Blue Cross Blue Shield Blue Care Network of Michigan

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

Provider alert

Medicare Plus Blue℠ and BCN Advantage℠

Categories: Administrative, Authorizations/referrals

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Update: To align with CMS guidelines, Grievance and Appeals will manage the acute inpatient admission appeal process for Medicare Advantage members, starting Dec. 22

We updated this communication to show that providers can submit inpatient appeals to Blue Cross and BCN Utilization Management through the e-referral system until Dec. 21, 2025 — not Nov. 29, 2025, as previously communicated. We also updated the title of this communication to reflect this change.

Blue Cross Blue Shield of Michigan and Blue Care Network are preparing to discontinue the two-level acute inpatient admission appeal process and transition it to the five-level appeal process managed by our Grievance and Appeals department. Starting Dec. 22, 2025, hospitals and facilities must submit all acute inpatient admission appeal requests to Grievance and Appeals.

This change applies to appeals related to medical-surgical and behavioral health admissions for Medicare Plus Blue and BCN Advantage members.

Here's a summary of what's changing

- Starting Dec. 22, providers will no longer submit appeals for acute inpatient admissions to Blue Cross and BCN Utilization Management through the e-referral system. Instead, they'll submit these types of appeals to Grievance and Appeals by fax or by mail.
- Appeals for acute inpatient admissions will no longer be processed according to the two-level provider appeal process managed by Blue Cross and BCN Utilization Management. Instead, these appeals will be processed according to the five-level member appeal process managed by Grievance and Appeals.

  Grievance and Appeals will process these requests using the time frames defined by the Centers for Medicare & Medicaid Services.
- Providers will be able to submit appeals on behalf of the member for all acute inpatient admissions. This means the provider and the member will have the same appeal rights for all denied inpatient admissions.

Important dates

- Blue Cross and BCN Utilization Management will continue processing Level 1 and Level 2 appeals of denied inpatient admissions until **Dec 21, 2025**. Providers are encouraged to submit all appeals in the e-referral system by this date.

- Starting **Dec. 22, 2025**, all appeals related to acute inpatient admissions must be submitted to the Grievance and Appeals department noted in the denial letter. Submission via the e-referral system will no longer be available.

  Consistent with the Code of Federal Regulations, 42 CFR § 422.562(c)(2), these appeals will be treated as member appeals and processed according to the five-level member appeal process.

  As a reminder, appeals must include the facility's contact information, reason for the denial and all clinical documentation to support the appeal.

Why we're making this change

We're making these modifications to align with the CMS Fee For Service Process. Earlier this year, CMS notified us about changes to the final rule that clarify the guidelines for processing inpatient provider and member appeals. These guidelines state that Medicare Advantage plans:

- Can no longer process inpatient provider appeals outside of their existing appeal process.
- Will be required to offer the provider and the member appeal rights for every acute inpatient admission denial.

Watch for additional information in upcoming newsletters. Our provider manuals and related documents will also be updated to reflect this change.

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