

AOR not required for appeals of denied inpatient admissions for Medicare Plus Blue members

Effective May 1, 2026, hospitals and facilities don't need to include an *Appointment of Representative* (AOR) form when submitting appeals of denied acute inpatient medical / surgical admissions for Medicare Plus BlueSM members.

Previously, an AOR was required with these types of appeals.

Appeals submitted prior to May 1

Appeals submitted between Jan. 1, 2026, and April 30, 2026, that were dismissed for lacking an AOR can be resubmitted for review — along with supporting medical documentation — using the fax number or mailing address shown below.

How to submit an appeal

Appeals can be submitted in one of the following ways:

By fax	By mail
1-877-348-2251	Blue Cross Blue Shield of Michigan Medicare Advantage Grievances & Appeals Dept. P.O. Box 2627 Detroit, MI 48231

What to include with the appeal

Your appeal should include supporting documentation that clearly explains the medical need for inpatient acute care. This includes:

- A copy of the denied authorization
- Relevant diagnostic, laboratory and imaging reports
- Consultation or specialist reports, if applicable
- InterQual[®] criteria support statement or other documentation showing why inpatient acute care was appropriate
- Other relevant medical records

Background

This change aligns with Centers for Medicare & Medicaid Services guidance and the new Independent Review Entity's procedures, which allow a provider or other entity with



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Provider alert

Medicare Plus BlueSM

Categories: Administrative, Authorizations/referrals

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an appealable interest to submit an appeal. These procedures allow Blue Cross Blue Shield of Michigan to determine and document that contracted inpatient acute care hospitals have appealable interest in the case file.

Note: Effective May 1, 2026, C2C Innovative Solutions, Inc. is the new IRE for appeals related to medical care.

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