

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Blue Cross commercial, Medicare Plus Blue<sup>SM</sup>, BCN commercial and BCN Advantage<sup>SM</sup>

Category: Authorizations/referrals, COVID-19

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## Some pre-COVID-19 utilization management requirements to resume July 1

With the end of the COVID-19 public health emergency, or PHE, Blue Cross Blue Shield of Michigan and Blue Care Network will reinstate utilization management requirements that were in effect before the PHE.

Keep reading to find out what changes will occur and when they will go into effect.

Topic	During the PHE	Change
For BCN Advantage members, services from providers who are not associated with the member's plan	Prior authorization requests were approved without clinical review.	Clinical review will be required for dates of service on or after July 1, 2023.
For all members, acute medical inpatient admissions related to COVID-19, flu, pneumonia or respiratory syncytial virus (RSV)	Prior authorization requests were approved without clinical review.	Clinical review will be required for admissions on or after July 1, 2023.
Appeal of prior authorization determinations made by Blue Cross or BCN for any service	The time frames for submitting appeals were waived.	The normal time frames for submitting appeals will be reinstituted starting July 1, 2023.
		Refer to the denial letters for the time frames.