

New CMS requirements aim to improve prior authorization and healthcare data exchange

Effective Jan. 1, 2027, the Centers for Medicare & Medicaid Services, or CMS, Interoperability prior authorization requirements will take effect. Providers should begin preparing now by working with their EHR and technology vendors to ensure readiness for electronic PA and healthcare data exchange requirements under the CMS Interoperability and Prior Authorization Final CMS-0057-F.

The CMS-0057-F rule establishes new requirements designed to improve healthcare data sharing and streamline prior authorization processes. Starting Jan. 1, 2027, providers will be able to electronically exchange data through industry-standard technology Fast Healthcare Interoperability Resources, or FHIR, based APIs that enables secure sharing of patient and PA information between providers and health plans.

These requirements are intended to:

- Improve access to patient health information
- Reduce administrative burden
- Streamline prior authorization processes
- Support better care coordination

To ensure readiness, providers should:

- Contact your EHR and technology vendors to confirm support for CMS interoperability requirements
- Assess and update workflows for electronic PA and data exchange
- Ensure clinical information is captured in a structured, standardized format
- Train applicable staff on electronic PA processes

Additional guidance and training resources will be provided as they become available. 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 updates hospital reimbursement rules for patient readmission

Effective Aug. 1, 2026, the Michigan Department of Health and Human Services issued [Bulletin MMP 26-24](#),* which modifies hospital reimbursement specific to readmission to a different hospital for the same condition as the original admission.

Under [Bulletin MMP 24-26](#):

- Readmissions within 15 days to the same hospital for a related condition will continue to be considered part of a single episode for payment purposes.
- Readmissions within 15 days to a different hospital for the same condition as the original admission will be considered separate for payment purposes. Full payment will be made to both hospitals.
- Readmissions for an unrelated condition, regardless of whether the member is readmitted to the same or a different hospital is considered a separate episode for payment purposes.

Existing service criteria, prior authorization and billing requirements associated with hospital readmission continue to apply. Blue Cross Complete will continue to reimburse hospitals according to the terms of its contract.

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

Update your provider information

Blue Cross Complete is reminding all providers to keep their information current in both the Community Health Automated Medicaid Processing System, or CHAMPS, and with Blue Cross Complete.

All providers who serve Michigan Medicaid members are required to be screened and enrolled in CHAMPS. To update or modify mailing address information on file in CHAMPS, refer to instructions on the Michigan Department of Health and Human Services [Provider Enrollment](#) webpage.

Providers must notify MDHHS via the online system within 35 days of any change to their enrollment information. Examples of such changes include, but are not limited to, changing the address(es) to which remittance advice and/or correspondence are sent. Providers with questions should contact Provider Support at **1-800-292-2550** or by email at ProviderSupport@Michigan.gov.

As a reminder, if you are experiencing demographic changes within your practice, it is important to also submit a Blue Cross Complete [Provider Change Form](#) located at mibluccrosscomplete.com. Consistent information across both systems helps support network accuracy and helps to ensure compliance with state and health plan requirements.

If you have any questions, contact your Blue Cross Complete provider account executive or 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 doesn't control these sites and isn't responsible for their content.