



Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Michigan Medicine’s Southeast Michigan hospitals, facilities and professionals

Frequently asked questions for providers

For Blue Cross commercial and BCN commercial

Posted March 2026 / Updated May 2026

In this document

General information 1

Coverage changes if Michigan Medicine’s Southeast Michigan hospitals, facilities and professionals leave the Blue Cross and BCN commercial provider networks..... 5

Member care — continuity of care 9

Member care — prior authorizations 13

Updates and additional information..... 16

General information

Unless a new contract is signed, Michigan Medicine has notified Blue Cross Blue Shield of Michigan that their Southeast Michigan hospitals, facilities and professionals, including physicians and other practitioners, will no longer participate in Blue Cross and Blue Care Network’s commercial provider networks effective July 1, 2026.

Blue Cross is dedicated to ensuring that your patients have access to quality health care without excessive costs as we negotiate contracts. Unfortunately, Michigan Medicine has demanded a significant increase over the term of a new payment contract. These higher prices would increase future health insurance costs for members and customers to unreasonable levels which are not acceptable to Blue Cross.

Negotiations continue as we seek a resolution. This document will help guide the health care providers who care for our members if Blue Cross and Michigan Medicine are unable to reach an agreement and Michigan Medicine’s Southeast Michigan hospitals, facilities and professionals leave Blue Cross and BCN provider networks.

There are no immediate changes. Blue Cross and BCN members can continue to receive services at Michigan Medicine’s Southeast Michigan hospitals and facilities and receive care from Michigan Medicine physicians and other practitioners as usual through June 30, 2026.

What happens if Blue Cross doesn’t reach an agreement with Michigan Medicine before July 1, 2026?

If we don’t reach an agreement before July 1, 2026, Michigan Medicine’s Southeast Michigan hospitals, facilities and professionals will no longer participate in Blue Cross and BCN’s commercial provider networks, affecting most members with commercial plans.



Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Michigan Medicine’s Southeast Michigan hospitals, facilities and professionals

Frequently asked questions for providers

For Blue Cross commercial and BCN commercial

Posted March 2026 / Updated May 2026

Which Blue Cross and BCN health plans will be affected if Michigan Medicine’s Southeast Michigan hospitals, facilities and professionals leave the Blue Cross and BCN commercial provider networks?

Most members with Blue Cross and BCN commercial health plans will be affected.

Which Blue Cross and BCN health plans will not be affected if Michigan Medicine’s Southeast Michigan hospitals, facilities and professionals leave the Blue Cross and BCN provider networks?

Members with the following health plan coverage will not be affected and can continue to receive services at Michigan Medicine’s Southeast Michigan hospitals and facilities and receive care from Michigan Medicine professionals:

- Employees of Michigan Medicine / University of Michigan will not be affected. This includes coverage with group numbers 007005187 and 00124316 only:

Michigan Medicine / University of Michigan employee coverage		
Line of Business	Health Plan Name	Group Number
Blue Cross commercial	Community Blue PPO	007005187
Blue Cross commercial	Simply Blue PPO	007005187
Blue Cross commercial	Comprehensive Major Medical - Traditional	007005187
BCN commercial	UM Premier Care	00124316
BCN commercial	UM Premier Care Medicare Supplemental	00124316
BCN commercial	UM Grad Care	00124316

- Blue Cross and BCN’s Medicare Advantage health plans (Medicare Plus BlueSM and BCN AdvantageSM) will not be affected.
- Blue Cross and BCN’s Medicare Supplement / Medigap plans, Medicare Complementary plans and Medicaid health plans will not be affected with one exception for Medicare Complementary plans noted below.

