

## Update: Providers should support patients to understand alternatives in preparation for Michigan Medicine leaving the Blue Cross and BCN networks on July 1

*We clarified that it's outpatient or in-office prior authorization or referral requests to a Michigan Medicine Southeast Michigan provider that now result in a request to resubmit with an end date of June 30, if the original request spans beyond June 30.*

As we [announced in early March](#), Michigan Medicine has notified Blue Cross Blue Shield of Michigan and Blue Care Network that it is terminating its commercial contracts for their Southeast Michigan hospitals, facilities and professionals, including physicians and practitioners July 1, unless a new agreement is reached.

Negotiations between Blue Cross and Michigan Medicine continue, and Blue Cross is making every effort to successfully negotiate a new payment contract with Michigan Medicine by June 30. However, we need your assistance in caring for our members should an agreement not be reached.

### Redirect member care by July 1, 2026

We advise moving services to a Blue Cross participating provider or a BCN in-network provider by July 1 to avoid any issues, including potential additional costs to the member. We ask you to help your patients find an appropriate participating provider. You can also advise the member to call the Customer Service number on the back of their ID card for assistance in transitioning their care to a participating/in-network provider.

Here's what will happen if a Blue Cross or BCN commercial member who is not approved for continuity of care seeks care with Michigan Medicine July 1 or after:

- The claim will be paid at a Blue Cross nonparticipating or BCN out-of-network provider rate if the member has coverage for nonparticipating or out-of-network providers. The member may also receive a balance bill for the difference between what Blue Cross or BCN pays and what the provider bills, in addition to the member's coinsurance, copay or deductible.

#### For Blue Cross:

- The claim will be denied if the Blue Cross member doesn't have coverage for nonparticipating providers. The member will be responsible for all costs related to care received from the nonparticipating provider.

**Important:** many Blue Cross members don't have coverage for services obtained from a nonparticipating provider.

- A prior authorization for a medical service for a Blue Cross member can move from a Michigan Medicine Southeast Michigan hospital or facility to a participating provider. This can happen under the approved authorization without the ordering physician needing to contact Blue Cross or the vendor to update the authorization. The claim for the service will pay at any participating hospital or facility without changing the service location on the existing authorization.

### For BCN:

- The claim will be denied if the BCN member doesn't have coverage for out-of-network providers unless there's a prior authorization approved by BCN to receive these services. Without an approved prior authorization or out-of-network coverage, the member will be responsible for all costs related to care received from the out-of-network provider.

**Important:** The only BCN plans that include an out-of-network benefit are: Blue Elect Plus, Healthy Blue Choices, Michigan State University and the University of Michigan student health plans: U of M Domestic Student Health Plan and U of M International Student & Scholar Health Plan.

- To move an approved prior authorization for a medical procedure to an in-network facility for a BCN member, call BCN to notify us of the location change at 1-800-392-2512.
- **Don't submit new requests that span beyond June 30.** Effective May 1, new outpatient or in-office prior authorization or referral requests to a Michigan Medicine Southeast Michigan provider for a Blue Cross or BCN commercial member with dates that span beyond June 30 now result in a message asking the submitting provider to resubmit the request with an end date of June 30, 2026. This change helps avoid issues should Michigan Medicine leave the Blue Cross and BCN commercial networks on July 1.

### Some members will have continuity of care services

Some members will be eligible to continue receiving care from Michigan Medicine for up to 90 days, or as long as the member qualifies as a continuing care patient, whichever is shorter. The purpose of continuity of care is to give members time to complete a course of treatment or transition to a participating or in-network provider.

For more information on continuity of care, including the types of conditions that qualify, please refer to the [provider FAQ](#) that is posted on our [Michigan Medicine Update webpage](#).

### Blue Cross and BCN are reaching out to members

We're sending emails or letters to members who we have identified as being eligible for continuity of care services. We're also sending letters to members who aren't eligible for continuity of care but have received services with Michigan Medicine's Southeast providers and hospitals in the last three years to advise them to transition their care to participating providers by July 1.

### Where to find more information and updates

You can find more information on our [Michigan Medicine Update](#) webpage including a copy of the materials sent to members, a provider frequently asked questions document covering continuity of care, prior authorization and more. Here's how to find it within our provider portal payer space:

1. Click on the *Resources* tab and then click on *Secure Provider Resources (Blue Cross and BCN)*. ([Learn how to access our provider portal payer space.](#))
2. Click *Michigan Medicine Update*.

You can also obtain updates on Michigan Medicine on our public website that's available to you and your patients at [bcbsm.com/updates](https://bcbsm.com/updates).

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