

May/June 2026

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## Providers urged to focus on social determinants of health

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

Social determinants of health, such as food insecurity, stable housing, education, transportation and financial stability, can play a significant role in a patient's overall well-being. According to a [report](#) by the Office of the Assistant Secretary for Planning and Evaluation, or ASPE, in order to make meaningful improvements to health equity for all, health care

providers must recognize the value of working with community-based organizations that have a deep understanding of the population they serve.

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

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

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

- **Collaborate with community-based organizations:** These organizations possess valuable knowledge and are dedicated to offering resources to residents in need of support. Health care providers need to educate themselves and their staff about local programs that address specific needs, so they can provide the best possible referrals to patients. Even more, health care systems are encouraged to invest in SDOH initiatives and to partner with social service agencies, housing authorities and nonprofit organizations to establish a more patient-centered, whole-person care model.
- **Screening for SDOH:** At Blue Cross Complete, we believe health care providers play a crucial role in addressing SDOH by accurately reporting Z codes to help us better address issues and concerns affecting our members. Blue Cross Complete assesses, identifies and addresses health care and social determinants of health needs by offering incentives to our behavioral health providers through the Behavioral Health Quality Enhancement Program. The program provides a \$5 incentive for each time a provider reports an SDOH code on a claim.
- **Invest in SDOH initiatives:** Blue Cross Complete recognizes the value in funding non-clinical interventions. Blue Cross Complete offers [no-cost transportation](#) to access covered services, such as medical, dental and pharmacy trips. Members can also get rides to Healthy Kids Dental services and specialty mental health treatment, including substance use disorder treatment. Transportation to these services is provided whether they're covered by Blue Cross Complete or by the Michigan Department of Health and Human Services.

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

Health care providers have a unique opportunity to be catalysts for change by prioritizing SDOH in their care settings. By fostering relationships with community organizations, investing in social care initiatives and advocating for policies that promote health equity, providers can make a lasting impact on the well-being of their patients and communities.<sup>3</sup> Providers who integrate SDOH into their approach will not only improve patient outcomes but also strengthen the long-term sustainability of the health system as a whole.<sup>3</sup>

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

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

### Citations

1. Resources for Integrated Care. (2024). Leveraging Health Plan and Community Partnerships to Address Social Determinants of Health.
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3. Yan AF, Chen Z, Wang Y, Campbell JA, Xue QL, Williams MY, Weinhardt LS, Egede LE. Effectiveness of Social Needs Screening and Interventions in Clinical Settings on Utilization, Cost, and Clinical Outcomes: A Systematic Review. *Health Equity*. 2022 Jun 24;6(1):454-475. doi: 10.1089/heq.2022.0010. PMID: 35801145; PMCID: PMC9257553.

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## Addressing patient wait times and appointment scheduling concerns

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

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

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

With Blue Cross Complete, health care providers can reduce wait times and provide efficient appointment scheduling by following guidelines outlined in the Standards and Rating section of the Blue Cross Complete Provider Manual.

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

### Waiting room time

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

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

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### Standards for access to after-hours care

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

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

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

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

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

### Monitoring appointment access

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

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

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

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

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

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

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## MDHHS updates guidance to improve prior authorization process

The Michigan Department of Health and Human Services issued Bulletin [MMP 26-02](#) on January 23, 2026, updating Medicaid prior authorization requirements.\*

Under [MMP 26-02](#),\* effective January 1, 2026:

- Standard PA determinations submitted on and after January 1, 2026, will be made no later than seven calendar days
- Expedited PA determinations will be made no later than 72 hours upon request.

Providers are responsible for obtaining prior authorizations for services before scheduling by

submitting clinical information, as needed, to support medical necessity of the requests. Requests will not be processed if missing clinical information or CPT and ICD-10 codes. As a reminder, authorization is not a guarantee of payment. Payment is subject to benefit coverage rules, including member eligibility and any contractual limitation in effect at the time of service.

For full details on [MMP 26-02](#), go to [michigan.gov](https://michigan.gov).\* If you have any questions, contact your Blue Cross Complete provider account executive or Blue Cross Complete's Provider Inquiry department at **1-888-312-5713**.

## The HEDIS Corner: Lead testing

### New requirements for blood lead testing of young children

Lead exposure remains a significant public health issue, particularly for young children who are at higher risk of harmful effects of lead exposure. Exposure to lead can cause developmental delays, learning disabilities, behavioral problems and other health complications. The primary sources of lead exposure in children include older homes with lead-based paint, contaminated water, soil and imported goods.

Effective April 30, 2025, Michigan enacted a [law](#)\* mandating universal blood lead testing for children, requiring tests at 12 and 24 months of age, with additional testing for high-risk, exposed or previously untested children up to 72 months. The law requires physicians to order tests and document them on immunization records, aiming to catch exposure early.