Medicare Supplement / Medigap	Medicare Complementary*	Medicaid
<ul style="list-style-type: none"> • LegacySM Medigap 	<ul style="list-style-type: none"> • Medicare Complimentary Coverage* 	<ul style="list-style-type: none"> • Blue Cross Complete of Michigan



Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Michigan Medicine’s Southeast Michigan hospitals, facilities and professionals

Frequently asked questions for providers

For Blue Cross commercial and BCN commercial

Posted March 2026 / Updated May 2026

Medicare Supplement / Medigap	Medicare Complementary*	Medicaid
<ul style="list-style-type: none"> Blue Cross Blue Shield of Michigan Medicare Supplement MyBlue MedigapSM 	<ul style="list-style-type: none"> BCN 65^{SM*} 	<ul style="list-style-type: none"> Blue Cross Complete of Michigan Healthy Michigan Plan

*Members with Medicare Complimentary Coverage, including BCN 65, will continue to receive benefits for Medicare covered services when Medicare is the primary payer, in accordance with their benefits. However, services that Medicare doesn’t cover but are benefits under the member’s Blue Cross or BCN plan may not be covered if the member seeks care with a Michigan Medicine provider that is nonparticipating with Blue Cross or out of network with BCN.

Which Michigan Medicine hospitals, facilities and professionals will be affected if Michigan Medicine’s Southeast Michigan providers leave the Blue Cross and BCN commercial provider networks?

The Michigan Medicine hospitals located in Ann Arbor will leave the Blue Cross and BCN commercial provider networks if an agreement is not reached before July 1, 2026:

- University Hospital
- A. Alfred Taubman Health Care Center
- C.S. Mott Children’s Hospital
- Frankel Cardiovascular Center
- W. K. Kellogg Eye Center
- Rogel Cancer Center
- Von Voigtlander Women’s Hospital

In addition, all of the related Michigan Medicine facilities in Southeast Michigan will leave the Blue Cross and BCN commercial provider networks if an agreement is not reached before July 1, 2026, including:

- Briarwood Medical Group (Ann Arbor)
- Canton Health Center
- Chelsea Health Center



Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

Michigan Medicine's Southeast Michigan hospitals, facilities and professionals

Frequently asked questions for providers

For Blue Cross commercial and BCN commercial

Posted March 2026 / Updated May 2026

- D. Dan and Betty Kahn Health Care Pavillion
- Detroit Riverview Center
- Livonia Center for Specialty Center
- Livonia Health Center
- Northville Health Center
- U-M Addiction Treatment Services
- West Ann Arbor Health Center
- Ypsilanti Health Center

All of Michigan Medicine's professional providers located in Southeast Michigan, including physicians and practitioners, will leave the Blue Cross and BCN commercial provider networks if an agreement is not reached before July 1, 2026.

Will other hospitals, facilities or professionals be affected if Michigan Medicine's Southeast Michigan providers leave the Blue Cross and BCN provider networks?

No. Only Michigan Medicine's Southeast Michigan providers are affected for Blue Cross and BCN commercial health plans. Michigan Medicine hospitals, facilities and professionals located outside of Southeast Michigan will not be affected.

What other hospitals, facilities and professionals are in the Blue Cross and BCN commercial provider networks?

There are many in-network and participating providers in Michigan, and specifically in Southeast Michigan. View the [Blue Cross and BCN alternate hospital list for Michigan Medicine](#) or use our Find a Doctor tool at bcbsm.com/find-a-doctor.

Note: Michigan Medicine's Southeast Michigan hospitals, facilities and professionals will continue to be listed in our Find a Doctor tool until they leave the network.

Why hasn't an agreement been reached?

Although discussions continue, Michigan Medicine's request for a significant increase isn't acceptable to Blue Cross because it would directly impact the cost of care for our members and customers and negatively affect the affordability of health care coverage.

In the meantime, we'll continue to work toward a resolution that's in the best interests of Michigan residents.

When do Blue Cross and BCN expect to reach an agreement?

We are diligently working on a resolution. Blue Cross and BCN are hopeful that these talks will result in a mutually satisfactory agreement before Michigan Medicine's Southeast Michigan hospitals, facilities and professionals leave our commercial provider networks.

