MHCP Authorization and Availity Submission FAQ

Inpatient and Outpatient authorizations for MHCP members can be entered in Availity, and Step-by-step process documents can be found on BCBSMN Payer Spaces.

Questions	Answers
Where can general MHCP information be attained?	General information about the MHCP Operations can be found at https://www.bluecrossmn.com/providers/migration-minnesota-health-care-programs-mhcp
Is there a specific Payer in Availity that needs to be used to submit the authorizations?	Yes, use payer BCBSMN Blue Plus Medicaid (00726)
Where can the new MN Medicaid/MSHO member ID be located?	In Availity essentials, select Patient Registration then Eligibility & Benefits. Run the Eligibility & Benefits request with the patient's name and date of birth. If the new id does not return, please contact Provider Services to obtain. **Coming soon a crosswalk with be available in Eligibility & Benefits whereby the old LTM/JTM id can be used and will send the new id in the response.
Can an authorization be submitted with the LTM/JTM ID?	No, all authorization submissions must be done with the new that begins MQG8 or MQS8.
Can the Is Auth Required tool be used for the MHCP groups?	Yes, starting 1/1/2024, the Is Auth Required tool in Availity and on the bluecrossmn.com website can be used for Commercial, Medicare, and MHCP groups.
How can an authorization be submitted if Availity is not available?	If providers are unable to complete the prior authorization process through Availity Essentials, providers may fax the Prior Authorization (PA) Request form, clinicals, and include the Availity error to the following fax numbers. Medicaid UM Inpatient Prior Authorizations (651) 662-6283 Medicaid UM Outpatient Prior Authorizations (651) 662-6284 Medicaid UM Priority Faxes (Inpatient and Outpatient) (651) 662-6285 PA Medicaid Senior Link (651) 662-6289

What guidelines are being used to guide utilization management decisions?	MCG care guidelines, 27th edition. P78-23 FINAL Medical Policies for MHCP eff 1-1-24.pdf (bluecrossmn.com)
How are newborn admissions being handled?	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.
How are acute admissions being handled?	Blue Cross will be requiring notification at the time of acute inpatient admission. Blue Cross is partnering with vendor Audacious Inquiry (AI) 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.
Will the medical policies prior to 1/1/2024 transition to MN still be used?	Effective January 1, 2024, Blue Cross will implement new medical policies that will apply to services provided under the medical benefit as published in Provider Bulletin P78-23. P78-23 FINAL Medical Policies for MHCP eff 1-1-24.pdf (bluecrossmn.com) Federal and State Guidelines, including Minnesota Health Care Program (MHCP) policies, may supersede the Medical Policies.
Will the Auth/Referral Inquiry and/or Dashboard be available in Availity to check status and update requests?	The Availity Auth/Referral Inquiry and/or Dashboard will not be available on 1/1/2024. Please watch for fax responses for determination outcomes on pending authorization. Updates would only be available for Inpatient authorizations. **Currently under development and tentatively scheduled for 2/17/2024.

What happens if the case pends, and clinical attachments were not added?	The clinician reviewer will reach out via phone to request the clinicals. Please be sure phone numbers and fax numbers are accurate to help expedite requests and determination notifications.
How many ICD10 codes can be entered on each authorization?	Each authorization for Inpatient or Outpatient allows up to 10 codes to entered.
How many CPT/HCPCS codes can be entered on each Outpatient Authorization?	Each Outpatient authorization allows up to 25 CPT/HCPCS codes to be entered.
Are there limitations on file type and size for attachments?	Yes, acceptable file types are – pdf, jpeg/jpg, tiff/tif, png, ms excel (both xls and xlsx), ms word (both doc and docx), ms ppt. Up to 10 attachments can be added per authorization. Attachments need to be 8MB or less. File name needs to be alpha numeric only.
What happens if services for 2024 were approved by AGP?	No action required unless services occur after the last approval date. All prior authorizations completed by AGP will be honored and sent to MN to allow for appropriate claims processing.
What if the authorization with AGP needs to be extended after 1/1/2024?	A new request will need to be submitted to MN on and after 1/1/2024. MN will have copies of all prior authorizations for reference.
What happens if prior authorized services were rendered in 2023, and claim is submitted in 2024?	MN is receiving a copy of all prior authorizations from AGP, and will be processing the 2023 claims according to the prior determinations on file.