

MEDICAID POLICY INFORMATION SHEET

Policy Analyst: Adriena Krul-Hall

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Initial ☐

Public Comment ☒

Final ☐

Brief description of policy:

This policy revises the blood pressure monitoring policy by aligning with Public Act (PA) 244 of 2024 to expand coverage to any beneficiary who is pregnant or in the postpartum period.

Reason for policy (problem being addressed):

On January 21, 2025, Governor Gretchen Whitmer signed PA 244 of 2024, effective April 2, 2025. PA 244 expands blood pressure monitoring coverage to any beneficiary who is pregnant or in the postpartum period. Implementation of this policy is contingent upon budget appropriation.

Budget implication:

☐ budget neutral

☒ will cost MDHHS \$ 800,000, and is not budgeted in current appropriation. **NOTE:** The implementation of this policy is contingent upon budget appropriation.

☐ will save MDHHS \$

Is this policy change mandated per federal requirements?

No

Does policy have operational implications on other parts of MDHHS?

No

Does policy have operational implications on other departments?

No

Summary of input:

☐ controversial (Explain)

☒ acceptable to most/all groups

☐ limited public interest/comment

Supporting Documentation:

State Plan Amendment Required: ☐ Yes ☒ No

If Yes, please provide status:

☐ Approved

☐ Pending

☐ Denied

Date:

Approval

Date:

Public Notice Required: ☐ Yes ☒ No

If yes,

Submission Date:

DRAFT FOR PUBLIC COMMENT Michigan Department of Health and Human Services		
	Project Number: 2503-DMEPOS	Date: June 30, 2025

Comments Due: August 4, 2025
Proposed Effective Date: October 1, 2025
Direct Comments To: Adriena Krul-Hall

Address:
E-Mail Address: krulhalla@michigan.gov
Phone:

Fax:

Policy Subject: Revisions to Blood Pressure Monitoring Policy Affected Programs: Medicaid, Healthy Michigan Plan Distribution: Medical Suppliers, Practitioners, Medicaid Health Plans (MHP), Integrated Care Organizations (ICO), Hospitals, Clinics Summary: On January 21, 2025, Governor Gretchen Whitmer signed Public Act (PA) 244 of 2024, effective April 2, 2025. PA 244 expands blood pressure monitoring coverage to any beneficiary who is pregnant or in the postpartum period. Policy Implementation is contingent upon budget appropriation. Purpose: To align current blood pressure policy with Public Act 244 of 2024, by expanding coverage to beneficiaries who are pregnant or in the postpartum period. Cost Implications: \$800,000, annually (contingent upon budget appropriation). Potential Hearings & Appeal Issues: No

State Plan Amendment Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, date submitted:	Public Notice Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Submitted date:
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Tribal Notification: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> - Date:
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THIS SECTION COMPLETED BY RECEIVER

<input type="checkbox"/> Approved	<input type="checkbox"/> No Comments
<input type="checkbox"/> Disapproved	<input type="checkbox"/> See Comments Below
	<input type="checkbox"/> See Comments in Text

Signature:	Phone Number
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Signature Printed:

Bureau/Administration <i>(please print)</i>	Date
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Proposed Policy Draft

Michigan Department of Health and Human Services
Health Services

Distribution: Medical Suppliers, Practitioners, Medicaid Health Plans (MHP), Integrated Care Organizations (ICO), Hospitals, Clinics

Issued: August 29, 2025 (Proposed)

Subject: Revisions to Blood Pressure Monitoring Policy

Effective: October 1, 2025 (Proposed)

Programs Affected: Medicaid, Healthy Michigan Plan

NOTE: The implementation of this policy is contingent upon budget appropriation.

Pursuant to Public Act (PA) 244 of 2024, this bulletin informs providers of revisions to the blood pressure monitoring policy by expanding coverage of blood pressure monitors to any beneficiary who is pregnant or who is within the 12-month postpartum period. Changes indicated in this policy are effective on and after October 1, 2025.

To align with PA 244, the Michigan Department of Health and Human Services (MDHHS) is removing from the standards of coverage the requirement for pregnant beneficiaries or beneficiaries who are within the puerperium period to have a hypertensive disorder (e.g., pre-eclampsia) or uncontrolled blood pressure to receive a blood pressure monitor. Current policy will be replaced with the following:

- Beneficiaries who are pregnant or who are within the 12-month postpartum period.

Note: For beneficiaries who are pregnant or who are within the 12-month postpartum period, the ordering practitioner must report a pregnancy- or postpartum-related diagnosis code on the order/prescription.

Prior authorization is not required if the standards of coverage are met. All other blood pressure monitoring policy standards of coverage, documentation, and prior authorization requirements remain unchanged. (Refer to the Medical Supplier Chapter of the [MDHHS Medicaid Provider Manual](#) for current Blood Pressure Monitoring policy.)