Blue Cross Blue Shield Blue Care Network of Michigan

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

Home health care provider network management

Frequently asked questions

For Medicare Plus Blue℠ and BCN Advantage℠

February 2026

In this document

Overview 1
General questions 2
- Which members must receive home health care services from tango-contracted providers? 2
- Why do I need to contract with tango? 2
- How does contracting with tango benefit providers? 2
- How does tango interact with members? 3
- How is information shared among tango, primary care providers and home health care providers? 3

Claims questions 4
- What is the claims process for home health care providers? 4
- Where can providers view claims that are processed by tango? 4
- Whom should providers contact if they have questions about reimbursement? 4

Overview

For episodes of care starting on or after March 1, 2026, tango will do the following for home health care:

- Coordinate referrals
- Manage prior authorizations
- Process claims

Starting March 2, 2026, tango will manage the home health provider network.

Here are the key details:

- Home health care providers who provide services to Medicare Plus Blue and BCN Advantage members in Michigan must **contract with tango** to provide services to those members as in-network providers.
- Home health care providers must **submit claims to tango** for services provided to Medicare Plus Blue and BCN Advantage members.
- Home health care services **require prior authorization through tango** for episodes of care that start on or after March 1, 2026, or that start before March 1, 2026, and continue through or beyond March 1, 2026. See the Home Health Care page on **authorizations.bcbsm.com** for more information.

To learn more:

- See Blue Cross Blue Shield of Michigan Partners with WellSky and tango to Deliver High Quality Post-Acute Care Management
- Go to tangocare.com*
- Email tango at providerrelations@tangocare.com.

General questions

Which members must receive home health care services from tango-contracted providers?

Members with Medicare Plus Blue or BCN Advantage plans who receive home health care services in Michigan must receive services from providers who are contracted with tango for the provider to be considered in network. This includes members who have coverage through group plans and individual plans.

The following members don't need to receive home health care services from tango-contracted providers for the providers to be considered in network:

- Medicare Advantage members who receive services outside of Michigan
- Members with Blue Cross commercial or BCN commercial plans

Why do I need to contract with tango?

Contracting with tango allows you to provide services to our Medicare Advantage members as an in-network provider.

For information about other options, see tango's Join our network page on **tangocare.com**.*

How does contracting with tango benefit providers?

Tango will focus on ensuring that our Medicare Advantage members receive exceptional care in the comfort of their homes while reducing avoidable readmissions and emergency department visits. If you join tango's network of skilled home health care providers, you'll benefit from its:

- Efficient management of skilled home health care referrals and prior authorizations
- Timely and accurate payment of claims for skilled home health care services
- Innovative value-based home health contracting opportunities

How does tango interact with members?

Tango engages with members to support timely access to clinically appropriate home health services and help ensure members get healthy and stay healthy.

Tango interacts with members at key points across the care journey to reduce friction and avoid delays in accessing covered services, maintain continuity of care and support positive clinical outcomes. For example:

- If a provider requests an out-of-network home health agency for skilled services, tango may proactively reach out to the member to review options for clinically appropriate in-network agencies, confirm availability and support timely placement. This helps to ensure services are delivered without unnecessary delay while maintaining continuity and consistency of care.
- For expedited prior authorization requests, tango notifies members of authorization determinations by phone and in writing to ensure that notification requirements established by the Centers for Medicare & Medicaid Services, or CMS, and the National Committee for Quality Assurance, or NCQA, are met.
- Tango reaches out to members following the first home health agency visit to confirm the start of care, assess service quality and identify emerging needs or changes in condition. If a member reports a decline or a worsening condition, tango triages potential clinical issues and coordinates with the primary care provider and home health agency as needed. (Members can report changes during tango's proactive outreach, by text messaging or by phone.)
- For members identified as high risk through risk-based analytics, tango emphasizes early engagement and proactive intervention to help reduce hospitalization risk and support member understanding and satisfaction.

Members may also contact tango's contact center for assistance with prior authorizations, provider status or other service-related questions. Inquiries are handled accurately and efficiently, ensuring members receive timely support and clear information throughout their home health episode.

How is information shared among tango, primary care providers and home health care providers?

Information sharing between the home health care provider and the primary care provider is primarily managed through the PCP's established clinical and operational workflows. Tango doesn't replace or interfere with established communication channels. However, tango can support those channels by facilitating timely information exchange and supporting coordination for members who are in an active episode.

Tango shares relevant information with home health providers as part of the prior authorization, re-authorization, utilization management and care enablement processes. Tango shares only the information that's needed to support medical necessity, authorization decisions and care navigation and to comply with health plan requirements.

Tango serves an administrative and clinical support function, ensuring that the right information is available at the right time to enable timely authorizations and continuity of care.

Claims questions

What is the claims process for home health care providers?

For episodes of care that start on or after March 1, 2026, home health care providers must bill tango for home health services delivered to Medicare Plus Blue and BCN Advantage members in Michigan.

Note: Home health care providers should continue to bill Blue Cross and BCN for non-home health care services provided during home health care visits. For example, home health care providers should bill Blue Cross or BCN for durable medical equipment and supplies provided in conjunction with skilled home health visits, home infusion therapy and stand-alone wound care.

Where can providers view claims that are processed by tango?

Tango is committed to improving claims submission transparency for home health care providers. Providers will have the ability to view claims submitted for services they deliver directly within tango's provider portal, ProNet Connect. This self-service functionality is targeted for release in early April 2026.

Until this capability is available, providers may submit claims-related questions or requests through FreshDesk*, which is tango's claims inquiry and support system. FreshDesk allows providers to track inquiries and receive updates related to their claims. You can access FreshDesk by clicking the headset icon in ProNet Connect.*

Tango will provide guidance on navigating ProNet Connect, including using FreshDesk, during general onboarding.

Note: FreshDesk is a secure area. Please provide detailed and appropriate patient information as needed.

Whom should providers contact if they have questions about reimbursement?

All provider questions about claims reimbursement for home health care services delivered in Michigan to Medicare Advantage members on or after March 1, 2026, should be addressed to tango. Providers can email tango at claims@tangocare.com.

*Clicking this link means that you're leaving the Blue Cross Blue Shield of Michigan and Blue Care Network website. While we recommend this site, we're not responsible for its content.

Tango is an independent company that will manage the in-state home health care network and prior authorizations for home health care services for Blue Cross Blue Shield of Michigan and Blue Care Network's Medicare Advantage members.