This new approach, commonly called "universal blood lead testing," aims to identify and address lead exposure at the earliest stages, ultimately preventing long-term developmental and health issues associated with lead poisoning. Providers must report results to the Michigan Childhood Lead Poisoning Prevention Program to ensure timely follow-up and intervention when necessary.

The [Michigan Department of Health and Human Services](#)\* has outlined additional information on blood lead testing requirements for providers:

- Blood lead tests by capillary sampling are for screening only, all elevated capillary samples require venous confirmatory testing.

- At a blood lead level of 45 µg/dL or greater, any treatment should be performed in consultation with Michigan's [Poison Control Center](#).\* Hospitalization and chelation should be considered. Other children who may have also been exposed should be tested. The family should not return to the lead-contaminated home.
- The state of Michigan requires physicians to offer a blood lead test to all children at ages 1 and 2, and at other ages depending on lead exposure risks (administrative rules [R 330.301-304](#)), but does not require reporting of test refusal or the use of a refusal form.\*
- Clinicians are encouraged to document the shared decision-making around blood lead testing in the child's medical record. Clinicians may choose to create or adapt a [template](#)\* to support their own internal tracking.

Additional information about blood lead testing for health care providers and the public is available at [Mi Lead Safe](#).\* If you have questions, contact your Blue Cross Complete provider account executive or call Blue Cross Complete's Provider Inquiry department at **1-888-312-5713**.

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## Lead screening and testing reminders

Lead is a poison that affects virtually every system in the body and is especially harmful to young children. The Flint water crisis brought attention to the importance of protecting children from lead exposure through screening and prevention.

The Centers for Disease Control and Prevention indicated there is no safe documented blood lead level in children. Even low levels, with no corrective action to exposure, have been shown to affect IQ, attention span and academic achievement.

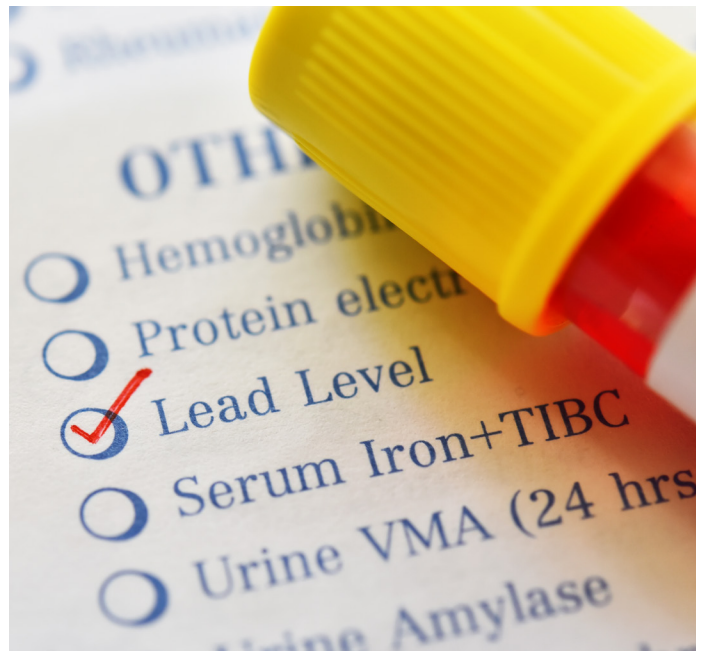
Michigan Medicaid requires all children be tested at 12 and 24 months of age. Children from 36 to 72 months of age must be tested at least once. For more information on requirements and resources, visit [michigan.gov/mileadsafe](https://michigan.gov/mileadsafe).\*

The CDC recently updated recommendations on children's blood lead levels and uses a reference level of 3.5 micrograms per deciliter to identify children with higher-than-average blood lead levels. The CDC's level is based on the population of children ages 1 to 5 who are in the highest level of 2.5% tested.

As of May 1, 2022, Michigan Medicaid policy aligns with CDC updates ([MDHHS Bulletin 22-11](#)).\* A blood lead level of 3.5 micrograms per deciliter or higher is now considered elevated. This is a change from the previous state standard of 4.5 micrograms per deciliter. The new blood lead reference value is based on the 97.5th percentile of the blood lead distribution in U.S. children ages 1 to 5 years from the National Health and Nutrition Examination Survey.

The CDC has also shifted its focus to protecting children from lead exposure by reducing and eliminating dangerous environmental sources. Recommendations for medical treatment haven't changed. Experts suggest chelation therapy when a child has blood level equal to or greater than 3.5 micrograms per deciliter. The MDHHS recommends using these tips for blood lead testing:

- Screening — Ask exposure-related questions only when a child isn't enrolled in Medicaid and doesn't live in a target community.



