

# PROVIDER BULLETIN

## PROVIDER INFORMATION



November 1, 2018

### 2019 Renewal Changes Summary for Institutional Providers

The purpose of this Blue Cross and Blue Shield of Minnesota, Blue Plus, and Affiliates (Blue Cross) Bulletin is to communicate substantive changes to the 2019 Institutional Provider Service Agreement. The complete Provider Service Agreement (Agreement) is modified periodically to reflect the most current regulatory changes and other clarifications necessary to properly administer the Agreement. The minor changes and clarifications to the Agreement effective January 1, 2019 are detailed below. The summary items are listed in order of appearance in the Agreement.

#### Provider Service Agreement Changes

**Article II. K. The definition of "Minnesota Health Care Programs"** has been updated to include the most current term for prepaid public programs - Families and Children. Therefore, the definition is hereby superseded by the following:

"Minnesota Health Care Programs" means prepaid public programs including Medical Assistance, MinnesotaCare, Families and Children or other prepaid public programs in which Blue Cross provides coverage under a contract with any Minnesota County or with the Minnesota Department of Human Services (DHS). This Agreement applies to Health Services provided to Minnesota Health Care Program Subscribers where applicable. In the event of a government shutdown or lack of state funding which results in DHS ceasing to make payments to Blue Cross for Health Services provided to Minnesota Health Care Programs Subscribers, Blue Cross may, in its sole discretion, immediately terminate those portions of this Agreement which apply to Minnesota Health Care Programs Subscribers.

**Article II. P. The definition of "Protected Health Information" (PHI)** has been further clarified to include the most current CFR Section reference. Therefore, the definition is hereby superseded by the following:

"Protected Health Information" (PHI) means individually identifiable information transmitted or maintained in any format as further defined in 45 Code of Federal Regulations ("C.F.R.") Section 160.103.

**Article III. M. Notices** has been expanded to ensure Provider prompt notification of administrative changes or information of any kind to Blue Cross in order to provide Subscribers with the most accurate information possible. Therefore, the provision is hereby superseded by the following:

Notices. Provider shall promptly notify Blue Cross of any changes to any administrative, demographic, or other provider information of any kind to ensure that Blue Cross has the most current and accurate Provider information. Notices, reports and records sent to Blue Cross, unless otherwise requested by Blue Cross, shall be addressed to: Blue Cross and Blue Shield of Minnesota, Attn: Provider Relations, R317, P. O. Box 64560, St. Paul, Minnesota 55164-0560.

**Article IV. G. Overpayments** provision has been clarified to ensure correct administration of the Agreement to best support the commitment of both Parties to accurate payment.

**Article IV J. Subscriber Liability** provision is further clarified to align with the requirements of Minnesota Statute Section 62Q.751 and detailed in the Provider Policy and Procedure Manual which includes Provider requirement to return overpayments to Subscriber within 30 days of the date in which the claim adjudication is received by Provider.

**Article XIV. N. Provider Merger or Acquisition** provision has been updated to include notification of any material business transactions such as a merger or acquisition must be provided to Blue Cross no later than 60 days prior to the finalization of the transaction.

### **Schedule of Payment Plan Changes**

Provisions of the Schedule of Payment for Institutional Providers and all provisions of the Medicare Schedule of Payment Plan for Critical Access Hospitals have been moved into the Institutional Provider Service Agreement, therefore eliminating these separate documents.

**No changes have been made to the Medicare Amendment.**

### **Disclosure of Ownership**

A Disclosure of Ownership form **must be completed and submitted annually** to Blue Cross per Minnesota Department of Human Services requirements whether or not you have any information to report. Information about the requirement and an electronic version of the form are available at [bluecrossmn.com](http://bluecrossmn.com).

### **Questions?**

Providers that have questions about the changes made in 2019 can contact Provider Services at **(651) 662-5200** or **1-800- 262-0820**. Providers that would like a copy of the new Agreement should send a request to the following email box: [Request.Contract.Renewal@bluecrossmn.com](mailto:Request.Contract.Renewal@bluecrossmn.com)