 2020, is provided.

If you have any questions, please contact your Blue Cross Complete provider account executive, Blue Cross Complete Provider Inquiry at **1-888-312-5713** or Pharmacy Help Desk at **1-888-288-3231**.

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MDHHS extends the dental benefit for pregnant women

Members who delivered a baby, were still pregnant or were postpartum March through July of 2020, are now eligible for dental services through December 31, 2020, or until they are three months postpartum, whichever comes later, according to a recent Michigan Department of Health and Human Services announcement. In light of the pandemic, this gives members more time to see their provider for dental care as dental health is especially important for women who are or were recently pregnant. Typically, dental coverage lasts for three months after the member's delivery date. MDHHS expanded access to managed care dental benefits for pregnant women eligible for the Medicaid dental fee-for-service benefit and enrolled in a Medicaid health plan in **MSA 18-18***, issued June 1, 2018.

To receive expanded managed care dental services, beneficiaries must inform their MHP and MDHHS of their pregnancy status. If the beneficiary informs the MHP prior to notifying MDHHS, the benefit will begin when the MHP is informed of the beneficiary's pregnancy. The benefit begins the first day of the month in which the MHP is made aware of the beneficiary's pregnancy. Dental services will be provided for the duration of the beneficiary's pregnancy and three months post-partum. MHPs will provide beneficiary eligibility information to the dental benefit manager. Providers must verify eligibility for managed care dental services with the MHP's dental benefit manager.

For more information about Blue Cross Complete's dental benefits for pregnant women, direct your Blue Cross Complete members to **Maternity Care**. Scroll down to **Dental benefit for pregnant women**. You can also direct them to **Dental benefits** for additional valuable information. Go to **mibluecrosscomplete.com**, then click on the **Members** tab and go to **Dental benefits**.

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

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Blue Cross Complete's Community Resource Hub can help you connect members to no-cost or reduced cost services, including medical care, food and job training

Blue Cross Complete provides many services to our members. Additional services may be available through the Michigan Department of Health and Human Services or their county. As a Medicaid managed care plan provider serving low-income individuals, you're uniquely positioned to help identify and address social determinants of health and help members get their needs met — particularly food and housing. You can help them search for additional services using Blue Cross Complete's **Community Resource Hub**, an internet-based community resource directory.

Our **Community Resource Hub** can help connect members with the resources they need close to home. To use this resource, have the member enter his or her ZIP code in the search box on the **Community Resource Hub** page on our website, then select the appropriate category. They'll find a variety of programs offering no-cost or reduced-cost services, including utilities, household items, transportation, housing and food.

Blue Cross Complete members who would like housing assistance can call Customer Service at **1-800-228-8554**. TTY users should call **1-888-987-5832**. You can also direct them to MDHHS or their county office. You or your member can search for additional services using **Blue Cross Complete's Community Resource Hub**. Go to **mibluecrosscomplete.com**, then click on the **Resources** tab and go to **Community Health Resources**.

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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Provider health equity training: Reducing health disparities and improving health outcomes

The low-birth weight rate for African American women living in **Detroit**[1] is higher than state and **national averages**[2]. A low birth weight (less than 2,500 grams) places a baby at higher risk for difficulty breathing, gaining weight and fighting off infections. Later in life, babies born with **low birth weight** are more likely to have learning and developmental disabilities, and health conditions such as diabetes, heart disease and high blood pressure.

Blue Cross Complete is working with the Michigan Department of Health and Human Services and four other health plans on a number of initiatives to reduce the low birth weight rate disparity for African American women and their babies in Detroit.

As part of these initiatives, Blue Cross Complete requests that obstetrician-gynecologist providers who serve women in Detroit participate in MDHHS' no-cost health equity training. This training initiative started October 2020. It provides the latest information on health equity and health disparities, and the populations most affected. It also covers how you can help improve health equity for the residents of Michigan.

Blue Cross Complete sent an introductory letter in October, along with instructions on how to complete the training at your convenience. If you're interested in participating, go to **courses.mihealth.org**,* then select the training module entitled **Introduction to Health Equity**.

Your participation is greatly appreciated by the health plans and the patients you serve.

1 "Low birthweight." March of Dimes, accessed 28, September 2020, **www.marchofdimes.org/complications/low-birthweight.aspx**.*

2 "Birthweight and Gestation." National Center for Health Statistics. Centers for Disease Control and Prevention, accessed 28 September 2020, **www.cdc.gov/nchs/fastats/birthweight.htm**.

