

PROVIDER QUICK POINTS

PROVIDER INFORMATION



January 23, 2019

Update Minnesota Health Care Programs Payer ID

Claims for Blue Cross and Blue Shield of Minnesota and Blue Plus Minnesota Health Care Programs (MHCP) subscribers, including Families and Children (F&C), MinnesotaCare (MNCare), Minnesota Senior Care Plus (MSC+), and SecureBlue (MSHO), are processed by Amerigroup Health Solutions for dates of service beginning January 1, 2019. MHCP subscribers received new ID cards for dates of service beginning January 1, 2019.

Providers should verify subscriber ID cards and subscriber eligibility at every visit. Claims from all providers except Non-Emergent Transportation providers for dates of service on or after January 1, 2019 for MHCP subscribers must be submitted using payer ID 00562 or claims will be rejected. **Providers are advised to check with their clearinghouses and vendors to ensure the payer ID 00562 is correctly submitted on these claims.**

Non-Emergent Transportation claims should be submitted with payer ID A5143.

Claims submitted with an incorrect subscriber ID will deny for no coverage.

MHCP prefixes for dates of service beginning January 1, 2019:

- LMN – Medicaid (PMAP, MNCare, MSC+)
- JTM – Secure Blue (MSHO)

Sample MHCP ID cards:

PMAP/MSC+:

		Blue Advantage	
Name		GRP Medicaid ID	
ID			
Svc Types	Med, Rx, Dental	Care Type	MN HLTH Care Program
Office Visit Copay	NONE	Dental Network	CIVCSMILES
ER Copay	NONE	Dental Copay	NONE
Non-ER Copay	NONE	RX Bin	610455
Eyeglasses Copay	NONE	RX PCN	MCAIDMN
Brand Name Copay	NONE		
Generic Copay	NONE		
Rx Network	C		


		bluecrossmn.com/publicprograms	
<small>Members: Possession of this card does not guarantee eligibility of benefits. Authorization not required for emergency care. For appeals or grievances, call the applicable number or write to an address below.</small>			
Delta Dental of Minnesota PO Box 1328 Minneapolis, MN 55440-1328		Member Services: 1-800-711-8882 TTY 711 24/7 NurseLine: 1-800-711-8882 TTY 711 1-888-618-8448	
Blue Plus P.O. Box 64033 St. Paul, MN 55164-0333		Provider Service: Prime Therapeutics/ Prescription Questions: 1-844-796-8888 Pharmacist Only: 1-844-796-8840 Delta Dental of MN: 1-269-774-8048 TTY 711 Stop Smoking Program: 1-844-421-6881 Blue Ride: 1-888-340-8848	
DHD Ombudsman: 651-431-2660, TTY 711 DHD Appeals Unit PO Box 64341 St. Paul, MN 55164-0249		Providers: Submit claims to the local Blue Cross and/or Blue Shield plan. Blue Plus PO Box 61249 Virginia Beach, VA 23466 MN011278	
<small>Blue Cross and Blue Shield of Minnesota and Blue Plus are nonprofit independent licensees of the Blue Cross and Blue Shield Association.</small>			

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Distribution: Available on providers.bluecrossmn.com. <https://www.bluecrossmn.com/healthy/public/personal/home/providers/forms-and-publications>


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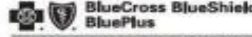
MNCare:

		MinnesotaCare	
Name		GRP Medicaid ID	
ID			
Svc Types Office Visit Copay ER Copay Non-ER Copay Eyeglasses Copay Brand Name Copay Generic Copay Rx Network	Med, Rx, Dental NONE NONE NONE NONE NONE NONE C	Care Type Delta Network Delta Copay RX Bin RX PCN	MN HLTH Care Program CIVICS/SMILES NONE C10455 MCAIDMN

		bluecrossmn.com/publicprograms	
Members: Possession of this card does not guarantee eligibility of benefits. Authorization not required for emergency care. For appeals or grievances, call the applicable number or write to an address below.		Member Services: 1-800-711-8882 TTY 711 24/7 NurseLine: 1-800-711-8882 TTY 711 1-888-518-8448	
Delta Dental of Minnesota PO Box 1328 Minneapolis, MN 55440-1328 Blue Plus P.O. Box 64033 St. Paul, MN 55164-4033 DHS Ombudsman: 651-431-2660, TTY 711 DHS Appeals Unit PO Box 64541 St. Paul, MN 55164-0348		Provider Service: Prime Therapeutics/ Prescription Questions: 1-844-796-0909 Pharmacist Only: 1-844-796-0940 Delta Dental of MN: TTY 711 1-844-421-5861 Stop Smoking Program: Blue Ride: 1-888-340-8648	
Providers: Submit claims to the local Blue Cross and/or Blue Shield plan. Blue Plus PO Box 61249 Virginia Beach, VA 23466 MN02 1218		Blue Cross and Blue Shield of Minnesota and Blue Plus are nonprofit independent licensees of the Blue Cross and Blue Shield Association.	

SecureBlue (MSHO):

		SecureBlue™ (HMO SNP) H2425001	
Name		Group # Medicaid ID	
ID			
Svc Types Brand Name Copay Generic Copay RX Network Dental Network	Med, RX None None Standard Civic Smiles	Care Type RX Bin RX PCN RX ID Issuer	MN HLTH Care Prog 610455 SBPARTD 80840
MEDICARE ADVANTAGE HMO		MedicareRx <small>Prescription Drug Coverage</small>	

		bluecrossmn.com/secureblue	
Members: Authorization not required for emergency care. For appeals or grievances, call the applicable number or write to an address below.		Member Services: 1-888-740-6013 DHS Ombudsman: 651-431-2660 1-800-657-3729 Nurse Line: 1-888-740-6013 Medical TTY: 711 Provider Service: 1-866-518-8448 Prime Therapeutics / Prescription Questions: 1-888-877-6424 Pharmacist Only: 1-800-645-2776 Delta Dental of MN: 1-800-774-9049 Dental TTY: 711 Stop Smoking Program: 1-844-421-5861 Blue Ride: 1-888-340-8648 (TTY 711)	
Delta Dental of Minnesota PO Box 1328 Minneapolis, MN 55440-1328 Blue Plus Appeals and Grievances PO Box 64033 St. Paul, MN 55164-4033 DHS Appeals Unit, PO Box 64941 St. Paul, MN 55164-0942		Providers: Submit claims to the local Blue Cross and/or Blue Shield plan. Blue Plus PO Box 61249 Virginia Beach, VA 23466 MN02 1218	
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