

Update: Changes to prior authorization requirements for post-acute care services for Medicare Advantage members

We removed information about home health care services from this communication. We'll require prior authorization for home health care services for most Medicare Advantage members starting March 2, 2026 — not Jan. 5, 2026, as [previously communicated](#). Look for separate communications on home health care, including provider alerts and articles in The Record and BCN Provider News.

For dates of service on or after Jan. 5, 2026, post-acute care services will require prior authorization through an independent company. This will affect requests for stays at skilled nursing facilities, inpatient rehabilitation facilities and long-term acute care hospitals.

Watch for provider alerts and articles in *The Record* and *BCN Provider News* with additional information, including:

- Details about the independent company involved in this change
- Specific information about prior authorization requirements
- Training opportunities
- Updates to provider communications

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