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Reminder: Report care coordination codes for patient-centered medical home management care

Blue Cross Complete wants to remind and encourage providers to continue to report care coordination/ care management codes when seeing patients — to demonstrate and promote coordinated care. The goal of care coordination is to support the appropriate and efficient delivery of health care services both within and across systems, which keeps our community healthy.

The codes and descriptions are displayed in the table below.

Code	Quick description
G9001	Comprehensive assessment
G9002	In person encounter
98966	Telephone service
98967	Telephone service
98968	Telephone service
99495	Care transition — moderate complexity
99496	Care transition — high complexity
G9007	Team conference
G9008	Physician coordinated care oversight services
98961	Group education and training 2 to 4 patients
98962	Group education and training 5 to 8 patients
S0257	End of life counseling

For more information about care coordination, please contact your Blue Cross Complete provider account executive.

Avoid these billing errors that can delay processing, reimbursement

Recently, the Blue Cross Complete Claims team identified three common billing errors most likely to cause a delay in processing and reimbursement. Here's more information:

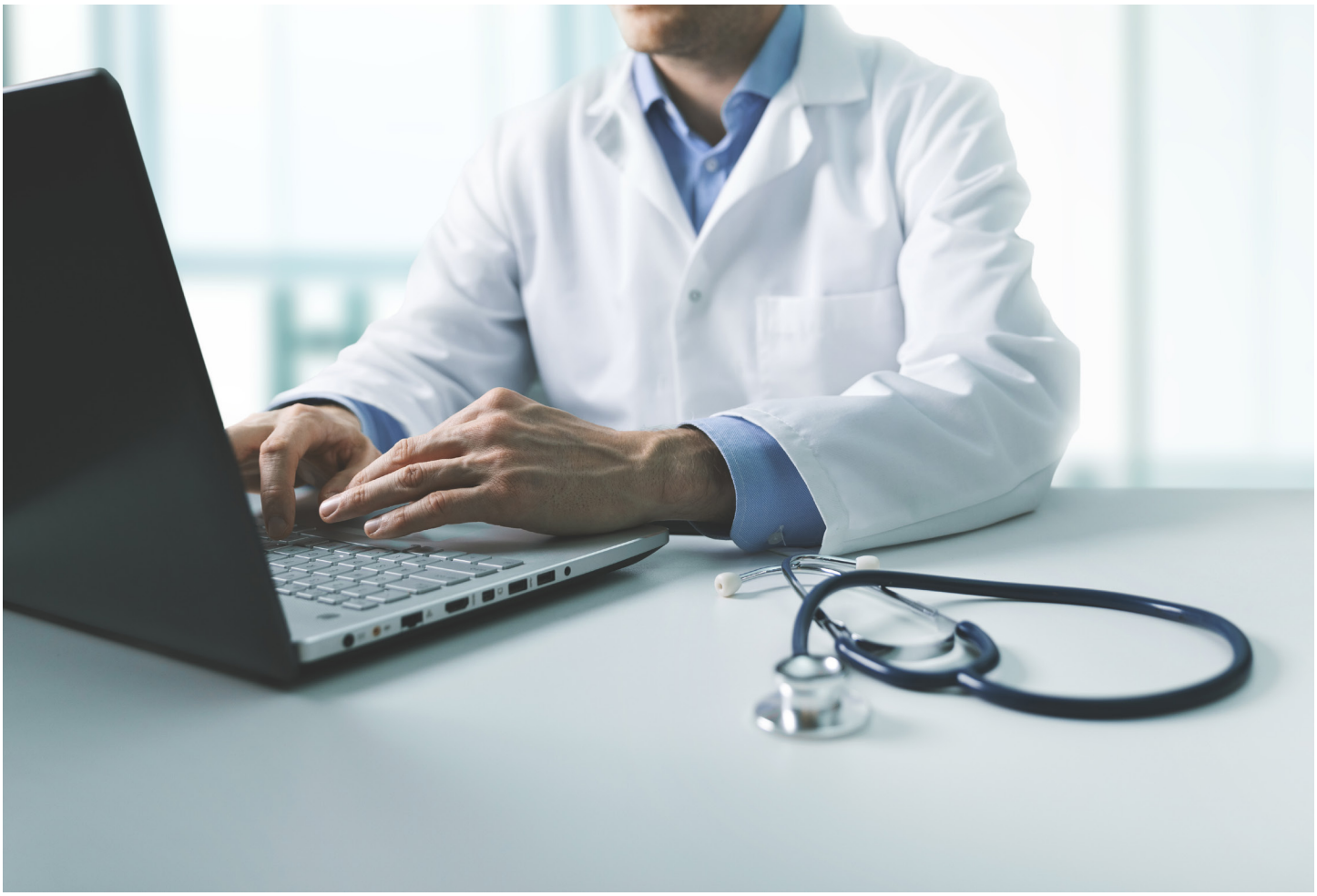
1. An MC code is entered on an electronic claim to show a member has additional coverage. But, if Blue Cross Complete is the member's only insurance carrier, the claim will stop processing and require a manual review. The MC code isn't necessary if the member doesn't have additional insurance coverage.

