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MCG message

Title: **Balance billing members**

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As a provider treating Blue Cross Complete members, your cooperation in proper claim submission and processing is appreciated. As a reminder, claims for all billable, covered services must be submitted to Blue Cross Complete within 365 days after the date of service. **Members are held harmless and cannot be balance billed for covered services under any circumstances.**

All payments from Blue Cross Complete to providers must be accepted as payment in full for services rendered. According to Michigan Medicaid guidelines, billing of members for claims denied or recovered is prohibited. Providers are encouraged to utilize claims inquiry processes to resolve any outstanding claims payment issues.

Blue Cross Complete processes claims according to Michigan Department of Health and Human Services guidelines. For more details, refer to the [Medicaid Provider Manual](#), General Information for Providers, Section 11 – Billing Beneficiaries at Michigan.gov.^{*} Also reference Section 13 of the [Blue Cross Complete 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**.

^{*}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.