Coverage changes if Michigan Medicine's Southeast Michigan hospitals, facilities and professionals leave the Blue Cross and BCN commercial provider networks

What will change with member coverage if Michigan Medicine's Southeast Michigan providers leave the Blue Cross and BCN provider networks?

If Michigan Medicine's Southeast Michigan providers leave the Blue Cross and BCN provider networks, inpatient and outpatient elective care and all other facility and professional care won't be covered for patients with affected health plans, unless one of the following applies:

- The member qualifies for continuity of care services (see "[Member care — continuity of care](#)" section)
- In some cases, when the member has an approved prior authorization (see "[Member care — prior authorizations](#)" section)
- The member has a nonparticipating or out-of-network benefit

Information on nonparticipating or out-of-network benefits

- **For Blue Cross commercial members**

Unless an agreement is reached, Michigan Medicine's Southeast Michigan providers will be both nonparticipating and out of network beginning July 1. This means they will not be in the PPO network and will not participate in the Traditional health plan. Throughout this document, we'll refer to Michigan Medicine's status with Blue Cross as nonparticipating on or after July 1.

Some Blue Cross commercial members have a benefit that allows them to seek care with a nonparticipating professional provider, though they may pay more to do so. Fewer Blue Cross commercial members have a nonparticipating facility benefit. Those who have a nonparticipating facility benefit will pay more for covered services at a nonparticipating facility. Not all services are covered when provided by a nonparticipating provider.



Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

Michigan Medicine's Southeast Michigan hospitals, facilities and professionals

Frequently asked questions for providers

For Blue Cross commercial and BCN commercial

Posted March 2026 / Updated May 2026

These members may also be subject to balance billing to cover the difference between what Blue Cross pays and what the Michigan Medicine hospital, facility or professional bills, in addition to their coinsurance, copay or deductible. In addition, Blue Cross may send payment directly to the member, and the member may need to pay the provider.

- **For BCN commercial members**

If Michigan Medicine's Southeast Michigan provider contracts terminate, they will be out of network for Blue Care Network on or after July 1.

Most BCN commercial plans don't have an out-of-network benefit. These members will have no coverage at an out-of-network hospital, facility or with an out-of-network professional provider unless they are approved for continuity of care services or have an approved prior authorization.

There are some BCN commercial health plans with an out-of-network benefit. BCN commercial members with an out-of-network benefit will pay more for covered services at an out-of-network hospital or facility or for out-of-network professional care. These members may also be subject to balance billing to cover the difference between what BCN pays and what the Michigan Medicine hospital, facility or professional bills, in addition to their coinsurance, copay or deductible. Not all services are covered out of network.

BCN plans with an out-of-network benefit include:

- Blue Elect PlusSM POS
- Blue Elect Plus HSASM POS
- Blue Elect Plus HRASM POS
- Healthy Blue ChoicesSM POS
- Michigan State University
- University of Michigan student health plans:
 - University of Michigan Domestic Student Health Plan
 - University of Michigan International Student & Scholar Health Plan

Will emergency services be affected if Michigan Medicine's Southeast Michigan hospitals leave the Blue Cross and BCN commercial provider networks?

No. Emergency services will continue to be covered if Michigan Medicine's Southeast Michigan hospitals leave the Blue Cross and BCN provider networks. However, please encourage your patients to seek care at a participating hospital, if possible.



Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

Michigan Medicine's Southeast Michigan hospitals, facilities and professionals

Frequently asked questions for providers

For Blue Cross commercial and BCN commercial

Posted March 2026 / Updated May 2026

Will outpatient or elective hospital procedures received at Michigan Medicine's Southeast Michigan hospitals or facilities be covered if they leave the Blue Cross and BCN commercial provider networks?

Please schedule outpatient treatment and elective procedures, including laboratory and diagnostic testing and radiology, at other hospitals or facilities that are participating with Blue Cross and in-network for BCN until we reach an agreement with Michigan Medicine.