- Testing — Requires a capillary or venous sample from the patient to test for lead exposure.
  - Venous blood specimens aren't required for initial testing; capillary specimens are acceptable.
- If the capillary result is equal to or below 3.5 µg/dL — the CDC's level of concern further testing isn't necessary until the next recommended time.
- If the capillary result is equal to or greater than 3.5 µg/dL, confirm results with a venous sample. The venous sample doesn't need to be taken in the primary care provider's office.
- If the capillary or venous specimen is collected in the provider's office and packaged for mailing, you don't need Clinical Laboratory Improvement Amendments certification.
- Blood specimens may be sent through the U.S. Postal Service.

Lead screening is also a HEDIS requirement. The Lead Screening in Children measure assesses the percentage of children two years old who received one or more capillary or venous blood tests for lead poisoning on or before their second birthday.

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## Blue Cross Complete releases findings from annual access and availability study

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

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

Below is a summary of the 2025 overall compliance summary by appointment type:

Appointment Availability – Overall Compliance				
	Number of Providers	Number Compliant	Number Non-compliant	Percent Compliant
Total	899	585	314	65%
PCP's	202	899	79	61%
Pediatrics	100	69	31	69%
High Volume	349	269	80	77%
High Impact	197	127	70	64%
Prescribers	24	11	13	46%
Non-Prescribers	196	99	97	51%

Note: To be fully compliant, a provider had to meet all standards that applied to their specialty type.

Appointment compliance summary by appointment type:

Appointment Availability – Compliance Summary By Appointment Type							
	Total	PCP's	Pediatrics	High Volume	High Impact	Behavioral Health	
						Prescribers	Non-Prescribers
Urgent Care	91%	98%	99%	NA	NA	87%	78%
Routine Care	99%	99%	100%	NA	NA	NA	NA
Non-Urgent Symptomatic Care	95%	93%	97%	NA	NA	NA	NA
Initial Visit Routine Care (BH)	88%	NA	NA	NA	NA	67%	90%
Follow-up Routine Care (BH)	99%	82%	NA	NA	NA	98%	99%
Preventive Care	95%	93%	98%	NA	NA	NA	NA
Emergent Care	85%	82%	78%	NA	NA	95%	89%
Non-Life threatening Emergency Care	77%	NA	NA	NA	NA	70%	78%
Specialist Appointment	94%	NA	NA	96%	92%	NA	NA
Acute Specialty Care	85%	NA	NA	87%	78%	NA	NA
Wait time	91%	88%	93%	NA	NA	88%	93%
Initial Pregnant-Woman Prenatal Care	79%	89%	NA	73%	66%	NA	NA
Third Trimester Prenatal Care	86%	96%	NA	81%	80%	NA	NA
Hi-Risk Prenatal Care	91%	98%	NA	87%	90%	NA	NA

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**Appointment compliance for specialist appointment:**

Appointment Availability – Compliance Summary By Specialist Type – High Volume						
	Total	OBGYN	Cardology	Physical Therapy	Chiropractic	Optometry
Overall compliance	77%	48%	36%	88%	96%	78%
specialist Appointment	96%	93%	100%	100%	100%	92%
Accute Specialty Care	87%	75%	45%	91%	100%	86%
Initial Pregnant-Woman Prenatal Care	73%	65%	NA%	86%	96%	60%
Third trimester Prenatal Care	81%	84%	50%	63%	90%	40%
High-Risk Prenatal Care	87%	91%	50%	86%	85%	60%

Appointment Availability – Compliance Summary By Specialist Type – High Impact						
	Total	OBGYN	Cardology	Physical Therapy	Neurology	Oncology
Overall compliance	64%	48%	36%	88%	39%	70%
Sspecialist Appointment	92%	93%	100%	100%	47%	100%
Accute Specialty Care	78%	75%	45%	91%	53%	67%
Initial Pregnant-Woman Prenatal Care	66%	65%	NA	86%	NA	NA
Third trimester Prenatal Care	80%	84%	50%	63%	100%	NA
High-Risk Prenatal Care	90%	91%	50%	86%	100%	NA

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**After-hours availability summary:**

After hours –Overall Compliance				
	Number of Providers	Number Compliant	Number Non-Compliant	Percentage Compliant
<b>Total Sample</b>	<b>119</b>	<b>114</b>	<b>75</b>	<b>60%</b>

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

**Improving member access to care and availability**

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

- Implement same-day appointments for certain patient types.
- Allow walk-in appointments.
- Offer virtual appointments.
- Leave appointment slots open daily.
- Train office staff to identify medical situations so the patient can be seen immediately or directed to the emergency room.
- Identify patterns of care in office; if more urgent or sick-care appointments are needed earlier in the week, schedule routine-care appointments for later in the week.

