

September/October 2025

Contents

Early detection of chronic kidney disease through lab testing is key to slowing progression 2

Promoting collaborative care between oral and medical health providers can help improve patient outcomes..... 3

Learn the advantages of using NaviNet: Upcoming training for providers 3

Blue Cross Complete offers transportation services 3

HEDIS Corner: Kidney health evaluation for patients with diabetes 4

Cleaning up our language 5

Supporting health pregnancies: Centering Pregnancy® 7

Effective strategies providers can use to help patients better manage blood pressure 8

Addressing postpartum behavioral health disparities in minority patient populations 9

HEDIS® Supplemental Data Exchange handbook available to health care providers 10

Prioritizing mental health as a core part of health care 11

Prepare patients for flu season 12

Members have access to continuous glucose monitors and diabetes testing supplies 12

Diabetic eye exams 13

Virtual Diabetes Prevention Program available to qualified patients 13

Blue Cross Complete highlights clinical practice, preventive care guidelines..... 14



Programs available to help decrease maternal smoking 14

Maternal Infant Health program 15

Doula services now eligible for reimbursement under Michigan Medicaid 16

Promoting health equity and cultural competency 17

The importance of collecting race, ethnicity and language data 18

Help us keep Blue Cross Complete Provider Directory up to date 19

Keep medical records up to date for your patients 20

Report suspected fraud to Blue Cross Complete . 21

Early detection of chronic kidney disease through lab testing is key to slowing progression

Chronic kidney disease is a growing public health concern, particularly among people with diabetes and hypertension — two leading risk factors for kidney damage.

As frontline caregivers, health care providers play an important role in early detection and prevention. Routine laboratory testing remains one of the most effective tools for identifying CKD in its earliest stage, allowing for early diagnosis and treatment.¹

The Michigan Department of Health and Human Services and the National Kidney Foundation of Michigan, as part of a Chronic Kidney Disease Prevention Strategy, is encouraging Michigan Medicaid providers to use laboratory tests to screen patients with diabetes or hypertension for CKD, and to consider the same screening for other conditions with increased risk of CKD.

To help ensure health care providers are aware of covered Medicaid services that are important in the identification of chronic kidney disease, the MDHHS issued [Letter 23-65](#) in October 2023. The goal is to help providers identify patients who may benefit from early diagnosis and treatment.

CKD is defined by kidney damage or a decrease in kidney function for three or more months regardless of cause. According to the MDHHS, CKD affects 15% of the United States population, including more than one million adults in Michigan age 20 and older, yet fewer than 1 in 10 are aware of their diagnosis. The [Centers for Disease Control and Prevention](#) reports that approximately 1 in 3 adults with diabetes and 1 in 5 adults with hypertension have CKD. Many of these individuals often do not experience symptoms in the early stages. By the time symptoms begin to appear, kidney function may already be impaired.

Health officials have found that laboratory tests are an effective way to screen patients with diabetes or hypertension and identify those with CKD. Early detection of CKD can help slow down or prevent progression to kidney failure and dialysis by initiating timely medication, such as those recommended in the [Standards of Care in Diabetes](#), avoiding others, targeting glucose and blood pressure goals and recognizing illnesses that can further harm kidneys.

It's important to note that kidney disease is also a risk factor for cardiovascular disease, which can lead to serious complications like heart attack and heart disease, stroke, fluid buildup, anemia, gout and mineral bone disease among others serious complications.

Blue Cross Complete currently covers several laboratory services to help identify CKD when performed by an enrolled health care provider. Testing includes:

- Serum estimated glomerular filtration rate (eGFR)
- Urine albumin-creatinine ratio (uACR)
- Additional laboratory services determined clinically appropriate

These tests should be incorporated into routine management of patients with known risk factors to support early diagnosis and treatment. In addition to laboratory tests, Medicaid covers CKD diagnostic services including, but not limited to, kidney imaging and biopsy. For beneficiaries diagnosed with CKD, monitoring, education and treatment services are also covered.

By prioritizing lab screening for CKD, providers can detect kidney disease earlier, slow progression through intervention, reduce additional health related issues, and improve quality of life and health outcomes for patients.²

Blue Cross Complete encourages health care providers to review their current practice protocols to help ensure CKD screening is consistently implemented for at-risk patients.