2. When a member has additional insurance, specific codes should be used on a claim to indicate additional coverage. A 16 code indicates that the member has Medicare coverage, and a CI code indicates commercial coverage. Don't add a CI code if a member has a Medicare Advantage commercial plan. The CI code is only for non-Medicare commercial coverage; adding the CI code will delay processing.

3. When a provider indicates on an electronic claim that there are enclosures or attachments, the claim will stop processing and require manual review. Please select the correct enclosure (for example, another carrier's explanation of benefits statement or medical records) only if supplemental data is attached to the claim.

Adjusting these common billing errors could increase the auto-adjudication rate, and that will assist providers in getting timely reimbursements.

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



Electronic claims submission, payment and remittance advice services

Blue Cross Complete of Michigan contracts with Change Healthcare — one of the largest electronic data interchange clearinghouses in the country — to offer state-of-the-art EDI and other electronic billing services. Use of EDI can boost claims submission efficiency and timeliness of reimbursement to enhance your revenue cycle.

Electronic claims submission

Blue Cross Complete claims can be submitted electronically through Change Healthcare, or through another clearinghouse. Contact your practice management system vendor or EDI clearinghouse to inform them that you wish to initiate electronic claim submissions to Blue Cross Complete.

Blue Cross Complete doesn't require you to enroll with Change Healthcare to submit electronic claims. If you already use another EDI vendor to submit claims electronically, inform your vendor of the Blue Cross Complete EDI **payer ID 32002**.

Submission through Change Healthcare

Providers can submit claims directly to Change Healthcare through WebConnect, which provides two methods for submitting claims: key them in manually or import batches of claims. There's no cost to manually key claims in using WebConnect, but claims must be entered one at a time, which may not be feasible for practices with high claim volume. Practices that choose to import batches of claims through WebConnect should be aware there's a one-time set up fee of $300 for this service. Providers should call **1-877-667-1512** and follow the appropriate prompts, or go to Change Healthcare WebConnect* to enroll for direct submission with Change Healthcare. Change Healthcare will also provide information on their various electronic solutions, the requirements for connectivity and setup instructions.

Electronic claim payment options

Change Healthcare is now partnering with ECHO Health Inc., a leading innovator in electronic payment solutions, to offer more electronic payment options to our health care providers so that they can select the payment method that best suits their accounts receivable workflow.

Virtual credit card

ECHO Health offers virtual credit cards as an optional payment method. Virtual credit cards are randomly generated, temporary credit card numbers that are either faxed or mailed to providers for claims reimbursement. Major advantages to VCC are that providers don't have to enroll or fill out multiple forms in order to receive VCC, and personal information, such as practice bank account information, will never be requested. Providers will also be able to access their payment the day the VCC is received. In the future, Blue Cross Complete providers who aren't currently registered to receive payments electronically will receive VCC payments as their default payment method, instead of paper checks. Your office will receive either faxed or mailed VCC payments, each containing a VCC with a number unique to that payment transaction with an instruction page for processing and a detailed Explanation of Payment or Remittance Advice. Normal transaction fees apply based on your merchant acquirer relationship. If you don't wish to receive your claim payments through VCC, you can opt out by calling ECHO Health at **1-888-492-5579**.

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• Change Healthcare is an independent company contracted by Blue Cross Complete to provide electronic data interchange and other electronic billing services. Change Healthcare partners with an independent company, ECHO Health Inc. for additional electronic payment services.

Electronic claims submission, payment and remittance advice services

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Electronic funds transfer

EFT allows you to receive your payments directly in the bank account you designate, rather than receiving them by VCC or paper check. When you enroll in EFT, you'll automatically receive electronic remittance advices, or ERAs, for those payments. All generated ERAs and a detailed explanation of payment for each transaction will also be accessible to download from the ECHO provider portal (**providerpayments.com**).* If you're new to EFT, you'll need to enroll with ECHO Health for EFT from Blue Cross Complete.

Please note: Payment will appear on your bank statement from PNC Bank and ECHO as "PNC – ECHO."

To sign up to receive EFT from Blue Cross Complete, visit **enrollments.ECHOhealthinc.com/efteradirect/enroll**.* There's no fee for this service.

To sign up to receive EFT from all of your payers processing payments on the Settlement Advocate platform, visit **enrollments.ECHOhealthinc.com**.* A fee for this service may be required.