- Extend office hours.
- Educate members on appropriate use of after-hours services to manage utilization:
  - Advise on what symptoms require after-hours advice
  - Use urgent care versus emergency room for low-acuity illnesses or symptoms after hours.
  - Emphasize importance of after-hours advice to prevent emergency room visits.

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

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## Eliminating preventable maternal mortality

According to the [Centers for Disease Control and Prevention](#), over 700 women die every year nationwide due to pregnancy-related complications and most of these deaths are preventable.<sup>1</sup> Health care providers play a critical role in eliminating preventable maternal mortality.\*

To help reduce pregnancy-related deaths, the CDC recently released an updated website with new resources for health care professionals related to the [Hear Her](#) campaign. The website contains specific information for specialty providers focused on obstetrics, pediatrics and other fields of medicine.

- Obstetric professionals, such as OB-GYNs, obstetric nurses, midwives and women’s health nurse practitioners, have an opportunity to provide important education to pregnant and postpartum patients about the urgent maternal warning signs. It’s important for obstetric providers to build trust with patients when prenatal care begins and encourage them to share any concerns they may have.
- 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 check-ups, pediatric staff can ask moms how they are feeling and listen for urgent maternal warning signs that may be mentioned.
- Emergency department staff, paramedics, urgent care staff, primary care providers, mental health professionals and many 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 critical for providers to always 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](#), health equity, implicit bias awareness and other educational tools from a variety of organizations are also available. Information for health care professionals is available at [cdc.gov](#).\*

### How to promote Hear Her

- Consider posting Hear Her campaign information in your office or publishing content in your newsletter, if applicable.
- Post on your social media channel using images and text found at [cdc.gov](#). Label your message with #HearHer.

Thank you for your support and work to promote the health and well-being of pregnant and postpartum members.

<sup>1</sup>U.S. Centers for Disease Control and Prevention, 2022.

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## Prescription required for blood pressure monitors

As outlined in proposed Medicaid policy [2206-DMEPOS](#),\* MDHHS provides coverage for manual and automatic blood pressure monitors.

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

### Key information for providers

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

- The treatment plan requires the beneficiary to self-monitor and record blood pressure readings at a minimum of once daily

- The beneficiary has any of the following conditions:
  - History of heart disease, congenital heart defects or stroke
  - A neurological condition that affects blood pressure
  - Blood pressure fluctuations due to renal disease
  - Hypertensive disorders in pregnancy, childbirth or the puerperium period
  - Chronic hypertension despite beneficiary compliance with the treatment plan
- The ordering practitioner or practitioner's nursing staff has educated the beneficiary on self-measurement of blood pressure, recording blood pressure readings and have fit the beneficiary for the appropriate cuff size

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## Prescription required for blood pressure monitors continued

- The medical supplier has provided further education regarding use of the monitor cuff, cleaning/maintenance, warranty information, troubleshooting errors and the medical supplier's contact information for repairs and replacement or assistance for equipment malfunction.

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

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

### Not covered

Finger or wrist monitors are not covered.

### Additions to documentation

Documentation must be less than 30 days old and include:

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

### Frequency

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

## Changes to prior authorization requirements

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

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

### Prior authorization is required for the following:

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

## Warranty

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

## Changes to payment rules

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

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

To locate a DME provider, call Blue Cross Complete's Customer Service at **1-800-228-8554**. If you have questions about the pharmacy benefit, call Pharmacy Customer Service (PerformRx) at **1-888-288-3231**.

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## Sickle cell disease coverage available for adults

The Michigan Department of Health and Human Services expanded benefits under the Children's Special Health Care Services program to include sickle cell disease coverage for adults, effective October 1, 2021.

"One of MDHHS's top priorities is expanding access to health care coverage through innovation," said Kate Massey, senior deputy director for the department's Health and Aging Services Administration. "Addressing the needs of adult patients has been a challenge for many years. Expanding eligibility for sickle cell disease coverage to adults over age 21 improves the quality of care provided in Michigan."

The program covers services related to sickle cell disease, such as copays, deductibles, transportation, care coordination, access to CSHCS clinics and case management services. Approximately 2,800 adults in Michigan have sickle cell disease. To see the state's sickle cell disease [call to action](#) for health care providers, visit [michigan.gov](#).\*

MDHHS encourages residents with sickle cell disease to contact their local health department for assistance with applying for coverage. Eligibility is based on medical circumstances, not income. Call MDHHS' CSHCS Family Phone Line for more information at **1-800-359-3722**.

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## Providers required to complete prenatal screenings and tests

Blue Cross Complete and MDHHS are emphasizing the importance of providers performing comprehensive prenatal screenings to protect the health of pregnant people and their unborn children.