If Michigan Medicine's Southeast Michigan hospitals and facilities become nonparticipating for Blue Cross and leave the BCN commercial provider network, members who receive services at Michigan Medicine's Southeast Michigan hospitals or facilities may have no coverage or may have additional out-of-pocket costs, based on their health plan.

Please also see the section in this document on "[Member care – continuity of care.](#)"

Will Michigan Medicine physicians still be in network if Michigan Medicine's Southeast Michigan hospitals and facilities leave the Blue Cross and BCN commercial provider networks?

The Michigan Medicine professionals, including physicians and other practitioners, who are located in Southeast Michigan will be nonparticipating for Blue Cross and out of network for BCN if Michigan Medicine's Southeast Michigan providers leave the Blue Cross and BCN commercial provider networks. Michigan Medicine physicians and other practitioners outside of the Southeast Michigan area will remain in network.

Will any services ordered by a physician or practitioner be affected if Michigan Medicine's Southeast Michigan providers leave the Blue Cross and BCN commercial provider networks?

Services ordered by a physician or practitioner, such as laboratory, diagnostic tests or radiology services, will be affected if the service is provided by a Michigan Medicine Southeast Michigan provider. Physicians and practitioners should check to ensure that services they're ordering for their Blue Cross and BCN patients will be performed by providers that will continue to participate with Blue Cross and remain in-network for BCN.

The following health centers and specialty clinics will be nonparticipating / out of network if Michigan Medicine Southeast Michigan providers leave the Blue Cross and BCN commercial provider networks.

- Briarwood Medical Group (Ann Arbor)
- Canton Health Center



Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

Michigan Medicine's Southeast Michigan hospitals, facilities and professionals

Frequently asked questions for providers

For Blue Cross commercial and BCN commercial

Posted March 2026 / Updated May 2026

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- West Ann Arbor Health Center
- Ypsilanti Health Center

What does it mean to my patients with Blue Cross or BCN coverage if Michigan Medicine's Southeast Michigan hospitals, facilities and professionals aren't in the Blue Cross and BCN networks?

If Michigan Medicine's Southeast Michigan hospitals, facilities and professionals leave the Blue Cross and BCN commercial provider networks, here's an overview of what this will mean to your patients for dates of service on or after July 1, 2026:

- Emergency services — Blue Cross and BCN will cover the cost of treatment for emergency services, subject to applicable cost share, and members will be protected from surprise bills. For more information on surprise billing, see [The Federal No Surprises Act webpage](#) on [bcbsm.com](#).
- Continuity of care services — If your patient qualifies as a “continuing care patient” under federal law, the patient may continue to receive treatment from a Michigan Medicine Southeast Michigan hospital, facility or professional for up to 90 days to allow them time to transition their care to a participating or in-network provider. For more information, see the [“Member care – continuity of care”](#) section below.
- Outpatient or elective services — If your patient doesn't qualify as a “continuing care patient” under federal law, the patient will have no coverage or may have additional out-of-pocket costs, based on their health plan. Please schedule outpatient treatment and elective procedures at other participating or in-network hospitals or facilities until we reach an agreement with Michigan Medicine.
- When surprise billing or continuity of care applies, the member is responsible only for their in-network, out-of-pocket costs. In all other situations, Michigan Medicine's Southeast

Michigan providers could bill the member for the difference between what Blue Cross or BCN pays for the service and what the hospital, facility or professional bills, in addition to the member's applicable coinsurance, copay or deductible.

Member care — continuity of care

What is continuity of care?

Health care providers who leave a provider network for reasons other than quality or fraud must continue to treat qualified members 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 transition to an in-network provider.

During the continuity of care period, the provider is required to accept Blue Cross or BCN's payment as payment in full at the provider's last contracted rate, less any in-network copayments, coinsurance or deductibles the member is required to pay.

More information is available:

- In the *Blue Cross Commercial Provider Manual*, see the PPO Policies chapter.
- In the *BCN Provider Manual*, see the Utilization Management chapter.

Here's how to find our provider manuals.

