PROVIDER QUICK POINTS PROVIDER INFORMATION



September 23, 2020

Change in Processing for Interim Bills for Minnesota Health Care Programs

Effective October 1, 2020, inpatient hospital claims submitted with the discharge status code 30 (still a patient or expected to return for outpatient Health Services), for less than a 30 day stay, will now be denied at point of claim in place of a post payment audit as previously published by Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) in Provider Bulletin P74-17.

Claims submitted with a patient discharge status code of 30 for inpatient stays greater than 30 days will be reimbursed according to the facility's interim billing payment percentage as indicated in Attachment A-Rate Table of the Provider Service Agreement.

All interim claims billed for an inpatient stay of less than 30 days should be voided and resubmitted with a new claim per the interim claim submission requirements.

Products Impacted

This applies to the following Minnesota Health Care Programs:

- · Families and Children
- MinnesotaCare (MNCare)
- Minnesota Senior Care Plus (MSC+)

Note: MSHO claims are not included as they are processed per the Centers for Medicare & Medicaid (CMS) guidelines.

Questions?

If you have questions, please contact provider services at **1-866-518-8448**.