If you have questions about how to enroll in EFT, please reference Section 15 of the Blue Cross Complete Provider Manual.

Electronic remittance advice

Blue Cross Complete now also offers ERAs (also referred to as an 835 file) through Change Healthcare/ECHO Health. To receive ERAs from Change Healthcare and ECHO, you'll need to include both the Change Healthcare Blue Cross Complete payer ID and the ECHO **payer ID 58379**. Contact your practice management or hospital information system for instructions on how to receive ERAs from Blue Cross Complete under **payer ID 32002** and the ECHO **payer ID 58379**. If your practice management or hospital information system is already set up and can accept ERAs from Blue Cross Complete, make sure the system includes both **payer ID 32002** and ECHO Health **payer ID 58379** for ERAs.

If you aren't receiving any payer ERAs, contact your current practice management or hospital information system vendor to ask if your software has the ability to process ERAs. Your software vendor is then responsible for contacting Change Healthcare to enroll for ERAs under **payer ID 32002** and ECHO Health **payer ID 58379**.

If your software doesn't support ERAs or you continue to reconcile manually and would like to start receiving ERAs only, contact the ECHO Health Enrollment team at **1-888-834-3511**.

For enrollment support, contact ECHO Health at **1-888-834-3511**.

If you have additional questions about VCC, EFT or ERAs, call Echo Health Support team at **1-888-492-5579**.

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

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Cardiovascular care remains important during COVID-19

Remind your patients that heart attacks and strokes aren't taking a break during the COVID-19 pandemic and that they can be life-threatening. If members experience heart attack and stroke symptoms, it's important that they seek emergency care. Emergency department visits for cardiovascular disease declined significantly during the COVID-19 pandemic; at least one in five expected emergency visits for heart attack or stroke didn't occur during the initial months of COVID-19, according to the CDC **Million Hearts*** and the **CDC Foundation**.*

Million Hearts® 2022 is a CDC national initiative to prevent one million heart attacks and strokes within five years. It focuses on implementing a small set of evidence-based priorities and targets that can improve cardiovascular health for all, such as undiagnosed hypertension, cholesterol management and education about the adverse effects of tobacco use.

During the COVID-19 pandemic, cardiovascular health remains a top public health priority — with heart disease and stroke continuing to be the No. 1 and No. 5 leading causes of death in the U.S. In fact, there is a significant relationship between COVID-19 and cardiovascular disease, including more deaths from cardiovascular disease during the COVID-19 pandemic and serious heart conditions associated with an increased risk for severe illness from COVID-19.

Encourage members to take care of their hearts. According to the **Mayo Clinic***, the most effective strategies to prevent heart attacks and strokes include:

1. Avoid smoking or use tobacco.
2. Get moving: Aim for at least 30 to 60 minutes of activity daily.
3. Eat a heart-healthy diet, which includes:
   - Vegetables and fruits
   - Beans or other legumes
   - Lean meats and fish
   - Low-fat or fat-free dairy foods
   - Whole grains
   - Healthy fats, such as olive oil
4. Maintain a healthy weight.
5. Get good quality sleep.
6. Manage stress.
7. Get regular health screenings:
   - Blood pressure
   - Cholesterol levels
   - Type 2 diabetes

Contact your Blue Cross Complete account executive for more information.

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Reporting child and adult immunizations

Blue Cross Complete requires practitioners to participate in the Michigan Care Improvement Registry, a nationally recognized electronic statewide immunization archive that collects reliable immunization information in Michigan and makes it accessible to authorized users online. Specifically:

- Practitioners are required to report childhood immunizations for children from birth through 19 years of age to the MCIR within 72 hours of administration.
- Blue Cross Complete practitioners are highly encouraged, but not required, to report adult immunizations to the MCIR.

Accessing information and other benefits of reporting to the MCIR

Providers can take advantage of the many benefits that accompany reporting to the MCIR. Among them, access to up-to-date information on their patients' immunization histories.

Other advantages of reporting immunizations to the MCIR include the following:

- Notifications of immunizations that are coming due and recommendations for future dose dates
- Reminders and recall notices for due or overdue immunizations
- Help with tracking and managing office vaccine supplies, including simplification of the complex immunization requirements and schedules of different manufacturers and combination vaccines
- Official, printer-friendly immunization records for child care and school requirements
- Profiles of practice and patient immunization coverage
- Access to lead screening results and support
- Opportunities for influenza vaccine exchange

- Tracking for immunization hazards and emergency preparedness
- Access to body mass index information

How to register for the MCIR

To access information through the MCIR, a practitioner must contact their MCIR regional office to register as an authorized user.