1. Within our provider portal payer space, 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 on *Provider manuals* under Easy Access or click *Manuals & Newsletters* in the top navigation and select *Manuals*.

Which of my patients are eligible for continuity of care?

The member must be in the care of the terminating provider before the provider terminates from the network.

In addition, the member must be in one of the following situations:

- Undergoing a course of treatment for a serious and complex condition, defined as one of the following:
 - An acute illness — A condition that is serious enough to require specialized medical treatment to avoid the reasonable possibility of death or permanent harm

- A chronic illness or condition — A condition that is life-threatening, degenerative, potentially disabling or congenital and requires specialized medical care over a prolonged period of time
- Currently undergoing a course of institutional or inpatient care
- Scheduled to undergo nonelective surgery, including receipt of postoperative care for that surgery
- Pregnant and undergoing a course of treatment for the pregnancy
- Terminally ill (as determined under section 1861(dd)(3)(A) of the Social Security Act) and receiving treatment for this illness

What does the provider or member need to do to ensure that claims for continuing care patients are processed appropriately?

Blue Cross and BCN understand how important it is for our members and your patients to have consistent, coordinated management of their health care. We are notifying members who qualify for continuity of care services in early May. Please wait until at least mid-May before checking member eligibility for continuity of care.

Here's what providers or members need to do to determine continuity of care status for Blue Cross and BCN commercial members.

For Blue Cross or BCN commercial

For members who have been treated at a Michigan Medicine Southeast Michigan hospital or facility or by a Michigan Medicine Southeast Michigan professional since Jan. 1, 2026, for diagnoses that would qualify them for continuity of care services, Blue Cross and BCN have pre-identified these members for continuity of care. Blue Cross and BCN are notifying these members that they are eligible to continue care with that Michigan Medicine hospital, facility or professional for that condition for up to 90 days from the date of the termination. Continuity of care member eligibility notifications begin in early May. Members should look for a communication from Blue Cross or BCN in May.

Note: There are a few retiree and grandfathered employer group plans that do not have continuity of care coverage.

Providers can confirm member continuity of care status beginning in mid to late May, by calling Provider Inquiry:

- Professionals call 1-800-344-8525
- Hospitals and facilities call 1-800-249-5103



Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

Michigan Medicine's Southeast Michigan hospitals, facilities and professionals

Frequently asked questions for providers

For Blue Cross commercial and BCN commercial

Posted March 2026 / Updated May 2026

Recommend that the member seek care with a participating or in-network hospital, facility or professional for any care that isn't related to the continuity of care condition. If your patient has questions, please advise them to check our website at bcbsm.com/updates. If that information doesn't answer their questions, they can call the Customer Service number on the back of their ID card.

My patient with Blue Cross or BCN commercial coverage should be eligible for continuity of care but didn't get a notification that they qualify in early May. What should the patient do?

If the patient believes they should be eligible for continuity of care, here's what needs to happen.

1. The member should monitor communication from Blue Cross or BCN and check our website for updates at bcbsm.com/updates.
2. The member can confirm if they qualify for continuity of care services in or after mid-May by calling the Customer Service phone number on the back of their ID card.
3. If a procedure needs to occur at a Michigan Medicine hospital or facility, or care is needed from a Michigan Medicine professional in Southeast Michigan, the member should talk to their physician. If requested, the physician may need to provide the pertinent clinical documents to support medical necessity to have the service or care at Michigan Medicine.

The member should submit a continuity of care request by visiting bcbsm.com/updates. If it's approved, the procedure or care can take place with the Michigan Medicine provider.

What are the members' out-of-pocket costs during the continuity of care period?

During the continuity of care period of up to 90 days, continuing care members pay only their standard in-network copayments, coinsurance or deductibles.

When patients are approved for continuity of care, when does the continuity of care period begin and end?

Here's how this works for Blue Cross and BCN:

For Blue Cross commercial

The continuity of care period begins July 1, 2026. It continues for up to 90 days or as long as the member qualifies as a continuing care patient according to state and federal regulations, whichever is shorter. During this period, the continuing care member only pays their standard

in-network copayment, coinsurance or deductible for treatment related to the qualifying continuity of care diagnosis and cannot be balance billed by the nonparticipating provider.

