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℠

Category: Authorizations/referrals

Date posted: Oct. 9, 2026 | Updated: Nov. 5, 2026

Update: Discharge planning evaluations recommended for Medicare Advantage inpatient authorization requests

We updated this communication to clarify that including a member's discharge planning evaluation with an inpatient authorization request is recommended, not required. We also removed the Nov. 9, 2026, start date and added additional details about the benefits of this request. The title of this communication is updated to reflect these revisions.

Effective discharge planning is an important component of a safe and successful transition from an inpatient hospital stay to the appropriate post-discharge setting. Discharge planning should begin early in the hospitalization, preferably upon admission, and be reassessed as the member's clinical condition and post-discharge needs change.

Blue Cross Blue Shield of Michigan and Blue Care Network recommend providers include the Medicare Plus Blue or BCN Advantage member's discharge planning evaluation — also known as a discharge planning assessment — along with the required clinical information when submitting an authorization request for an acute inpatient medical or surgical (non-behavioral health) admission.

A discharge planning evaluation typically includes:

- Anticipated discharge disposition and date
- Clinical needs: Medications, therapies, equipment and follow-up care
- Functional needs: Impairments, mobility, ADLs and caregiver support
- Social needs: Home environment/modifications, safety, community resources and transportation
- Service availability: Assessment of post-acute services, local providers and access barriers

A missing or incomplete discharge planning evaluation does not adversely impact the medical necessity determination. Including the evaluation provides complete clinical documentation for assessing member needs. Adverse determinations are rendered based on lack of medical necessity.

This additional information helps Blue Cross and BCN identify opportunities to engage members with available programs and benefits through our internal case management teams. The goal is to provide a complete clinical picture for evaluating the medical necessity of the admission, managing care coordination, facilitating successful transitions after discharge and reducing avoidable readmissions where possible.

For additional information, refer to 42 CFR § 482.43, Condition of Participation: Discharge Planning*.

Our provider manuals and the document Submitting acute inpatient authorization requests - Frequently asked questions for providers will be updated to reflect this recommendation.

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