As always, refer to the Blue Cross Complete [Prior Authorization Lookup Tool](#) to learn more about services that require prior authorization. If you have any questions, contact your Blue Cross Complete provider account executive or call Provider Inquiry at **1-888-312-5713**.

1. Chronic Kidney Disease in the United States, 2021 ([cdc.gov](#))

2. National Kidney Foundation. K/DOQI clinical practice guidelines for chronic kidney disease: evaluation, classification, and stratification. *Am J Kidney Dis.* 2002;39:S1–266.

*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.

Promoting collaborative care between oral and medical health providers can help improve patient outcomes

Integrated care between oral and medical health providers is essential to delivering comprehensive whole-person care. Blue Cross Complete encourages all health care professionals to collaborate across disciplines to better support the overall health and well-being of our members.

Medical and dental health are closely connected. Poor oral health can contribute to serious health conditions such as heart disease, diabetes complication, adverse pregnancy outcomes and even Alzheimer's disease.¹ Similarly, chronic illnesses can negatively impact oral health. According to the [American Diabetes Association](#), individuals with diabetes are at a higher risk of developing periodontal disease.

To strengthen this connection among providers, Blue Cross Complete supports coordinated care models that include:

- Referrals
- Coordination with medical care providers
- Encouraging primary care physicians to ask about oral health concerns during medical visits and referring members to dental providers for preventive care and treatment
- Educating health care providers on the signs of chronic disease and encouraging referrals back to primary care physicians when concerns are noted
- Promoting preventive screenings, such as blood pressure checks, and regular doctor visits

Providers play an important role in working together to identify risks and deliver timely, coordinated interventions. This collaborative approach supports early detection, improves disease management and whole-person care.

1. Oral Health in America: Advances and Challenges [Internet]. Bethesda (MD): National Institute of Dental and Craniofacial Research(US); 2021 Dec. Section 3A, Oral Health Across the Lifespan: Working-Age Adults. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK578294/>

Learn the advantages of using NaviNet: Upcoming training for providers

Did you know your office can submit a claims inquiry and investigation using the Blue Cross Complete provider portal, NaviNet?

Our next NaviNet training will be on Sept. 25, 2025, from 10 a.m. to 12 p.m. To register for this session, or if you have questions about enrollment on [Navinet.net](#)*, contact your Blue Cross Complete provider account executive or call Blue Cross Complete's Provider Inquiry team at **1-888-312-5713**.



Blue Cross Complete offers transportation services

Blue Cross Complete of Michigan is excited to announce MTM Health as our new transportation provider.

MTM Health provides no-cost rides to help your patients access the care they need. Blue Cross Complete members can get rides to medical appointments, including Healthy Kids Dental services and specialty mental health treatment, including substance use disorder treatment.

Visits to individual, family and group mental health sessions provided by a prepaid inpatient health plan or community mental health program are also covered. For more information, members can go to mibluccrosscomplete.com/member-benefits/transportation/.

*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.



HEDIS Corner: Kidney health evaluation for patients with diabetes

This HEDIS measure is for patients 18 to 85 years of age with diabetes (Type 1 and Type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate, or eGFR, and a urine albumin-creatinine ratio, or uACR, during the measurement year.

Medical record documentation must include the required tests with result and date of service.

Required exclusions:

Members who meet any of the following criteria are excluded from the measure:

- In hospice or using hospice services any time in the measurement year, or MY
- Deceased at any time in the MY
- Receiving palliative care any time in the MY
- Evidence of end stage renal disease, or ESRD or dialysis any time during the member's history through December 31 of the MY
- 66 years of age and older with frailty and advanced illness during the MY
- 81 years of age and older with frailty during the MY

Coding:

All three below are required:

- **Estimated glomerular filtration rate lab test:**
 - CPT: 80047, 80048, 80050, 80053, 80069, 82565
- **Quantitative urine albumin lab test:**
 - CPT: 82043
- **Urine creatinine lab test:**
 - CPT: 82570

Service dates of quantitative urine albumin lab test and urine creatinine lab test must be four or less days apart.

*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.

Cleaning up our language

Being cognizant of the terminology we use when rendering care to individuals with disabilities reduces the chances that an individual will feel alienated, disempowered, discriminated against, or degraded. Being respectful of a person's preference and using appropriate and inclusive language can affect the way individuals receive and interact with their health care providers.