Some Blue Cross patients have 180 days of continuity of care in their benefit plan for hospital care. Part of this benefit period will overlap with the 90-day continuity of care regulatory period. If the member has this benefit, it begins when the provider terminates from the network (July 1) and continues for 180 days. However, after the regulatory continuity of care period ends:

- The member can be balance billed by the nonparticipating provider
- Professional services may not be covered

For BCN commercial

The continuity of care period begins July 1, 2026. It continues for up to 90 days or as long as the member qualifies as a continuing care patient according to state and federal regulations, whichever is shorter. During this period, the continuing care member only pays their standard in-network copayment, coinsurance or deductible for treatment related to the qualifying continuity of care diagnosis and cannot be balance billed by the nonparticipating provider. The provider must continue to follow prior authorization requirements.

What happens if the member continues to obtain services from a Michigan Medicine Southeast Michigan hospital, facility or professional after the continuity of care period ends?

Once the member is no longer eligible for continuity of care services, one of two things will happen:

- If the Blue Cross member has coverage with a nonparticipating facility or professional or if the BCN member has an out-of-network benefit, the member will pay more for covered services. Members with Blue Cross or BCN commercial coverage may be subject to balance billing to cover the difference between what Blue Cross or BCN pays and what the Michigan Medicine Southeast Michigan provider bills, in addition to their coinsurance, copay or deductible.
- If the Blue Cross member doesn't have coverage with a nonparticipating facility or professional or if the BCN member doesn't have an out-of-network benefit, the member won't have coverage for services received with a nonparticipating or out-of-network hospital, facility or professional and will be responsible for all costs related to care received.

Note: Most BCN commercial members don't have an out-of-network benefit with the exception of:

- Blue Elect Plus



Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

Michigan Medicine's Southeast Michigan hospitals, facilities and professionals

Frequently asked questions for providers

For Blue Cross commercial and BCN commercial

Posted March 2026 / Updated May 2026

- Healthy Blue Choices
- Michigan State University
- The University of Michigan student health plans: University of Michigan Domestic Student Health Plan and University of Michigan International Student & Scholar Health Plan

Member care — prior authorizations

My patient has an authorization from Blue Cross or BCN to receive services from a Michigan Medicine Southeast Michigan provider on or after July 1, 2026. Can my patient still receive the services?

If Michigan Medicine's Southeast Michigan hospitals, facilities and professionals leave the Blue Cross and BCN commercial provider networks, we advise moving the services to a Blue Cross participating provider or BCN in-network provider to avoid any issues, including potential additional costs to the member.

Here are the options:

Blue Cross commercial

For Blue Cross commercial members who already have a prior authorization for services from a Michigan Medicine Southeast Michigan provider from Blue Cross or a contracted vendor, such as Carelon Medical Benefits Management, EviCore by Evernorth®, OncoHealth or TurningPoint Healthcare Solutions LLC:

- The medical service can move from a Michigan Medicine Southeast Michigan hospital or facility to a participating provider under the approved authorization. The ordering physician doesn't need 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.
- Changing to a new behavioral health provider will require a new prior authorization.
- The service will be covered with a Michigan Medicine Southeast Michigan hospital, facility or professional if the member is approved for continuity of care services with that provider for the condition. When the continuity of care service period ends, the claim for the service will be paid at a nonparticipating rate if the member has coverage for nonparticipating facilities or professionals or the claim will be denied if the member doesn't have coverage for nonparticipating providers.



Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

Michigan Medicine's Southeast Michigan hospitals, facilities and professionals

Frequently asked questions for providers

For Blue Cross commercial and BCN commercial

Posted March 2026 / Updated May 2026

- If the member isn't approved for continuity of care services, the claim for the service will be paid at a nonparticipating provider rate if the member has coverage for nonparticipating providers. Discuss with the member the higher costs if the member proceeds with a procedure or service from a Michigan Medicine Southeast Michigan nonparticipating provider. These members may receive a balance bill for the difference between what Blue Cross pays and what the provider bills, in addition to their coinsurance, copay or deductible.
- If the member isn't approved for continuity of care services and doesn't have coverage for nonparticipating providers, the claim will be denied. The member will be responsible for all costs related to care received from the nonparticipating provider.

BCN commercial

For BCN commercial members who already have a prior authorization for services at a Michigan Medicine Southeast Michigan hospital, facility or professional from BCN or a contracted vendor, such as Carelon Medical Benefits Management, EviCore by Evernorth®, OncoHealth or TurningPoint Healthcare Solutions LLC:

- The member's contracted benefits will be covered at in-network rates.
- If the ordering physician decides to move the medical procedure to an in-network facility, the ordering physician needs to call BCN to notify us of the location change at 1-800-392-2512.
- Changing to a new behavioral health provider will require a new prior authorization.

Note: Any referrals to Michigan Medicine professionals in Southeast Michigan will end if Michigan Medicine leaves the BCN commercial network. A prior authorization is required for a BCN member to receive services out of network except for plans that offer an out-of-network benefit. BCN plans with an out-of-network benefit include:

- Blue Elect Plus
- Healthy Blue Choices
- Michigan State University
- The University of Michigan student health plans: University of Michigan Domestic Student Health Plan and University of Michigan International Student & Scholar Health Plan



Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

Michigan Medicine's Southeast Michigan hospitals, facilities and professionals

Frequently asked questions for providers

For Blue Cross commercial and BCN commercial

Posted March 2026 / Updated May 2026

Are there any prior authorization or referral changes happening prior to July 1?

Yes. We're asking providers not to submit new requests that span beyond June 30. Effective May 1, new 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 to avoid issues should Michigan Medicine leave the Blue Cross and BCN commercial networks on July 1.

My patient doesn't have an authorization, but I've advised them to obtain services from a Michigan Medicine Southeast Michigan provider on or after July 1. Can the patient still receive the services?

If Michigan Medicine's Southeast Michigan providers become nonparticipating for Blue Cross and leave the BCN commercial provider network, we advise moving the services to a participating provider to avoid any issues, including potential additional costs to the member. Blue Cross and BCN will redirect as much care as possible to participating hospitals, facilities and professionals.

If the physician believes that the care should not be redirected, the physician must request prior authorization from Blue Cross or BCN or from the vendor managing care for Blue Cross or BCN. The physician will need to explain why the service needs to be performed by the specific nonparticipating or out-of-network Michigan Medicine Southeast Michigan provider. Blue Cross and BCN are unlikely to grant authorization for a service from a nonparticipating or out-of-network hospital, facility or professional unless the patient is in a continuity of care period or the service is not available at a participating provider.

Many Blue Cross commercial members don't have coverage for services obtained from a nonparticipating hospital, facility or professional.

Most BCN members don't have out-of-network coverage unless authorized by BCN, except those with:

- Blue Elect Plus
- Healthy Blue Choices
- Michigan State University
- The University of Michigan student health plans: University of Michigan Domestic Student Health Plan and University of Michigan International Student & Scholar Health Plan

I have a patient with a prior authorization who's on a transplant list at Michigan Medicine. Will this patient's care be affected if Michigan Medicine terminates July 1?

No. Transplant patients who are already approved for care at Michigan Medicine will be able to continue care at Michigan Medicine.

What happens to patients that are in inpatient care with Michigan Medicine at the time Michigan Medicine terminates?

Members who are inpatient with Michigan Medicine when Michigan Medicine terminates who have an approved authorization will remain covered through discharge when medically necessary.

Updates and additional information

Where can I find updates and additional information on the Michigan Medicine Southeast Michigan provider situation?