In alignment with state guidelines, all pregnant people should be screened for:

- HIV
- HBsAg (Hepatitis B) testing
- Hepatitis C
- Syphilis screenings
- Chlamydia and gonorrhea screenings, required at least once during pregnancy for women under the age 25
- Group B streptococcus testing, required once during pregnancy

The MDHHS recommends providers screen for perinatal infections as early as possible to help ensure the baby receives the best possible treatment.

MDHHS recommends pregnant patients receive:

- HIV testing in the first or second trimester and HIV test in the first or second month of the third trimester
- HBsAg testing in the first or second trimester and another HBsAg test in the first or second month of the third trimester
- Syphilis screening in the first or second trimester and another syphilis screening in the first or second month of the third trimester

According to the [MDHHS Perinatal Infection Screening Flow Chart](#), physicians and other health care professionals providing medical treatment to pregnant people are required, at the time of initial prenatal screening and examination, during the first or second month and at delivery in absence of previous testing results to test for HIV, hepatitis B, hepatitis C and syphilis, unless the pregnant person refuses to be tested or the provider deems the tests are medically inadvisable.\*



Perinatal infections can have serious consequences for both pregnant individuals and the developing fetus if left undiagnosed and untreated. Early detection enables timely interventions that can significantly reduce the risk of maternal complications, transmission and adverse neonatal outcomes.

Providers should remind their patients that early detection and treatment can significantly decrease the likelihood of transmitting an infection to the baby during and after childbirth. Completing recommended perinatal testing during pregnancy is an essential step in providing high-quality prenatal care.

By adhering to the MDHHS recommendations and requirements, providers can help safeguard and improve maternal and neonatal health.

The MDHHS Perinatal Infection Screening Flow Chart and the Infant Infection Screening and Response Flowchart below provides guidance on testing, treatment and support. Additional information and MDHHS Guidelines for Perinatal Testing and Reporting can be found at [michigan.gov](http://michigan.gov).\*

\*Our website is [mibluccrosscomplete.com](http://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 account executives can support your practice

At Blue Cross Complete, we are committed to building strong partnership with our provider network. One of the ways we support providers is through our account executive team who serve as a dedicated resource to help you navigate plan processes, policies and resources.

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.

Account executives serve as a dedicated resource to help providers navigate plan processes, policies and resources. Blue Cross Complete account executives are available to support your organization and help ensure you have the knowledge, information and resources needed to successfully serve our members.

## How your account executive can help

Account executives work closely with providers to offer guidance and support in several areas, including:

- Navigating claims and billing issues
  - They can review claims concerns, research claim status and help provide next steps to assist with a resolution.
- Providing plan education and updates
  - They are able to keep providers informed about policy changes, authorization requirements and plan updates.
- Provider portal assistance
  - They can provide guidance on using NaviNet to check eligibility, status claims and pull reports.
  - They connect providers with the proper department



- sharing resources and training opportunities
  - They can assist in reviewing and understanding the Blue Cross Complete provider manual, resource guide, newsletters and training opportunities.

Blue Cross Complete values the important role providers play in delivering high-quality care to our members. Our account executives work to maintain open communication and collaboration with providers to ensure you stay informed about program updates, resources and opportunities to enhance care for our members.

If your practice has questions about policies, procedures, provider communications or training opportunities, your account executive is your primary contact for support and guidance.

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

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# The importance of syphilis screenings during pregnancy

As the rates of congenital syphilis in the U.S. continue to rise, it is imperative that birthing people are tested regularly throughout their pregnancy journey. In 2024, The American College of Obstetricians and Gynecologists underscored a report from the Centers for Disease Control and Prevention that revealed a 755% increase in cases of congenital syphilis had occurred between 2012 and 2021.<sup>1,2</sup>

ACOG's latest advisory updated their syphilis testing advisory, recommending "all pregnant individuals be tested] serologically for syphilis at the first prenatal care visit, followed by universal rescreening during the third trimester and at birth, rather than use a risk-based approach to testing."<sup>3</sup>

Additionally, the American Academy of Pediatrics has updated its guidance. Despite varying testing mandates across the country, the AAP Red Book states, "No newborn infant should be discharged from the hospital without confirmation of the birthing parent's serologic status for syphilis."<sup>4,5</sup>

A 2024 report from the CDC found significant disparities in congenital syphilis rates across different racial and ethnic groups. For example, "Infants born to American Indian/Alaska Native parents had a rate of about 681 cases per 100,000 live births, while rates were lowest for Asian families at nine cases per 100,000 births. Data also showed Black infants represented 30% of all cases while making up just 14% of live births."<sup>6</sup> The report revealed that "about 43% of birth parents had no documented timely test, and about 23% had no documented treatment."<sup>6</sup>

