PROVIDER BULLETIN
PROVIDER INFORMATION

BlueCross BlueShield Minnesota

November 2, 2020

Reminder: New Prior Authorization Timeframes Required by Legislation

As previously announced, the Minnesota legislature passed legislation (see amendments to Minnesota Statutes, Chapter 62M (2020 Minnesota Laws, Chapter 114) that requires prior authorization review timeframes to change effective January 1, 2021 for subscribers with **commercial fully insured and state-regulated self-funded commercial coverage**. Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) continues to evaluate current prior authorization processes to meet these requirements in a way that ensures a standardized, simplified process for providers and commercial subscribers.

New prior authorization requirements beginning January 1, 2021 include:

- Electronically submitted prior authorizations must have a decision communicated no later than 5 business days after receipt
- Prior authorizations submitted by phone, fax or mail must have a decision communicated no later than 6 business days after receipt
- Urgent prior authorizations must have a decision communicated within 48 hours of receipt or the end of the first business day after receipt of the initial request, whichever is later
- Denials of prior authorizations for medical health services must be determined by a like-specialty reviewer
- Pre-service appeals of denied prior authorizations must have a decision communicated no later than 15 calendar days after receipt

Prior Authorization and Pre-Service Appeals Best Practices to Meet New Timeframes

In order to meet these new timeframes, Blue Cross asks that providers strive to submit all of the necessary clinical information at the time of submission and return any additional requested information in an expedited manner.

- Submit prior authorizations for medical services/drugs using the Availity application.
- All medical prior authorization requests must be submitted with clinical records supporting the requirements found in the applicable Blue Cross medical policy or eviCore clinical guideline. Blue Cross medical policies include a “Documentation Submissions” section which outlines additional documents that must be submitted, when applicable.
- For inpatient hospital admission authorization requests, please be sure to include any information supporting the need for acute inpatient level of care, including the patient’s History & Physical and physician notes and any other relevant clinical information, such as emergency department, nursing and therapy notes, diagnostic test results, lab results, patient monitoring plan, medications and treatment plan.
- For Blue Cross subscribers who have pharmacy benefits through Blue Cross, pharmacy benefit drug prior authorization requests can be submitted through CoverMyMeds’s (CMM) free web portal or by sending an electronic NCPDP file to Prime through an integrated Electronic Medical Record (EMR) system during the e-prescribing process.
- When submitting an appeal for a denied prior authorization, clearly identify on the fax cover sheet that the submitted document is a “Pre-Service Appeal”.

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Products Impacted
This change applies only to subscribers with commercial fully insured and commercial self-insured state-regulated coverage. This change does not apply to Federal Employee Program (FEP), Medicare subscribers, or Minnesota Health Care Programs subscribers.

Questions?
If you have questions, please contact provider services at **(651) 662-5200** or **1-800-262-0820**.