Below is a list that provides guidelines on the words you should generally avoid using and the terms you should use instead.^{1,2}



Avoid		Use instead
Battling or in a battle with (disability)	Survivor	Person who has experienced (disability)
Sufferer	Victim	Person living with (name of disability)
	Stricken with (disability)	
Abnormal*	Putting "the" in front of terms (for example, "the deaf")	Has (specific diagnosis/disability)
Afflicted with		Person with a disability
Atypical*	Referring to disabled people by their medical label/diagnosis/mobility device (for example, "the wheelchair")	Person with (specific diagnosis/disability)
Broken		
Defect/defective		
Deficit		
Deformed/deformity	Short bus (to refer to a person)	
Disfigured/disfigurement	Special ed (to refer to a person)	
Impairment		
Invalid		
High-functioning or low-functioning		Be specific about an individual's challenges and abilities.
Patient (don't use in general disability discussion)		Refer to the person by name or identity choice.
Special, special ed (to refer to a person)		Has (specific diagnosis/disability)
		Person with a disability
		Person with (specific diagnosis/disability)

*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.

Avoid	Use instead
<p>Special needs</p>	<p>Functional needs Accommodations Modifications</p> <p>There may be times when “special needs” is unavoidable, such as when it is part of the name of a program or law. However, whenever possible, avoid using the term.</p>

*Except in a clinical or diagnostic setting. Keep in mind that there are two main ways to speak of disability:^{1,3}

- Identity-first language emphasizes a person’s conditions or characteristics first. Someone who prefers identity-first language might call themselves a “disabled person.”

This is often used by people who view their disability as a key part of who they are.

- Person-first language focuses on the individual instead of their characteristics. Someone who prefers person-first language might call themselves a “person with disabilities.”

This is often used by people who want to acknowledge that they exist outside of their disability. Both ways of speaking are acceptable. We should always ask a person about their personal preferences. Asking an individual how they would like to be addressed humanizes them and brings the focus back on the person. Speak to them in a manner that doesn’t victimize or isolate them. Respecting an individual’s autonomy and using the appropriate language has a big impact on helping create a more inclusive environment for individuals with disabilities.



*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.



Supporting health pregnancies: Centering Pregnancy®

Blue Cross Complete is committed to supporting the health and well-being of pregnant members through a comprehensive set of services designed to meet their physical, emotional, and social needs during pregnancy and beyond.

One of the key benefits available to pregnant members is Centering Pregnancy, an evidence-based model of group prenatal care. This program brings together small groups of pregnant women with similar due dates to receive education on childbirth, nutrition, exercise, stress management, breastfeeding, parenting and contraception. Group sessions are 90 to 120 minutes long.

Members can attend up to 12 in-person group sessions per pregnancy. These sessions don't replace regular prenatal physical visits. Blue Cross Complete provides coverage for in-person, group prenatal care when delivered by accredited Centering Pregnancy providers. Services must be provided in accordance with the most current Centering Pregnancy model of care.

Blue Cross Complete promotes healthier pregnancies, improved birth outcomes and stronger family support systems. Providers are encouraged to refer eligible patients to beneficial programs earlier in their pregnancies to help ensure they received the full range of available benefits.

To learn more or refer patients to maternity support services, providers can call Bright Start® at **1-888-288-1722** and select option 2 from 8 a.m. to 4:30 p.m. Monday through Friday or visit mibluecrosscomplete.com/pregnancy.

For full details on provider criteria, reimbursement guidelines and covered services, review the Michigan Department of Health Services Bulletin [MMP 24-45](#), issued Sept. 27, 2024.

*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.

Effective strategies providers can use to help patients better manage 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. Disparities in high blood pressure control in non-Hispanic, Black patients require a targeted approach, as this racial group displays the greatest prevalence of high blood pressure.¹

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

Below are tips for improving health literacy and medical outcomes among patients with hypertension.²

Use plain language, visual aids and technology, and incorporate effective teaching methods such as the teach-back and show-back methods.³ 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, review the medications they’re prescribed
- Develop action plans to change patients’ behavior and discuss health care priorities
- Teach patients about self-management activities, such as checking their blood pressure at home, exercise activity and eating a healthy diet.⁴

Shared decision-making

Providers who utilize a shared-decision making, or SDM, model can have a positive effect on adherence to hypertension treatment plans, including medication adherence, in Black and African American patients.⁵

Benefits of SDM

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



Teaching patients how to measure their blood pressure at home

- Self-measured blood pressure, or [SMBP, training video](#) to help train care teams and patients on how to properly self-measure blood pressure.
- [Patient training checklist](#): Use this as a guide when training patients during an in-person 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 SMBP quick guide](#) helps patients achieve and maintain blood pressure goals.
- [Self-measured blood pressure cuff selection](#)
- [Device calibration test](#) can be used as part of the process to calibrate a patient’s SMBP device whenever self-measurement results appear to have an unreasonable discrepancy compared to in-office results.