You can find more information on our [Michigan Medicine Update](#) webpage for providers that includes a copy of the materials we sent to members and any provider-specific communications, including provider alerts. Here's how to find it:

1. Within our provider portal payer space, 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.

How are Blue Cross and BCN notifying members of this possible change?

Blue Cross and BCN are communicating with members about this situation. Usually, if the member or subscriber has opted in to receive emails, we communicate by email; otherwise, we mail a letter through the U.S. Mail. Here's a summary of the communications we sent to members.



Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Michigan Medicine’s Southeast Michigan hospitals, facilities and professionals

Frequently asked questions for providers

For Blue Cross commercial and BCN commercial

Posted March 2026 / Updated May 2026

Recipients	Timing	Communication sent by Blue Cross or BCN
Blue Cross and BCN commercial subscribers	Week of March 4, 2026	<p>Notification letter: If a Blue Cross or BCN commercial member received care over the last three years from a Michigan Medicine provider in the Southeast Michigan area, we notified the subscriber that Michigan Medicine may leave the provider network July 1.</p> <p>Although this letter mentions continuity of care services, it does not indicate whether any members on the contract qualify for continuity of care services.</p>
Medicare Advantage members	Week of March 11, 2026	<p>Postcard: We mailed a postcard to Medicare Plus BlueSM and BCN AdvantageSM members to confirm they are not affected by the termination.</p>
Blue Cross and BCN commercial subscribers	April 6, 2026	<p>Specialty pharmacy letter: Commercial subscribers who have someone on their plan using Michigan Medicine’s specialty pharmacy were encouraged to move their prescription prior to July 1.</p>
Blue Cross and BCN commercial members	May 6, 2026	<p>Continuity of care letter: We mailed a letter to every member qualified for continuity of care services based on diagnoses for care received with a Michigan Medicine provider in Southeast Michigan since Jan. 1, 2026.</p>
Blue Cross and BCN commercial subscribers	May 6, 2026	<p>Transitioning care letter: If a Blue Cross or BCN commercial member received care over the last three years from a Michigan Medicine provider in the Southeast Michigan area, we encouraged the subscriber to transfer care to a participating provider before July 1.</p>

How are Blue Cross and BCN notifying providers of this possible change?

We’ve done the following to communicate this possible change to providers:

Recipients	Timing	Communication sent by Blue Cross or BCN
All providers	March 4, 2026	<p>Michigan Medicine Update provider webpage: We created a special webpage within our provider portal to keep providers updated. Here’s how to find it:</p> <ol style="list-style-type: none"> 1. Within our provider portal payer space, click on the <i>Resources</i> tab and then click on <i>Secure Provider Resources (Blue Cross and BCN)</i>. (Learn how to access our provider portal payer space.) 2. Click <i>Michigan Medicine Update</i>.



Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

Michigan Medicine’s Southeast Michigan hospitals, facilities and professionals

Frequently asked questions for providers

For Blue Cross commercial and BCN commercial

Posted March 2026 / Updated May 2026

Recipients	Timing	Communication sent by Blue Cross or BCN
		You can also obtain updates on Michigan Medicine on our public website that’s available to you and your patients at bcbsm.com/updates .
All providers	March 4, 2026	Posted provider alert: Michigan Medicine to terminate its Southeast Michigan hospitals, facilities and professionals from Blue Cross and BCN networks July 1 and notified physician organization and medical care group administrators, encouraging them to share information with their providers.
Prescribers of specialty pharmacy drugs filled at Michigan Medicine	April 6, 2026	Specialty pharmacy letter : We sent a letter to prescribers whose members fill specialty pharmacy prescriptions with Michigan Medicine.
All providers	April 6, 2026	Posted provider alert: Michigan Medicine’s Southeast Michigan pharmacies may leave the Blue Cross and BCN specialty network on July 1 .
All providers	May 6, 2026	Posted provider alert: Providers should support patients to understand alternatives in preparation for Michigan Medicine leaving the Blue Cross and BCN networks on July 1 and notified physician organization and medical care group administrators, encouraging them to share information with their providers.