To find location of the MCIR regional office and view training materials on how to use the MCIR, visit **mcir.org > Providers**.*

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Reporting child and adult immunizations (continued from page 13)

Blue Cross Complete uses MCIR information

Blue Cross Complete receives immunization data from the MCIR along with information from other sources, including other physician-reported data and medical claims, to supplement the reports to providers available through NaviNet, a clinical support tool for primary care physicians.

Participating providers assist in outreach

When individual practitioners participate fully in reporting both childhood and adult immunizations to the MCIR, they're assisting with the public health all-hazard tracking system that supports emergency preparedness locally and nationally. Through the MCIR, local health departments can do population-based assessments of immunization levels and focus outreach efforts where they're most needed.

Additional information about the MCIR

Additional information about the MCIR is available at **mcir.org**.*

Vaccination waivers

The state of Michigan's Joint Commission on Administrative Rules approved waiver rules for parents who want an exception from vaccinations for their children.

The rules require parents who want a nonmedical waiver to receive education about the benefits of vaccination from a county health department before obtaining the waiver.

Additional information about the requirements is available at **MDHHS > Adult & children's services > Children & families > Immunization info for families & providers > Immunization waiver information**.

If you have questions, see Section 11 of the Blue Cross Complete Provider Manual or contact your Blue Cross Complete account executive.

Blue Cross Complete covers the shingles vaccine

The Centers for Disease Control and Prevention recommends healthy adults 50 years and older get two doses of the shingles vaccine called Shingrix (recombinant zoster vaccine), separated by two to six months, to prevent shingles and its complications. The shingles vaccine is administered as a shot in the upper arm. Shingles (also known as herpes zoster or just zoster) is a painful skin rash, usually accompanied by blisters.

Blue Cross Complete covers both doses of Shingrix for members ages 50 years and older.

The CDC warns that the possible side effects of Shingrix can include:

- Sore arm with mild or moderate pain
- Redness and swelling at the site of the inoculation
- Fatigue, muscle pain, headache, shivering, fever, stomach pain or nausea

For more information, see the **CDC's Shingles Vaccination fact page**.*

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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Get social with Blue Cross Complete

Let our members know they can find healthy living tips and information on our Facebook page at **facebook.com/mibluecrosscomplete** or on Twitter at **@bcc_mi**.

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

Review criteria used for Blue Cross Complete utilization management determinations

Criteria used for utilization management determinations are available upon request to all Blue Cross Complete practitioners, providers and members free of charge. Members, practitioners and providers are made aware of the availability of review criteria and how to obtain clinical criteria used for a utilization management determination through the provider and member handbooks and written utilization management determination letters.

Upon request, Blue Cross Complete personnel will fax a copy of the criteria used in the review. To request criteria, contact Blue Cross Complete at **1-800-228-8554**. TTY users should call **1-888-987-5832**.

Help us keep the Blue Cross Complete provider directory up to date

Accurate provider directory information is crucial to help ensure members have access to their health care services. Please confirm the accuracy of your information in our online provider directory, so our members have up-to-date resources. Some of the key items in the directory are:

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

To view your provider information, visit **mibluecrosscomplete.com**, then click on **Find a Doctor** tab. Submit written notice of any changes to Blue Cross Complete, using the **Blue Cross Complete Provider Change Form** also at **mibluecrosscomplete.com**. Go to the **Provider** tab, click on **Forms** and then click on **Provider Change Form**.

Send completed forms by:

- **Email: bccproviderdata@mibluecrosscomplete.com**
- **Fax: 1-855-306-9762**
- **Mail:** Blue Cross Complete of Michigan
  Provider Network Management
  Suite 1300 4000
  Town Center
  Southfield, MI 48075

In addition, you must make these changes with **NaviNet**.* Call NaviNet at **1-888-482-8057** or email **support@navinet.net**. If you have any questions, contact your Blue Cross Complete provider account executive.

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.

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Report suspected fraud to Blue Cross Complete

If you suspect another Blue Cross Complete provider, employee or member is committing fraud, notify Blue Cross Complete's Special Investigations Unit:

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

Blue Cross Complete's Special Investigations Unit supports local and state authorities in investigating and prosecuting fraud. You can also report suspected fraud related to Blue Cross Complete to the Michigan Department of Health and Human Services by:

- Phone: **1-855-MI-FRAUD (1-855-643-7283)** or Welfare Fraud Hotline **1-800-222-8558**
- Website: **michigan.gov/fraud***
- Mail:
  Office of Health Services Inspector General
  P.O. Box 30062
  Lansing, MI 4890

You can make reports anonymously.

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