By fostering trust, enhancing patient education and consistently using standardized treatment guidelines, providers can play a critical role in improving health outcomes among patient population.

*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.

Addressing postpartum behavioral health disparities in minority patient populations

Postpartum depression is a significant public health concern, affecting up to 20% of new mothers.¹ However, studies have shown that Black and Latino people face higher rates of PPD and have a harder time getting the care they need, as compared to white mothers, especially in urban areas.²

One reason that researchers cite for the lower rates of treatment for PPD among people of color is shame or embarrassment around mental health treatment in their communities. Additionally, language barriers, lack of transportation to care facilities, and cultural and racial disparities between patients and providers all contribute to this trend.²

Others may feel they have been discriminated against by the health care system and may not trust or want to engage with their postpartum care providers. Black respondents — especially those with higher education — in a 2019 study said they experienced stigmatization and lack of compassion from mental health providers.³

Cultural and language differences can also create challenges for patients and providers in mental health settings. The same study also showed that mental health providers who lacked knowledge about how various cultural groups communicated had difficulty in understanding their patients' needs and, as a result, sometimes were unable to provide the care they needed.⁴

Medical providers can address these disparities by implementing culturally responsive, evidence-based interventions. Here are some interventions to consider:

Universal screening with culturally adapted tools

- When using tools like the Edinburgh Postnatal Depression Scale, or EPDS, and the Patient Health Questionnaire-9, or PHQ-9, make sure that they have been validated for the appropriate population and are available in multiple languages.⁵
- Be attentive to cultural expressions of distress, such as somatic (physical/bodily) complaints, which may be more prevalent in certain populations.⁶



Trauma-informed and antiracism training

- Educate health care staff on the impact of systemic racism, implicit bias and culturally specific stressors affecting Black and Hispanic mothers.⁷

Integrated behavioral health models

- Integrate mental health professionals into obstetric and pediatric clinics to provide seamless care.⁸
- Implement team-based approaches that include mental health specialists, primary care providers and care coordinators.⁹

Community-based peer support and doula programs

- The use of doulas has been shown to improve maternal mental health outcomes. This is attributed to the fact that doulas are able to connect better with their patients on a cultural level. Doulas have come to be known as community caretakers who provide emotional and spiritual support; it's vital to recognize the importance of their role within the community.¹⁰

Equitable postpartum care

- Promote investment in programs that provide culturally tailored postpartum support services.¹¹

*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.

Providers who recognize the cultural and ethnic barriers to care and take steps to address them can play a critical role in improving postpartum mental health care for Black and Hispanic patients. The use of culturally responsive and evidence-based interventions can set the stage for better diagnosis, support and treatment of PPD, as well as more equitable outcomes for all patients.

References:

