

MDHHS announces new online dashboard to show data on Medicaid reenrollment

The Michigan Department of Health and Human Services launched a new Medicaid reenrollment online dashboard on July 10, 2023 that allows participants to monitor their Medicaid renewal progress.

As a reminder, Medicaid and Healthy Michigan Plan beneficiaries must renew their coverage over the next year to comply with federal legislation that requires states to resume the redetermination of Medicaid eligibility. Annual renewals were paused during the COVID-19 pandemic.

MDHHS will send monthly renewal notices four months prior to a beneficiary's renewal date and follow up with text messages, phone calls and emails during their renewal month.

Blue Cross Complete advise health care providers to encourage their patients to return any renewal paperwork from the MDHHS even if they believe they're no longer eligible for Medicaid. Some members of a household may qualify for health care coverage even when others aren't eligible.

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

MDHHS corrects coding errors in disposable insulin pump, glucose monitoring systems

Please be advised the Michigan Department of Health and Human Services has discovered coding errors, as outlined in Letter 23-15 and Bulletin MMP 23-31. MDHHS has corrected the coding errors in the Medicaid Code Rate and Reference tool.

Letter 23-15, dated March 9, 2023, notified providers of changes to coverage for the Omnipod, disposable insulin pump, effective April 1, 2023. However, the notice incorrectly listed the quantity limit as 10 pods per month rather than 15 pods per month.

Bulletin MMP 23-31 outlines revisions to the Continuous Glucose Monitoring Systems policy, effective June 1, 2023. The codes for the CGMS are incorrect. For dates of service between Jan. 1, 2023, and May 23, 2023, providers that received a denial signified by claim adjustment reason code 16 may resubmit the claims.

Full details on the coding errors are available in Letter 23-42, released June 14, 2023. If you have any questions, contact your Blue Cross Complete provider account executive or the Blue Cross Complete Provider Inquiry at 1-888-312-5713.

MDHHS changes prior authorization policy for non-routine therapy services in nursing facilities

Effective Aug. 1, 2023, the Michigan Department of Health and Human Services will remove the prior authorization requirement for non-routine therapy services provided to Medicaid beneficiaries residing in a nursing facility within 60 days of admission.

Providers must obtain PA for all therapy services provided after 60 days of admission. Re-authorizations are required every 60 days. This change only applies to new admissions to a nursing facility.

MDHHS will also change the prescription signature requirements for non-routine therapy services. This change will expand the pool of providers who can sign the non-routine therapy prescription for a nursing facility resident.

For full details on these changes, see Bulletin MMP 23-45, released on June 30, 2023.

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

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