

PROVIDER BULLETIN

PROVIDER INFORMATION



November 1, 2023

Minnesota Health Care Programs (MHCP) Operations Transitioning back to Blue Cross, effective January 1, 2024

As communicated in Provider QuickPoint QP95-22, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be transitioning Minnesota Health Care Programs (MHCP) Operations back to Blue Cross as of January 1, 2024.

Blue Cross has established a landing page on the website for all documents related to the transition: <https://www.bluecrossmn.com/providers/migration-minnesota-health-care-programs-mhcp>.

All claims, adjustments and appeals should continue to be submitted to Amerigroup through December 31, 2023. Amerigroup will complete the processing of all claims, adjustments or appeals that were received prior to January 1, 2024.

Beginning on January 1, 2024, all claims (including replacement and void submissions), appeals and provider inquiries should be directed to Blue Cross. Claims for dates of service prior to January 1, 2024, that have not yet been submitted to Amerigroup should be sent to Blue Cross for processing, regardless of date of service. Blue Cross will be establishing a crosswalk for the subscriber ID numbers from the AGP ID to the new Blue Cross ID. Providers should use the subscriber ID effective on the date of service when submitting an electronic transaction.

Blue Cross will be loading the historical claims data into the new operating system for processing. This will allow Blue Cross to process adjustments and appeals on previously processed claims for dates of service prior to January 1, 2024.

Blue Cross anticipates that applicable Medical Policies, Reimbursement Policies and Prior Authorization lists will be published on the website by January 1, 2024, along with the updated Provider Policy and Procedure Manual and the Blue Plus Manual.

Provider Services

For all questions including eligibility and benefits, utilization management, or claims, contact Provider Services at **651-662-9962** or toll free at **1-866-518-8448** beginning on January 1, 2024. Although these numbers are currently routed to Amerigroup, they will be transferred back to Blue Cross effective January 1, 2024.

Subscriber ID

Subscribers will receive a new ID card and subscriber ID number to be used for dates of service beginning January 1, 2024.

Eligibility should be verified at every visit. Claims submitted with an incorrect subscriber ID will be denied for no coverage.


New alpha prefixes will be effective January 1, 2024:


- **MQG** for Families and Children, MNCare and MSC+
- **MQS** for Secure Blue MSHO

Subscriber ID Format (following the prefix) will be '8' followed by the subscriber's PMI effective January 1, 2024.


Sample ID cards are shown below. Please note that providers may see a slight variation after final testing and approvals are complete.


Blue Advantage

		Blue Advantage	
Name ROBERT TEST		Group Number MNCAD01	Plan ID MSCP0001
ID MQG880000000		Medicaid ID 800000000	
Svc Types Office Visit Copay ER Copay Non-ER Copay Eyeglasses Copay Brand Name Copay Generic Copay Rx Network	Med, Rx, Dental \$28 \$100 \$100 \$10 \$25 \$10 C	Care Type Dental Network Dental Copay RX Bin RX PCN	MN HLTH Care Program Minnesota Select Dental NONE 610455 MCAIDMN


		bluecrossmn.com/publicprograms	
Members: Authorization not required for emergency care. For appeals or grievances, call the applicable number or write to an address below.		Member Services: 1-800-711-9862	Behavioral Health: 1-888-275-3974
Delta Dental of Minnesota Professional Services Appeals & Grievances P.O. Box 30416, Lansing, MI 48909		Prescription Questions: 1-844-765-5939	Nurse Line: 1-888-275-3974
Blue Plus Appeals and Grievances P.O. Box 982816 El Paso, TX 79998-2816		DHS Ombudsperson: 1-651-431-2660	Provider Services: 1-866-518-8448
DHS Appeals Unit P.O. Box 64941 St. Paul, MN 55164-0941		Pharmacist Only: 1-844-765-5940	Delta Dental of MN: 1-800-774-9049
Providers: Submit claims to the local Blue Cross and/or Blue Shield plan.		Quitting Tobacco Program: 1-888-662-2583	Blue Ride: 1-866-340-8648
Blue Plus P.O. Box 982816 El Paso, TX 79998-2816		TTY: 711	
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MinnesotaCare

		MinnesotaCare	
Name ROBERT TEST		Group Number MNCAD01	Plan ID MCAR0002
ID MQG88888888888		Medicaid ID 8888888888	
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 C	Care Type Dental Network Dental Copay RX Bin RX PCN	MN HLTH Care Program Minnesota Select Dental NONE 610455 MCAIDMN

		bluecrossmn.com/publicprograms	
Members: Authorization not required for emergency care. For appeals or grievances, call the applicable number or write to an address below.		Member Services: 1-800-711-9862	Behavioral Health: 1-888-275-3974
Delta Dental of Minnesota Professional Services Appeals & Grievances P.O. Box 30416, Lansing, MI 48909		Prescription Questions: 1-844-765-5939	Nurse Line: 1-888-275-3974
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Blue Plus P.O. Box 982816 El Paso, TX 79998-2816		TTY: 711	
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MSHO (note that the Rx Bin and Care Type must be switched)

		SecureBlue™ (HMO SNP) H2425001	
Name ROBERT TEST		Group # MNMSHO01	Plan ID MSHO0001
ID MQS88000000000		Medicaid ID 800000000	
Svc Types Brand Name Copay Generic Copay Rx Network Dental Network	Med, RX \$0.00 \$0.00 Standard MN Select	Rx Bin Care Type Rx PCN Rx ID Issuer	MN HLTH Care Prog 610455 SBPARTD 800000000 80840
MEDICARE ADVANTAGE HMO		MedicareRx Prescription Drug Coverage	

		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	Behavioral Health: 1-888-275-3974
Delta Dental of Minnesota Professional Services Appeals & Grievances P.O. Box 30416, Lansing, MI 48909		Prescription Questions: 1-888-877-6424	Nurse Line: 1-888-275-3974
Blue Plus Appeals and Grievances P.O. Box 982816 El Paso, TX 79998-2816		DHS Ombudsperson: 1-651-431-2660	Provider Services: 1-866-518-8448
DHS Appeals Unit, P.O. Box 64941 St. Paul, MN 55164-0941		Pharmacist Only: 1-800-648-2778	Delta Dental of MN: 1-800-774-9049
Providers: Submit claims to the local Blue Cross and/or Blue Shield plan.		Quitting Tobacco Program: 1-888-662-2583	Blue Ride: 1-866-340-8648
Blue Plus P.O. Box 982816 El Paso, TX 79998-2816		TTY: 711	
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Eligibility & Benefits and Claim Status

When checking Eligibility & Benefits or Claim Status on Availity.com/essentials, select 'BCBSMN BLUE PLUS MEDICAID (00726)' from the Payer dropdown list. Use the new Payer ID code 00726 when submitting a

270/271 or 276/277 Electronic Data Interchange (EDI) transaction. If an Eligibility & Benefits EDI transaction or a Claim Status EDI transaction is not submitted with the new Payer Name or ID code, a non-covered or claim not found response may be received. Providers will need to correct the Payer Name or ID and resubmit the transaction.

Please note that eligibility files will not be loaded until mid to late December 2023.

Availity Essentials Messaging

Availity Essentials Messaging will be available January 1, 2024, for MHCP membership. Messages will be able to be sent after receiving a valid Eligibility & Benefits or Claim Status response on Availity Essentials.

Claim Submissions

Claims for dates of service performed on or after January 1, 2024, will be processed by Blue Cross. Claims for dates of service beginning January 1, 2024, must be submitted with the new payer ID Code 00726. Providers are encouraged to verify their system will have the necessary changes made to accommodate the new payer ID. This may involve contacting an external vendor or clearinghouse to ensure their software has been updated.

Claims submitted under the wrong Payer ID Code will be rejected, and the claims will need to be resubmitted under the correct payer ID code. For efficiency, Blue Cross will be increasing front end edits including HIPAA Compliance and Payer Specific Edits to allow providers the opportunity to correct claims with the goal of receiving clean claims to reduce claim rejections returned on the 835 Remittance.

Claims for dates of service prior to January 1, 2024, that have not yet been submitted to Amerigroup should be sent to Blue Cross for processing, regardless of date of service. These claims must be submitted with the new payer ID code 00726. This includes all replacement and void submissions. Timely filing limits will continue to be enforced.

Claims currently processed via Bridgeview, i.e., Elderly Waiver claims, will continue to be processed by Bridgeview. The Payer ID for Bridgeview claims is FS802 on Availity Essentials.