1. Star Liu et al., "Assessing the Racial and Socioeconomic Disparities in Postpartum Depression Using Population-Level Hospital Discharge Data: Longitudinal Retrospective Study," *JMIR Pediatrics and Parenting*, Oct. 10, 2022, <https://pediatrics.jmir.org/2022/4/e38879>
2. Julisa Tindall et al., "Mental Health Care Disparities Among US Pregnant Individuals in 2020–2021: A Cross-Sectional Study," *Journal of Racial and Ethnic Health Disparities*, Dec. 17, 2024, <https://link.springer.com/article/10.1007/s40615-024-02250-3>
3. Maria Cohut, Ph.D., "Racism in Mental Healthcare: An Invisible Barrier," *Medical News Today*, July 3, 2020, <https://www.medicalnewstoday.com/articles/racism-in-mental-healthcare-an-invisible-barrier>
4. Ibid
5. "Black Maternal Mental Health Issue Brief," Policy Center for Maternal Mental Health, Dec. 8, 2023, <https://policycentermmh.org/black-maternal-mental-health-issue-brief>
6. Nina Feldman and Aneri Pattani, "Black Mothers Get Less Treatment For Postpartum Depression Than Other Moms," *KFF Health News*, Dec. 6, 2019, <https://kffhealthnews.org/news/black-mothers-get-less-treatment-for-postpartum-depression-than-other-moms/>
7. Tuyet-Mai H. Hoang et al., "Experiences of Racial Trauma Among Perinatal Women of Color in Seeking Healthcare Services," *General Hospital Psychiatry*, Sept.– Oct. 2023, <https://www.sciencedirect.com/science/article/pii/S0163834323001123>
8. Esti Iturralde et al., "Engagement in Perinatal Depression Treatment: A Qualitative Study of Barriers Across and Within Racial/Ethnic Groups," *BMC Pregnancy Childbirth*, July 16, 2021, <https://pmc.ncbi.nlm.nih.gov/articles/PMC8284181/>
9. Khadija Snowber et al., "Associations Between Implementation of the Collaborative Care Model and Disparities in Perinatal Depression Care," *Obstetrics & Gynecology*, July 6, 2022, <https://pmc.ncbi.nlm.nih.gov/articles/PMC9307131/>
10. Kimeshia Thomas et al., "The Experiences of Black Community-Based Doulas as They Mitigate Systems of Racism: A Qualitative Study," *Journal of Midwifery and Women's Health*, April 14, 2023, <https://onlinelibrary.wiley.com/doi/10.1111/jmwh.13493>
11. "Latina and Hispanic Maternal Mental Health – Issue Brief," Policy Center for Maternal Mental Health, Oct. 25, 2024, <https://policycentermmh.org/latina-and-hispanic-maternal-mental-health-issue-brief/>

HEDIS® Supplemental Data Exchange handbook available to health care providers

The Blue Cross Complete Healthcare Effectiveness Data and Information Set® Supplemental Data Exchange provider handbook provides an explanation of our data exchange processes and how Blue Cross Complete identifies the necessary clinical data for closing gaps in care for our members.

Data exchange is an essential process to help ensure that your patients are receiving the best health care achievable and meeting performance measures.

The handbook also provides background on HEDIS* and how we use your data in HEDIS measure rate calculations and reporting.

Data exchange is becoming more common with the arrival of new methods for exchange, widespread adoption of electronic medical records and electronic health records systems, more prevalent health information exchanges and companies focused on data aggregation.

Blue Cross Complete encourages digital data submission to complement information received on claims. This data exchange method provides historic service events, services potentially not included or partially included on a claim, or even social history or demographic information never received through claims transactions.

Providers can reach out to their Blue Cross Complete Account Executive to receive an electronic copy of the Blue Cross Complete Healthcare Effectiveness Data and Information Set Supplemental Data Exchange provider handbook.

If you have any questions, 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.

Prioritizing mental health as a core part of health care

Each year on October 10, World Mental Health Day offers an opportunity to raise awareness and mobilize efforts in support of mental health around the world. At Blue Cross Complete, we support this global movement to promote mental well-being as a critical component of whole-person care.

As health care providers, your role in identifying and supporting members facing mental health challenges is more important than ever. According to the [World Health Organization](#), 1 in 8 people worldwide live with a mental health condition. Mental disorders involve significant disturbances in thinking, emotional regulation or behavior.

As reported in the Michigan Department of Health and Human Services [2022-2024 MDHHS Social Determinants of Health Strategy, Michigan's Roadmap to Healthy Communities](#), it's important to understand that complex challenges, including chronic health issues, housing instability and financial hardship can impact a person's mental well-being.

How you can support your patients

- Mental health screening: It's important to screen members for depression, anxiety and other mental health conditions during routine visits.
- Promote integrated care: Encourage coordination between primary care and behavioral health services to help ensure comprehensive support and care.
- Address social determinants of health: Help members access community resources for food, housing, transportation and other social needs that can influence mental health.
- Normalize conversations: Help to reduce stigma by creating a safe space for members to talk openly about emotional struggles and mental wellness.
- Referrals: Refer your patients to services and support available to them within the community and their health plan.



Provider resources

We offer provider toolkits, training opportunities and clinical guidelines to support behavioral health integration. Visit our provider website to mibluccrosscomplete.com/providers for more information.

