

# 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+:

|                    |                 |                       |                      |
|--------------------|-----------------|-----------------------|----------------------|
|                    |                 | <b>Blue Advantage</b> |                      |
| 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               |                       |                      |

|  |  |   |  |
|--|--|---|--|
|  |  | <a href="http://bluecrossmn.com/publicprograms">bluecrossmn.com/publicprograms</a>  |  |
| <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<br>PO Box 1328<br>Minneapolis, MN 55440-1328   |  | Member Services: 1-800-711-8882<br>TTY 711<br>24/7 NurseLine: 1-800-711-8882<br>TTY 711<br>1-888-618-8448   |  |
| Blue Plus<br>P.O. Box 64033<br>St. Paul, MN 55164-0333   |  | Provider Service:<br>Prime Therapeutics/<br>Prescription Questions: 1-844-796-8888<br>Pharmacist Only: 1-844-796-8840<br>Delta Dental of MN: 1-269-774-8048<br>TTY 711<br>Stop Smoking Program: 1-844-421-6881<br>Blue Ride: 1-888-340-8848 |  |
| DHD Ombudsman: 651-431-2660, TTY 711<br>DHD Appeals Unit<br>PO Box 64841<br>St. Paul, MN 55164-0249  |  | Providers: Submit claims to the local Blue Cross and/or Blue Shield plan.<br>Blue Plus<br>PO Box 61249<br>Virginia Beach, VA 23466<br>MN011278  |  |
| Blue Cross and Blue Shield of Minnesota and Blue Plus are nonprofit independent licensees of the Blue Cross and Blue Shield Association.   |  |   |  |

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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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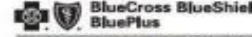
**MNCare:**

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

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|   |  | <a href="http://bluecrossmn.com/publicprograms">bluecrossmn.com/publicprograms</a>  |  |
| 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<br>TTY 711<br>24/7 NurseLine: 1-800-711-8882<br>TTY 711<br>1-888-518-8448   |  |
| Delta Dental of Minnesota<br>PO Box 1328<br>Minneapolis, MN 55440-1328<br>Blue Plus<br>P.O. Box 64033<br>St. Paul, MN 55164-4033<br>DHS Ombudsman: 651-431-2660, TTY 711<br>DHS Appeals Unit<br>PO Box 64541<br>St. Paul, MN 55164-0348 |  | Provider Service:<br>Prime Therapeutics/<br>Prescription Questions: 1-844-796-0909<br>Pharmacist Only: 1-844-796-0940<br>Delta Dental of MN: 1-800-774-9049<br>TTY 711<br>Stop Smoking Program: 1-844-421-5861<br>Blue Ride: 1-888-340-8648 |  |
| Providers: Submit claims to the local Blue Cross and/or Blue Shield plan.<br>Blue Plus<br>PO Box 61249<br>Virginia Beach, VA 23466<br>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):**

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

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|    |  | <a href="http://bluecrossmn.com/secureblue">bluecrossmn.com/secureblue</a>   |  |
| 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<br>DHS Ombudsman: 651-431-2660<br>1-800-857-3729   |  |
| Delta Dental of Minnesota<br>PO Box 1328<br>Minneapolis, MN 55440-1328<br>Blue Plus Appeals and Grievances<br>PO Box 64033<br>St. Paul, MN 55164-4033<br>DHS Appeals Unit, PO Box 64941<br>St. Paul, MN 55164-0942 |  | Nurse Line: 1-888-740-6013<br>Medical TTY: 711<br>Provider Service: 1-866-518-8448<br>Prime Therapeutics / Prescription Questions: 1-888-877-6424<br>Pharmacist Only: 1-800-645-2778<br>Delta Dental of MN: 1-800-774-9049<br>Dental TTY: 711<br>Stop Smoking Program: 1-844-421-5861<br>Blue Ride: 1-888-340-8648 (TTY 711) |  |
| Providers: Submit claims to the local Blue Cross and/or Blue Shield plan.<br>Blue Plus<br>PO Box 61249<br>Virginia Beach, VA 23466<br>MN02 1218  |  | Blue Cross and Blue Shield of Minnesota and Blue Plus are nonprofit independent licensees of the Blue Cross and Blue Shield Association.   |  |