For Subscribers that have a primary commercial Blue Cross plan and secondary MHCP plan, Blue Cross will not have the ability to automatically crossover the claim to coordinate benefits. A secondary claim must be submitted with the appropriate secondary subscriber ID and payer code, along with the primary payment information.

Claim Attachments

Claim attachments must be submitted via fax using the MN AUC Claims Attachment Cover Sheet or by mail:

- Fax to 1-800-793-6928
- Mail to:
Blue Cross and Blue Shield of Minnesota and Blue Plus
Attention: Claims Processing
PO Box 982816
El Paso, TX 79998-2816

Remittance

Weekly Remittance EDI file will be delivered and viewable on the Remittance Viewer application within Availity Essentials by the end of the day on Thursdays.

Appeals

Post-Service claims appeals submitted beginning on January 1, 2024, will be reviewed by Blue Cross regardless of the original payer. Upon migration to Blue Cross, providers will not have the capability to submit appeals through the Availity Essentials platform. Blue Cross anticipates this capability will be available soon and will communicate this information when applicable.

Post-service claim appeals must be submitted within 90 days of the remittance date.

If a claim is denied due to a required Prior Authorization not being obtained, an appeal for medical necessity will not be accepted. An administrative appeal may be submitted for limited situations. These exceptions are listed below, and must be supported by submitted documentation:

- Blue Cross is the subscriber's secondary coverage and PA is not required (e.g., Medicare is primary).
- Another insurance company is identified as the payer and a claim was submitted to the other payer within the timely filing guidelines with Blue Cross subsequently identified as the patient's primary coverage.
- The patient is identified as the payer and is billed for the service, but later the patient reports Blue Cross coverage for the date of service. Appeals for this exception must include notes about accounts receivable actions. For example, include notes documenting calls with the Blue Cross Service Center or notes that the subscriber was sent to collections within 120 days after date of service.
- The subscriber was enrolled in the plan retrospectively, after the service was provided.
- A previously prior-authorized service unexpectedly changed for medically necessary reasons, or it was determined that an unforeseen additional service was necessary.
- Extenuating circumstances beyond the control of the rendering provider or facility that make it impractical to obtain or validate the existence of a precertification of coverage prior to rendering the service (e.g., natural disaster or Availability outage).
- Emergency and urgent care services that are performed in the emergency room do not require prior authorization and will be considered at the in-network benefit level.

Provider Appeals must be submitted using one of the following processes:

- Submit the AUC Claims Appeal Request form with appropriate documentation via fax to 651-662-6288
- Submit the AUC Claims Appeal Request form with appropriate documentation via USPS:
Blue Cross and Blue Shield of Minnesota and Blue Plus
Attention: Provider Appeals
PO Box 982816
El Paso, TX 79998-2816

Pre-Service Appeals

- Submit appeal with appropriate documentation via fax to 651-662-6287
- Submit the appeal with appropriate documentation via USPS:
Blue Cross and Blue Shield of Minnesota and Blue Plus
Attention: Appeals & Grievances
PO Box 982816
El Paso, TX 79998-2816

Restricted Recipient Program (RRP)

RRP is a State Mandated program that Blue Plus is required to implement and manage per contractual requirements from the MN Department of Human Services (DHS). RRP is a program for Medicaid recipients who meet certain criteria.

Potential Program Recipients:

- Frequent Emergency Department (ED) Utilizers
- Subscribers who struggle with substance abuse (multiple prescriptions for controlled RX, duplication of prescribers/pharmacies, receiving controlled RX while enrolled in Medication Assisted Therapy)
- Subscribers or claims that indicate potential Fraud, Waste and Abuse (of clinics/ED/transportation services)
- High dollar claims

Providers will submit Restricted Recipient referrals through the current Blue Cross processes. No change in submission process for MHCP member requests is required. The Managed Care Referral Form and Minnesota Restricted Recipient Program Member Referral Request Form can be found on the Blue Cross website under the "forms – clinical operations" category. Direct links to the forms are below.

<https://www.bluecrossmn.com/sites/default/files/DAM/2023-09/managed-care-referral-form.pdf>

<https://www.bluecrossmn.com/sites/default/files/DAM/2023-09/RRP-program-referral.pdf>

Restricted Recipient information will not be returned on the 271 eligibility and benefits transaction. Blue Cross anticipates this capability will be available soon and will communicate this information when applicable.