The Blue Cross Complete plan covers treatment for mild to moderate mental health needs, such as managing anxiety, depression and the aftereffects of trauma. These visits may be with an in-network therapist, such as a counselor, licensed clinical social worker or psychologist. Members don't need a referral or prior authorization. [Accessing behavioral health services through Blue Cross Complete \(PDF\)](#) contains information about available behavioral health resources and services. The Rapid Response Outreach Team is available to assist members with coordinating care and accessing counseling services. Members can reach RROT by calling **1-888-288-1722** (TTY **1-888-987-5832**) Monday through Friday from 8 a.m. to 5:30 p.m.

On World Mental Health Day and throughout the year, let's continue to work together to prioritize the mental health of our members.

*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.

Prepare patients for flu season

As the summer heat begins to fade and autumn approaches, so does the onset of flu season. This means that it's time to start a flu prevention plan for your patients.

The Center for Disease Control and Prevention recommends a flu vaccine during each flu season as the first and most important step in protecting against the virus.

Here are a few additional reminders for your patients:

- Get the recommended amount of sleep.
- Eat a healthy, well-balanced diet.
- Minimize stress.
- Keep moving — exercise has numerous health benefits, such as boosting mood and energy. It also helps to promote better sleep.

To help prevent the flu, also remind your patients to:

- Wash their hands frequently with soap and warm water.
- Cover their nose and mouth when they sneeze or cough.
- Stay home, if they feel sick or have flu-like symptoms, to prevent further spread of the illness.
- Avoid people who are sick, if possible.

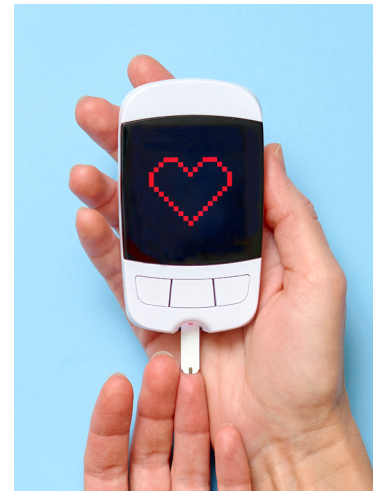
When a significant portion of the community gets vaccinated, the spread of the flu is minimized. Known as herd immunity, this helps protect those who are unable to get vaccinated, such as individuals with specific health conditions.

Blue Cross Complete covers seasonal flu vaccines with no copayment for all our members. They can receive the vaccine from a medical provider, local health department or pharmacy. For the pharmacy, call ahead to determine availability and ask about age limits as most pharmacies have restrictions on vaccinating children under a certain age.

Members have access to continuous glucose monitors and diabetes testing supplies

Blue Cross Complete is committed to supporting members with diabetes by providing access to essential supplies that promote effective disease management.

Health care providers are reminded that 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. Providers are encouraged to review the coverage criteria to ensure that documentation supports the member's clinical need.



CGMs offer real-time glucose monitoring, helping patients track their blood sugar trends and respond promptly to fluctuations. These devices, along with traditional blood pressure monitors, and testing strips play a vital role in managing both Type 1 and Type 2 diabetes.

For information on covered supplies and prior authorization, please refer to the [Blue Cross Complete Provider Manual](#). As a reminder, when you do need to verify whether a service requires prior authorization, use the [Prior Authorization Lookup Tool](#) at mibluecrosscomplete.com. Please remember, the results of this tool aren't a guarantee of coverage or authorization.

*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.

Diabetic eye exams

Diabetes is known to damage the small blood vessels in the retina, causing diabetic retinopathy. The early stages of diabetic retinopathy aren't detectable symptoms for the individual. Only an eye exam can detect the problem. Diabetes also increases risk of glaucoma. Getting regular eye exams will identify necessary steps to prevent worsening eye damage. Below are some HEDIS tips for diabetic eye exams.

Eye exam for patients with diabetes

- Retinal or dilated eye exams are required yearly by an eye care professional (ophthalmologist or optometrist).
- Blindness is not an exclusion for a diabetic eye exam.
- Ask patients to have the optometrist or ophthalmologist send the eye test results to their PCP's office. This will increase coordination of care between the PCP and eye provider. Coordination of care leads to better integrated care for the patient.
- Chart necessities:
 - Include the date of service, results and the full name and credentials of the provider conducting the eye exam. Name of a vision care center alone is not acceptable for compliance.
 - Note clearly if the patient had a dilated or retinal exam.
 - Make note if retinopathy is present or of any eye enucleations.
 - Documentation of "diabetes without complications" does not meet criteria.

