

Quick Points



October 26, 2011

Change in inpatient billing requirements for MinnesotaCare Basic Plus One members

In accordance with the legislation in 2011, 1st Special Session, Chapter 9, Article 6, Section 79, effective for dates of service July 1, 2011, and after, all inpatient facility medical and mental health claims must be submitted to the Department of Human Services (DHS) for members in MinnesotaCare Basic Plus One groups.

Members impacted

This change applies to members enrolled in the following Blue Plus plans:

Product name and alpha prefix	Group numbers
MinnesotaCare Basic Plus One – alpha prefix of XZG	PP121-ZA, PP122-ZA, PP121-GA and PP122-GA

Member benefits

Effective July 1, 2011, Basic Plus One members received a new \$10,000 copay in the DHS fee-for-service system. Member responsibility is 10 percent of the paid claim, to a maximum of \$1000. DHS will pay a maximum of \$10,000 under this benefit. The balance of any claim over \$10,000 is the member’s responsibility (in addition to the \$1000 maximum copay).

The intent of this legislation was to allow DHS to claim Disproportionate Share Hospital (DSH) payments on inpatient hospital costs for this benefit group. Blue Plus will continue to be responsible for hospital-based chemical dependency (CD) treatment as well as the treatment portion of CD services provided in residential settings that are not hospital-based.

Blue Plus is no longer responsible for certifying the medical necessity for inpatient admissions for members in the Basic Plus One groups. If providers need further information regarding inpatient hospital authorization, they should contact the DHS Provider Call Center at **(651) 431-2700** or toll free at **1-800-366-5411**.

Professional and ancillary fees associated with inpatient stays remain the responsibility of Blue Plus.

Questions?

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