Providers should verify Restricted Recipient status using MN-ITS. Questions can be directed to the RRP Team at **651-662-5062** (telephone) or **651-662-6286** (fax).

Medical Policy

As stewards of healthcare expenditures on behalf of the state, Blue Cross is charged with ensuring the highest quality, evidence-based care is delivered to our subscribers. Effective January 1, 2024, Blue Cross will implement new medical policies that will apply to services provided under the medical benefit for Medicaid (Families & Children, MNCare, MSC+) and MSHO subscribers.

Please note that Federal and State Guidelines, including Minnesota Health Care Program (MHCP) policies, may supersede the Medical Policies, if applicable.

Applicable Medical Policies were published in a separate bulletin, see [Provider Bulletin P78-23](#).

Prior Authorizations (PA) for Outpatient Services as of January 1, 2024

Providers will follow current PA processes through December 31, 2023, regardless of the date of service. Any PA approvals obtained through Amerigroup will be forwarded to Blue Cross for use in claims adjudication where applicable.

Beginning January 1, 2024, Providers should reference to [Provider Bulletin P79-23](#) for information regarding services requiring prior authorization.

Prior Authorization Look Up Tool

Providers can quickly determine if a service or item requires prior authorization from the health plan before care is provided by entering the member group number, date of service and procedure code. The PA Look Up tool response also includes details related to the medical policy or evidence-based criteria that may apply and any special instructions related to the prior authorization process. There are two options for providers to use:

- The Prior Authorization Lookup tool is available on the Blue Cross website under Medical Management: <https://www.bluecrossmn.com/providers/medical-management/prior-authorization-lookup-tool>
- On Availity Essentials, follow the Authorization Request process. The first step in this process allows the provider to determine if a PA is required using the “Is Authorization Required” tool. If an authorization is required, the provider can simply proceed to the next step to complete the process.

If an authorization is required, it is highly recommended for the provider to utilize the online process through Availity Essentials.

If providers are unable to verify prior authorization requirements through Availity Essentials or the Blue Cross website, providers may call Provider Services for assistance at **866-518-8448**.

If providers are unable to complete the prior authorization process through Availity Essentials or the Blue Cross website, providers may fax the Prior Authorization (PA) Request form, and include the Availity error, to fax **651-662-6284**.

Submit Medical and Medical Injectable Drugs Prior Authorizations using the Availity Essentials Portal

- Submit an online PA request using the [Availity.com/Essentials](https://www.availity.com/essentials) web portal. First-time users of the portal will need to create an account.
- Transmit an electronic PA request via [NCPDP](#) file using an integrated Electronic Medical Record (EMR) system. If unsure how, providers should contact their EMR vendor for assistance.
- If unable to submit a request electronically, request authorization via fax using the [MN Uniform Form](#).
- PA approval will be based on the applicable MHCP, CMS, or Blue Cross policy criteria. To view criteria:
 - Go to [bluecrossmn.com/providers](https://www.bluecrossmn.com/providers) and select “*medical and behavioral health policies*” in the “*medical management*” box.
 - An approved PA does not guarantee coverage under a subscriber’s benefit plan. Subscriber benefit plans vary in coverage and some plans may not provide coverage for certain services discussed in the medical policies.

Self-Administered Prescription Drugs

Drugs that can be self-administered by a member or caregiver (inclusive of self-injection) will continue to be managed by Prime Therapeutics.

To submit a PA request to Prime, providers can:

- Submit online requests via [CoverMyMed's](#) free web portal. First-time users of the portal will need to create an account. (For help using the portal, select Support (top of the web page) to view FAQs, physician training webinar offerings, and support options how to get started.)
- Transmit an electronic PA request via [NCPDP](#) file using an integrated Electronic Medical Record (EMR) system, to learn how providers should contact their EMR vendor for assistance.
- Request authorization by fax if unable to submit a request electronically through [CoverMyMed's](#) free web portal, using the [MN Uniform Form](#).
- Call Prime's 24-hour contact center for assistance
 - Medicaid subscribers: **1-844-765-5939**
 - Secure Blue subscribers: **1-888-877-6424**

Inpatient Admissions as of January 1, 2024

Blue Cross will be requiring notification at the time of acute inpatient admission. Refer to [Provider Bulletin P79-23](#) for Precertification and Prior Authorization requirements.