Source: HEDIS MY25 Specifications used as supporting documentation



Virtual Diabetes Prevention Program available to qualified patients

Those with prediabetes may be more likely to get diabetes. The Diabetes Prevention Program can help members manage symptoms of diabetes.

Diabetes Prevention Program

The Diabetes Prevention Program can help your patients learn how to make healthy changes and stick to them. In a small group, led by a trained lifestyle coach, participants learn healthier ways to eat, how to be more active and other lifestyle changes during 16 weekly one-hour virtual sessions. The group will then meet online monthly, for up to a year. Topics include:

- Reducing fat and calories
- Four keys to healthy eating out
- Being active: a way of life
- Managing stress

How can your patients join?

The National Kidney Foundation of Michigan host online classes for participants to join by computer or smart device (cellphone or tablet). Those interested in joining will need to attend an online information session before enrolling in a class. The program team will follow up with your patients by phone to provide additional information about the program and assist with signing up.

For more information, go to readyssetprevent.org.*

*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 highlights clinical practice, preventive care guidelines

Blue Cross Complete promotes the development, approval, implementation, monitoring and revision of uniform evidence-based clinical practice and preventive care guidelines for practitioners. These guidelines promote the delivery of quality care and reduce variability in physician practice.

Blue Cross Complete adopts clinical practice guidelines that consider the needs of Blue Cross Complete members and may be related to applicable acute or chronic conditions, behavioral health-related issues and preventive or non-preventive guidelines. Guidelines are adopted in consultation with contracted health care professionals and are reviewed and updated at least every two years.

Our quality improvement program encourages Blue Cross Complete's adherence to clinical practice and preventive care guidelines. Ongoing monitoring of compliance is conducted through medical record reviews and quality studies. Approved clinical practice guidelines are available on the [Blue Cross Complete website](#) for all Blue Cross Complete primary care providers, primary care groups and specialists. All guidelines are intended as a general resource to assist the practitioner and aren't meant as a substitute for the practitioner's medical judgment.

Guidelines and updates are accessible to all providers through a link in the [Blue Cross Complete Provider Manual](#). Blue Cross Complete also distributes clinical practice guidelines to members and prospective members upon request. Blue Cross Complete will mail clinical practice guidelines to those who don't have access to fax, email or internet.

Programs available to help decrease maternal smoking

Maternal smoking isn't only harmful to women, but also to their babies before, during and after birth.

Research by the [Centers for Disease Control and Prevention](#) has shown that smoking while pregnant can increase the risk of premature birth, sudden infant death syndrome and various birth defects. Exposure to [second-hand smoke](#) can be harmful to mother and child. The risks of stillbirth and congenital malformation can increase due to second-hand smoke exposure during pregnancy. Moreover, babies exposed to second-hand smoke are more likely to die of sudden infant death syndrome than babies who aren't exposed.

According to the [March of Dimes](#), when women smoke during pregnancy, harmful chemicals, such as nicotine, carbon monoxide and tar, pass through the placenta and umbilical cord to the baby. These chemicals can decrease the amount of oxygen a baby gets, which can slow growth before birth. Other [health problems](#) related to maternal smoking include poor lung and brain function, wheezing, asthma, visual difficulties, increased ear infections and pneumonia. The more cigarettes smoked per day, the greater a baby's chances of developing these and other health problems. It's important to understand that there is no safe level of smoking while pregnant, and quitting is the best option for both the mother and baby's health.

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

The Blue Cross Complete tobacco quit program is no cost and phone based. It helps members quit using tobacco and offers support and encouragement to help them stick to their plan.

Drug benefits include over-the-counter and prescription medicines. See the Pharmacy Services section of [Blue Cross Complete's Provider Manual](#) for additional coverage information. For more information, call Blue Cross Complete Provider Inquiry at **1-888-312-5713**.

*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.

Maternal Infant Health program

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

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

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

For information on MIHP services, providers can call Blue Cross Complete's Provider Inquiry department at **1-888-312-5713**. Refer interested members to Blue Cross Complete's Member Services at **1-888-288-1722**.



*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.

