Complete Update

For Blues Medicaid providers

June 2026

Blue Cross complete of Michigan

Michigan Department of Health and Human Services delays implementation of Mental Health Framework coverage responsibility updates

The Michigan Department of Health and Human Services has delayed the implementation of the Mental Health Framework coverage responsibility changes that were scheduled to take effect Oct. 1, 2026.

The Mental Health Framework Initiative included multiple elements, designed to improve service delivery for mental health care services.

One element of the Mental Health Framework Initiative included shifting coverage responsibility between Medicaid Health Plans and Prepaid Inpatient Health Plans for specific mental health care services. Under these changes, MHPs would cover 3 new services (crisis residential, inpatient psychiatric, and outpatient partial hospitalization) for certain members, while PIHPs covered all mental health care needs for other members, determined by level of need.

These coverage responsibility changes were previously scheduled to go into effect Oct. 1, 2026. MDHHS is temporarily delaying this specific element of the Mental Health Framework Initiative to allow more time for system-wide preparation. Under the original changes, the coverage responsibility would be driven by a benefit plan in Community Health Automated Medicaid Processing System, or CHAMPS called "BH-COVER". Providers will still see this new benefit plan assigned to certain MHP members effective Oct. 1, 2026, but will not need to change processes based on its assignment.

Other Mental Health Framework changes—including the expansion of standardized assessments for Medicaid members seeking mental health care under Bulletin MMP 26-01* for the state's standardized assessment policy are continuing.

Improving coordination, access, and quality of care remains a top priority, and MDHHS will continue advancing key Mental Health Framework activities, including:

- Expanding use of the state-specified mental health assessment tools, LOCUS for adults and MichiCANS Screener for children and adolescents
- Reviewing data to better understand service needs and access to mental health care for Medicaid beneficiaries,
- Continuing to clarify coverage responsibility for existing covered services to minimize provider confusion and abrasion;
- Deepening relationships between providers, Community Mental Health Service Programs (CMHSPs), PIHPs and Medicaid Health Plans to improve service delivery and the beneficiary experience across the State.

For full details on MMP 26-01, and required training, go michigan.gov.* If you have questions, please contact your Blue Cross Complete provider account executive or Provider Inquiry at **1-888-312-5713**.

Prior authorization tips

Inpatient admissions and certain outpatient procedures require prior authorization from Blue Cross Complete's Utilization Management department. The ordering provider or specialist should contact Utilization Management prior to the scheduled admission or procedure to confirm member eligibility.

All emergency or urgent inpatient admissions should be reported to Utilization Management by the next business day following an admission.

To prevent a delay in processing an authorization of inpatient hospital services, submit the following documents at the time of the request, if applicable:

- History and physical exam
- Pertinent labs
- Imaging findings

To submit a request with supporting documentation:

- Call 1-888-312-5713 (press 1, then 4 to request authorization).
- Fax 1-888-989-0019.
- Visit the NaviNet provider portal.

For more information, refer to Section 10 (Managing Utilization) of the Blue Cross Complete Provider Manual. If you have any questions, contact your Blue Cross Complete provider account executive or call Provider Inquiry at **1-888-312-5713**.

Help keep kids healthy during EPSDT visits

As a reminder, federal regulations require state Medicaid programs to offer Early and Periodic Screen-ing, Diagnostic and Treatment services to eligible Medicaid beneficiaries younger than age 21. EPSDT visits cover medically necessary screening and preventive support services for children. Visits should be performed in accordance with the guidelines of the American Academy of Pediatrics.

For more information on EPSDT visit mchbb.hrsa.gov.* 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**

*Our website is mibluecrosscomplete.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.