Blue Cross is partnering with vendor Audacious Inquiry (AI), a wholly owned subsidiary of PointClickCare, for Admission, Discharge, Transfer (ADT) data for implementation on January 1, 2024, for Minnesota Health Care Programs (MHCP). Admission and discharge notification requirements will become automated for acute inpatient admissions at facilities located in Minnesota or a bordering county that are participating in the MN EAS service for admission dates beginning January 1, 2024. Providers participating with MN EAS will no longer need to submit admission and discharge notification information. Complete information on the use of MN EAS can be found in [Provider Bulletin P74-23](#).

MCG care guidelines, 27th edition, will be used to guide utilization management decisions. The five (5) products licensed include the following:

- **Inpatient & Surgical Care (ISC):** Manage, review, and assess people facing hospitalization or surgery proactively with nearly 400 condition-specific guidelines, goals, optimal care pathways, and other decision support tools.
- **General Recovery Care (GRG):** Effectively manage complex cases where a single Inpatient & Surgical Care guideline or set of guidelines is insufficient, including the treatment of people with diagnostic uncertainty or multiple diagnoses.
- **Home Care (HC):** Provides evidence-based comprehensive guidelines to enable case managers and others to maintain quality and efficiency in the patient's home environment.
- **Recovery Facility Care (RFC):** Coordinate an effective plan for transitioning people to skilled nursing facilities (SNFs) and inpatient rehabilitation facilities (IRFs).
- **Behavioral Health Care (BHC):** Provides evidence-based guidelines to help healthcare professionals guide the effective treatment of patients with psychiatric disorders.

Admission to a subacute facility will require prior authorization based on the criteria published in the Prior Authorizations and Notifications document posted on the Blue Cross website.

Pursuant to information published in the Provider Policy and Procedure Manual; Compliance Audit, providers may be subject to medical necessity audits to determine if the MCG criteria has been met for inpatient stays; including short stay audits, commonly identified as 0-2 days.

Newborn Processes

Effective January 1, 2024, providers will not be required to notify Blue Cross when an enrolled subscriber gives birth. Eligible newborns of mothers enrolled in Blue Advantage Families and Children (F&C) or Blue Plus MinnesotaCare are automatically enrolled in Blue Cross for the calendar month of the birth only if they meet

MHCP eligibility criteria. It is important that the mother notify her local agency of the birth of her child as soon as possible following the birth for the enrollment process to begin. Providers are encouraged to develop a process to assist MHCP subscribers in enrolling eligible newborns.

Reimbursement Policies

Reimbursement policies that will be applicable to MHCP products effective January 1, 2024, have been published in [Provider Bulletin P80-23](#).

The Reimbursement Policies can be accessed at <https://www.bluecrossmn.com/providers>. Within the 'Tools and Resources' section, select 'Reimbursement Policies' to view the policies. Each Reimbursement Policy title identifies the product that the policy applies to. The Reimbursement Policies will be available at the link above by January 1, 2024.

Please note that reimbursement for many services will follow MHCP guidelines effective January 1, 2024, and therefore no Reimbursement Policy will be published.

Provider Webinars

Blue Cross will be hosting MHCP Provider Webinars in December. The webinars will be available through the Availity platform. Providers are encouraged to register for one of the sessions.

MHCP Provider Information Session

December 5, 2023, from 9-10:30 am CST

https://availity.zoom.us/webinar/register/WN_qpBB6ubsT0K6wkGyyGM-Aw

MHCP Provider Information Session

December 14, 2023, from 1-2:30 pm CST

https://availity.zoom.us/webinar/register/WN_SBTPdTasRc6Diuxqxo1q1Q

CERiS Audits for MHCP Subscribers

Blue Cross will not be establishing criteria for CERiS audits effective January 1, 2024. Additional information regarding inpatient audits will be communicated in a future bulletin.

BlueRide Non-Emergency Transportation (NEMT)

BlueRide handles Common Carrier and Special Transportation requests for rides to and from medical and dental appointments with in-network providers if the subscriber has no other means of transportation.

Subscribers who need to schedule a ride to a medical or dental appointment should be directed to call BlueRide at **1-866-340-8648** or **(651)-662- 8648**. No changes are being made to the scheduling of rides or the claim submission process for NEMT providers. Claims should continue to be submitted under Payer ID BLRDE for processing.

Questions?

Please email Blue Cross at MHCPProviders@BlueCrossMN.com