Doula services now eligible for reimbursement under Michigan Medicaid

Michigan has now become one of a handful of states to cover doula services under Medicaid. Governor Gretchen Whitmer spearheaded this expansion as a part of her Healthy Moms Healthy Babies Initiative. The extension of maternal services has the potential to yield groundbreaking results. According to the Center for Disease Control and Prevention, Michigan resides on the top 10 list for infant mortality rates.¹ It is also reported that 50% of maternal deaths in Michigan can be prevented.² The implementation of doula services increases support for mothers both during pregnancy and postpartum.

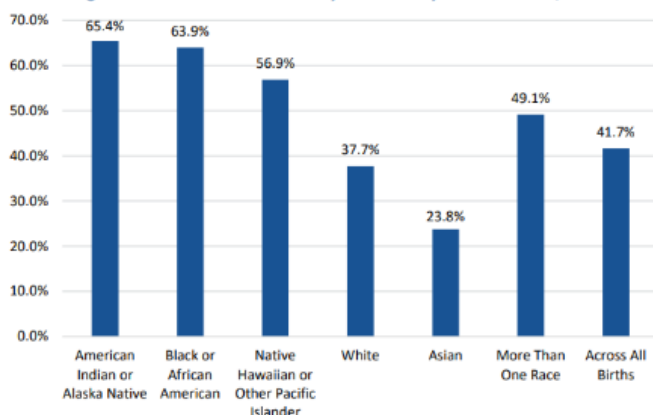
The scope of doulas is wide-ranging and inclusive to a variety of birthing plans. Perinatal education, care coordination, emotional support, health advocacy and even breastfeeding assistance can all fall under the duties of a doula.

The presence of a doula during childbirth has been shown to have an outstanding impact. Klaus, et al, (2002) found that the presence of a doula led to:³

- 50% reduction in the cesarean rate (varied among birthing centers)
- 25% shorter labor
- 60% reduction in epidural requests
- 40% reduction in oxytocin (Pitocin®) use
- 30% reduction in analgesia use
- 40% reduction in forceps delivery

From a health equity perspective, the use of doulas may help address disparities that minority mothers face during childbirth. Currently, African American, American Indian and Alaska Native mothers in Michigan are two to three times more likely to die during childbirth, compared to their white

Figure 2: Percent of Births Paid by Medicaid by Mother's Race, 2020



Note: Data are from the CDC's Natality Records 2016-2020, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/natality-expanded-current.html>

counterparts.⁴ The majority of African American and AIAN births are covered by Medicaid. While there is still much work to be done, including maintaining Culturally Linguistically and Services and Health Equity Accreditation standards, encouraging expectant members to enlist the services of a doula may prove to be extremely beneficial.

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

References:

1. Infant Mortality Rates by State. National health statistics reports; 2022. Hyattsville, MD: National Center for Health Statistics.
2. Quick Facts. Michigan Maternal Mortality Surveillance (MMMS) Program Data.2022. Lansing, MI: Michigan Department of Health and Human Services.
3. Klaus, M.H.; Kennell, J.H.; Klaus, P.H. Mothering the Mother: How a doula can help you have a shorter, easier and healthier birth. Addison Wesley Publishing Company. 1993. Updated in 2002 and renamed The Doula Book: How a trained labor companion can help you have a shorter, easier and healthier birth. Perseus Books Group.
4. Hoyert DL. Maternal mortality rates in the United States, 2020. NCHS Health E-Stats. 2022. DOI: <https://dx.doi.org/10.15620/cdc.113967>.

*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.



Promoting health equity and 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 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 website offers 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 mibluemcrosscomplete.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 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.

The importance of collecting race, ethnicity and language data

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

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

Why is collecting REL data important?

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

How do we collect REL information?

- Blue Cross Complete requests that its contracted provider network voluntarily share REL data, as well as their office support staff's languages.
- Blue Cross Complete requests and collects network provider REL data using the same Office of Management and Budget categories it uses to collect members' REL.

How do we store and share this information?

REL data is housed in a database that is made available to members:

- 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 building 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.

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

To view your provider's information, visit mibluccrosscomplete.com, then click the **Find a doctor** tab and search your provider's name. If any changes are necessary, you must submit them in writing using Blue Cross Complete's *Provider Change Form* also at mibluccrosscomplete.com. Go to the **Providers** tab, click **Forms** and then click **Provider Change Form**.

Send completed forms by:

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

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

*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.

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.



*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.



*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.

MCO-MI_254724250

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

mibluecrosscomplete.com