As gatekeepers of health, providers have a role in reducing congenital syphilis rates and mitigating its risks and effects. Providers can educate patients on the risks associated with congenital syphilis and stressing the importance of regular testing. Adverse pregnancy outcomes occur in 50% to 80% of pregnancies affected by syphilis.<sup>7</sup>

Serious complications of congenital syphilis may include:

- Miscarriage or stillbirth
- Premature birth
- Low birth weight
- Severe anemia
- Blindness or deafness



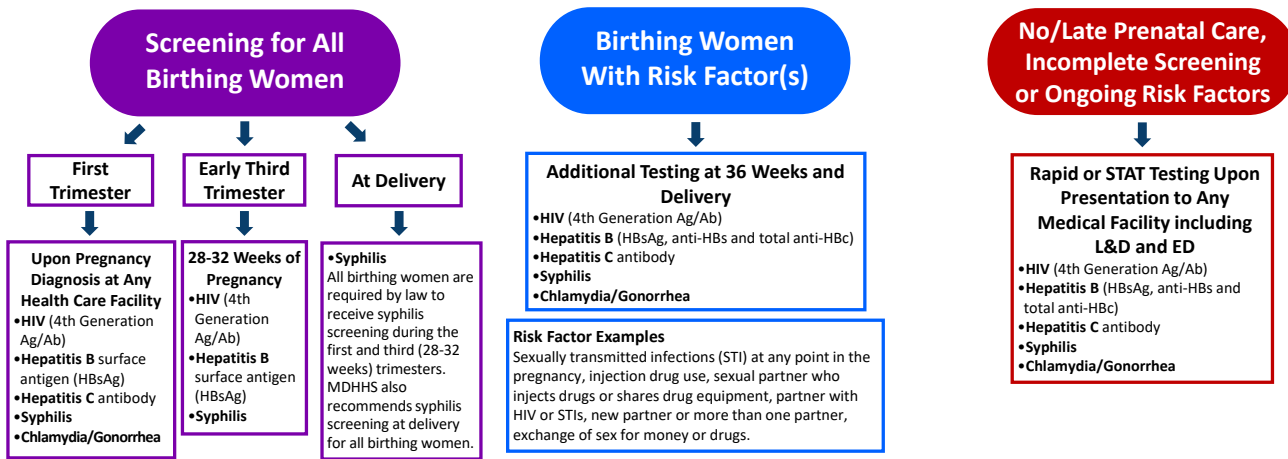
Many factors can influence pregnancy and birth outcomes, but consistent syphilis screening offers a practical step toward prevention. It remains vital for all professionals involved in obstetric care to prioritize frequent patient testing throughout the birthing journey.

## References

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3. American College of Obstetricians and Gynecologists (ACOG), "Screening for Syphilis in Pregnancy: Updated ACOG Recommendation," Reaffirmed October 2025, <https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2024/04/screening-for-syphilis-in-pregnancy#s1>, accessed February 13, 2026.
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5. Melissa Jenco, "CDC: Congenital syphilis cases rose 740% over a decade," AAP News, American Academy of Pediatrics, November 13, 2024, <https://publications.aap.org/aapnews/news/30741/CDC-Congenital-syphilis-cases-rose-740-over-a>, accessed February 13, 2026.
6. "Sexually Transmitted Infections Surveillance, 2024 (Provisional)," Centers for Disease Control and Prevention (CDC), September 24, 2025, <https://www.cdc.gov/sti-statistics/annual/index.html>, accessed February 13, 2026.
7. Shelun Tsai, et al., "Syphilis in pregnancy," *Obstet Gynecol Surv*, Vol. 74, No. 9, pp. 557–564, September 2019, <https://pubmed.ncbi.nlm.nih.gov/31830301/>, accessed February 13, 2026.

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# MDHHS Perinatal Infection Screening Flow Chart



