PROVIDER BULLETIN PROVIDER INFORMATION



May 1, 2020

2020 Renewal Changes Summary for Blue Plus Referral Health Professional Providers

The purpose of this Blue Cross and Blue Shield of Minnesota, Blue Plus, and Affiliates (Blue Plus) Bulletin is to communicate substantive changes to the 2020 Blue Plus Referral Health Professional Provider Service Agreement (Agreement). The complete Agreement is modified periodically to reflect the most current regulatory changes and other clarifications necessary to properly administer the Agreement. The minor changes and clarifications to the Agreement effective July 1, 2020 are detailed below. The summary items are listed in order of appearance in the Agreement.

Provider Service Agreement Changes

- 1) **Article II.H. The definition of "Minnesota Health Care Programs"** has been updated to most accurately align with current DHS requirements.
- 2) **Article III.D. Clinical Coding Requirements** has been clarified to refer to the existing reimbursement information for unlisted codes as detailed in Reimbursement Policies, which can be found at https://www.bluecrossmn.com/providers/reimbursement-policies
- 3) **Article XIII.N. The Provider Merger** provision has been updated to include reference to practice expansions and additional new locations.

No changes have been made to the Medicare Amendment.

Disclosure of Ownership

A Disclosure of Ownership form must be completed and submitted **annually** to Blue Plus per Minnesota Department of Human Services requirements. Information about the requirement and an electronic version of the form are available at bluecrossmn.com.

Reimbursement

Participating Providers may request a list of applicable rate allowances by emailing a request to Fee.Schedule.Allowance.Request@bluecrossmn.com up to twice annually. Your request must include the participating provider's NPI(s) and Blue Shield ID Number(s).

Questions?

If you have any questions about the changes made in 2020, please call Provider Services at **651-662-5200** or **1-800-262-0820**. If you would like to receive a comprehensive copy of a new Agreement that reflects these changes, please email a request to the following address: Request.Contract.Renewal@bluecrossmn.com