

## How we're supporting the transition to tango for the management of home health care for Medicare Advantage members

As previously communicated, tango will coordinate referrals and manage prior authorizations for Medicare Plus Blue<sup>SM</sup> and BCN Advantage<sup>SM</sup> members for home health episodes of care that start on or after March 1, 2026.

To support the transition to the tango operational model and mitigate disruption, there will be a 90-day grace period during which referring providers (acute care, post-acute care and community-based providers) won't need to submit referrals to tango for skilled home health. The grace period will end May 31, 2026. Starting June 1, 2026, referring providers will be required to submit referrals to tango.

During the grace period, home health care providers will submit initial prior authorization requests directly to tango.

This phased approach is intended to give:

- Referring providers ample time to connect with tango and complete all transition activities
- Discharge planners and care teams adequate time to learn and acclimate to the tango operational model without disrupting patients' transitions into skilled home health episodes

On June 1, 2026, the transition to the tango operating model will be complete at which time referring providers will be required to submit referrals for skilled home health to tango. For referrals that meet medical necessity requirements, tango will issue an initial authorization to the home health agency.

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

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