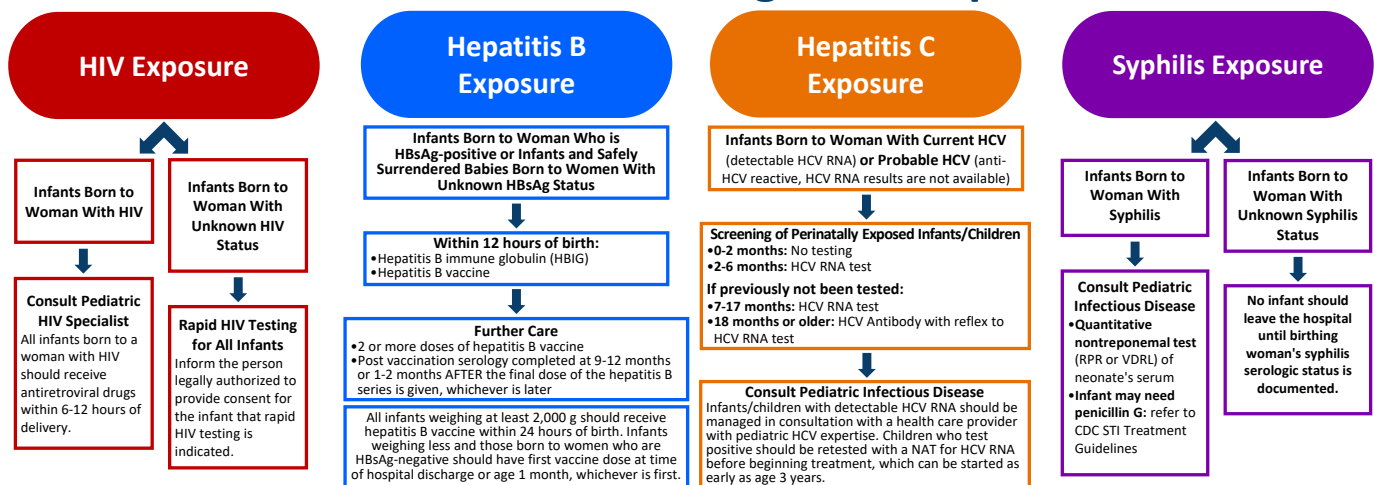
### Additional Points

- All positive tests for HIV, hepatitis B, hepatitis C and syphilis require prompt consultation with adult infectious disease, pediatric infectious disease and experienced perinatal providers.
- All positive screening tests must be confirmed with an appropriate confirmatory test.
- All birthing women who have signs or symptoms of acute HIV infection should additionally be tested with a plasma HIV RNA (viral load). Consult Infectious Disease.
- All birthing women who are HBsAg positive should be tested for HBV DNA quantitatively to guide the use of maternal antiviral therapy to prevent perinatal transmission.
- All birthing women who are HCV Ab positive should be tested with HCV RNA.
- Patients can consent to an HIV test verbally or in writing. Providers must document the refusal and the reason for the refusal if a test is offered and declined.
- Hospitals must have procedures in place to report confirmatory HIV test results to the patient.
- A pediatric HIV specialist should be notified about any HIV-positive birthing woman's treatment history and viral load so that a care plan can be initiated prior to delivery.

### Reporting

- Any positive HIV, hepatitis B, hepatitis C or syphilis test must be reported to the local health department in the county where the birthing woman resides.
  - Michigan Adult HIV Confidential Case Report Form: [Go.mi.gov/Z714w1093](http://Go.mi.gov/Z714w1093)
  - Michigan Pediatric HIV Confidential Case Report Form: [Go.mi.gov/duGnJ1094](http://Go.mi.gov/duGnJ1094)
- People who test positive for HIV, hepatitis B, hepatitis C and/or syphilis must be reported within 24 hours, of diagnosis or discovery, to the local health department in the county of which the patient resides. (Per section 333.5111 of Michigan's Public Health Code, Act No. 368 of the Public Acts of 1978, as amended). Please also call MDHHS at 313-456-1586 to report cases.

# MDHHS Infant Infection Screening and Response Flow Chart



### Perinatal Consultation Support

- Michigan HIV and HCV Consultation Program at Henry Ford Health System:
  - For Urgent Questions 24/7: 313-575-0332
  - [Henryford.com/hivconsult](http://Henryford.com/hivconsult)
  - [Henryford.com/hepcconsult](http://Henryford.com/hepcconsult)
- Midwest AIDS Training and Education Center – Michigan:
  - Urgent Questions 313-408-3483
  - Non-urgent Questions: 313-962-2000 or [Matecmichigan.org](http://Matecmichigan.org)
- National Perinatal HIV Consultation and Referral Service: 1-888-448-8765
- Theodore Jones, MD, FACOG, Corewell Health Dearborn Maternal/Fetal Medicine: 313-503-1873
- Minerva Galang, MD, Mercy Health Infectious Disease: 616-397-6586
- Rosemary Olivero, MD, Helen DeVos Children's Hospital, Grand Rapids: 616-479-0883
- Eric McGrath, MD, Wayne State University School of Medicine - Department of Pediatrics, Division of Infectious Diseases and Prevention: 313-505-4005

### Resources

- Michigan Department of Health and Human Services
  - Perinatal HIV Questions and Reporting: 313-434-4419
  - Perinatal Hepatitis B Questions, Reporting and Case Management Support: 517-242-8319
  - Perinatal Hepatitis C Questions and Reporting: 517-335-8165
  - Congenital Syphilis Questions and Reporting: 313-316-4680

Additional resources including case report forms, Michigan law requirements and more detailed screening guidance and recommendations can be found at [Michigan.gov/PerinatalHIVSTI](http://Michigan.gov/PerinatalHIVSTI).



