

Prior authorization requirements for home health care services that start before March 1 for Medicare Advantage members

As previously announced, tango will manage prior authorizations for home health care services for Medicare Plus Blue and BCN Advantage members with group coverage for episodes of care that start on or after March 1, 2026. In addition, tango will process claims for home health care services.

As a result, home health agencies will need to submit prior authorization (or re-authorization) requests to tango for episodes of care that start before March 1, 2026, and extend through or beyond March 1. This requirement applies to home health care that will be billed on a claim with a March date of service.

Note: Prior authorization isn't required for Medicare Plus Blue and BCN Advantage members who have individual coverage. However, the home health care provider must be contracted with tango to be considered in network.

To learn more about tango's management of home health care services, attend a training session. For details, see the provider alert titled [Register for training to learn about changes to home health care for Medicare Advantage members](#).

Note: For episodes of care that start and end before March 1, 2026, home health agencies should follow their current processes.

Continue to look for more information about tango in provider alerts and articles in *The Record* and *BCN Provider News*.

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