

Blue Cross Complete prohibits billing balance members

As a reminder, claims for all billable and covered services must be submitted within 365 days of the service date. It is important to note that members cannot be balance billed for covered services under any circumstances.

Providers must accept all payments from Blue Cross Complete as payment in full for services rendered. According to Michigan Medicaid guidelines, it is prohibited to bill members for claims that have been denied or recovered. We encourage providers to utilize the claims inquiry process to resolve any outstanding claims payment issues. We appreciate your cooperation in submitting and processing claims correctly for members.

Blue Cross Complete processes claims according to Michigan Department of Health and Human Services guidelines. For more details, refer to the Medicaid Provider Manual* and Section 13 of the Blue Cross Complete's Provider Manual at mibluccrosscomplete.com.

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

The Michigan Department of Health and Human Services increases early detection efforts for chronic kidney disease

The MDHHS issued [Letter 23-65](#) in October to remind health care providers of covered Medicaid services important in the identification of chronic kidney disease.

As part of a MDHHS's Chronic Kidney Disease Prevention Strategy, Medicaid providers in Michigan are being encouraged to use laboratory tests to screen patients with diabetes or hypertension for CKD, and to consider the same screening for other conditions with an increased risk of CKD. This initiative is being led by the MDHHS and the National Kidney Foundation of Michigan.

CKD is defined as kidney damage or a decrease in kidney function for three or more months, regardless of cause. Early detection of CKD holds the potential to slow or prevent

progression to kidney failure and dialysis.

Blue Cross Complete currently covers several laboratory services to help identify CKD when performed by enrolled health care provider. Covered testing include:

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

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

Patients who suffer from chronic pain often need advance support

Chronic pain is often a debilitating condition affecting millions of people worldwide. Many studies have highlighted the pressing need for advanced support systems to enhance the quality of life for those enduring chronic pain.

Blue Cross Complete offers a range of services and benefits to aid in the treatment of patients suffering from chronic pain. Primary care physicians can refer patients with chronic pain to the Override Comprehensive Virtual Pain Clinic*, which is available in Blue Cross Complete's health plan.

Override's care team consist of various medical professionals who work together to make your treatment more effective. Override's treatment approach can supplement your care plan by providing an interdisciplinary care team, care coordination, and technology to keep your patients engaged between visits. Even more, Override works directly with PCP by communicating patients' progress and outcomes monthly.

Blue Cross Complete encourages PCPs to talk to patients about Override and the benefits of participating in the program. For additional information or to enroll your patient(s) into the program, contact Blue Cross Complete's Integrated Care Healthcare Management team at 1-888-288-1722.

*Our website is mibluccrosscomplete.com. While website addresses for other organizations are provided for reference, Blue Cross Complete doesn't control these sites and isn't responsible for their content.