Revised 11/25

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## Blue Cross Complete Quality Enhancement Program resources available

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

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

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

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

QEP booklets for primary care, behavioral health and maternity care providers.

These booklets include:

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

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

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

## Promoting health equity, cultural competency

We're committed to promoting effective, equitable, understandable and respectful quality services that are responsive to our members' and participants' diverse cultural health beliefs, practices, preferred languages, health literacy and other communication needs. Our plans use the National CLAS Standards and the National Committee for Quality Assurance health equity standards as a blueprint to advance health equity, improve quality and help eliminate health care disparities.

We foster cultural awareness both in our staff and in our provider communities by encouraging everyone to report race, ethnicity and language data to help ensure that the cultures prevalent in our membership are reflected to the greatest extent possible in our provider network. The race and ethnicity of our providers are confidential. However, the languages reported by providers are published in our plan's *Provider Directory* so that members and participants can easily find doctors who speak their preferred language.



Our websites offer resources and educational tools that can assist you and your practice with questions about delivering effective health services to diverse populations. For additional information, visit [mibluccrosscomplete.com](http://mibluccrosscomplete.com):

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

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

# The 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 (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.
- **To promote 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.
- **To empower patients:** Sharing REL data gives patients the tools and autonomy to choose a provider who meets their preferences.
- **To promote values of cultural and linguistic competency:** For some patients, racial and ethnic concordance with their physician allows for greater physician understanding of the social, cultural and economic factors that influence their patients. This enhances the patient-physician relationship through promoting trust and communication.

## How do we collect REL information?

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

## How do we store and share this information?

REL data is housed in a database that is made available to enrollees.

1. Gender data is available through the Blue Cross Complete provider directory.
2. Providers and staff language, and additional language services are also available through the provider directory.
3. Information on race and ethnicity is only made available to enrollees upon request.
4. Research by the National Institutes of Health shows that race, culture or ethnicity concordance within the patient-provider relationship aren't strong indicators of overall quality care. However, cultural competence and awareness are critical to build rapport, comfort and trust with diverse patients. REL data is an essential tool that health plans use to establish, enhance and promote cultural competence.
5. 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 the Provider Inquiry department at **1-888-312-5713**.

\*Our website is [mibluccrosscomplete.com](http://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.

## Collaborating to enhance population health

Providing care for our shared members requires teamwork, communication, and a unified dedication to improving outcomes. Population health management aims to address care gaps, support those at highest risk, and promote comprehensive well-being across our communities. We strive to supply your practice with valuable tools and resources that complement the exceptional care you already offer.

### Defined roles and shared accountability

Successful population health management relies on clear role definitions and aligned responsibilities. Together, we are accountable for achieving measurable health results.

### Your practice:

- Guides clinical decisions and oversees patient care.
- Determines care needs during appointments and coordinates treatment plans.
- Involves patients in recommended preventive and follow-up care as part of our health plan.

### Our health plan:

- Supplies actionable data and quality performance reports.
- Identifies members who could benefit from extra support.
- Reaches out to engage members and reinforce care plans.
- Offers care management services for members who are high-risk or have complex needs.
- Connects members to community and social support services.

By aligning responsibilities and maintaining open communication, we can coordinate outreach efforts and connect members to the appropriate care management and support programs, such as Integrated Health Care Management and the Tobacco Quit program. We encourage providers to collaborate with us to refer eligible members and to reinforce engagement in available support services and programs.



You lead your practice's care; we provide support through data, coordination, and engagement. When we work together around shared goals and maintain clear communication, we can:

- Address care gaps
- Enhance quality performance
- Minimize unnecessary utilization
- Improve the member experience

### Advancing population health through value-based collaboration

In addition to defining roles in coordinated care activities, we support providers through alternative payment model arrangements designed to align incentives with shared population health goals. These value-based strategies promote accountability for quality outcomes and care coordination, and facilitate overall member well-being by aligning performance expectations, data insights, and financial incentives. APM opportunities further strengthen collaboration and support measurable improvements in health outcomes throughout our communities.

For more information about available resources, care coordination support, or value-based partnership opportunities, please contact your Blue Cross Complete account executive.

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



Accurate provider directory information is crucial to ensuring members can easily access their health care services. Confirm the accuracy of your information in our online provider directory so our members have the most up-to-date resources. Some of the key items in the directory are:

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

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

Send completed forms by:

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



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

## Reporting 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 care.

If you or any entity with which you contract for 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](mailto: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](http://michigan.gov/fraud)
- Phone: **1-855-643-7283**
- Mail: Office of Inspector General  
P.O. Box 30062  
Lansing, MI 48909

Reports can be made anonymously.

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## 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 the Provider Inquiry department at **1-888-312-5713**.

*Source: Healthcare Effectiveness Data and Information Set, or HEDIS®  
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