

PROVIDER BULLETIN

PROVIDER INFORMATION



November 1, 2018

2019 Renewal Changes Summary for Blue Plus Primary Care Clinic Providers

Blue Cross and Blue Shield of Minnesota, Blue Plus, and Affiliates (Blue Plus) is simplifying the annual renewal process by communicating substantive changes to the 2019 Blue Plus Primary Care Clinic Provider Service Agreement via this Provider Bulletin. The complete Provider Service Agreement (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 January 1, 2019 are detailed below. The summary items are listed in order of appearance in the Agreement.

Provider Service Agreement Changes

- 1) Article II.J. The definition of Minnesota Health Care Programs has been expanded to include Families and Children as a prepaid public program.
- 2) Article II.O. The definition of Protected Health Information has been further clarified to include the most current citation of the federal regulations. Therefore, the definition is hereby superseded by the following:
"Protected Health Information" (PHI) means individually identifiable information transmitted or maintained in any format as further defined in 45 Code of Federal Regulations ("C.F.R.") Section 160.103.
- 3) Article III.N. Notices; Updates; Changes has been revised to clarify that PCC shall promptly notify Blue Plus of any changes to any administrative, demographic, or other provider information of any kind to ensure that Blue Plus has the most current and accurate PCC information to support accurate provider directories for Subscribers.
- 4) Article IV.E. CPIU Payment Increase of the previous Agreement has been removed and is no longer in effect.
- 5) Article IV.H. Subscriber Liability provision is further clarified to align with the requirements of Minnesota Statute Section 62Q.751 and detailed in the Provider Policy and Procedure Manual, which includes PCC requirement to return overpayments to Subscriber within 30 days of the date in which the claim adjudication is received by PCC.
- 6) Article X.B. Termination has been revised to clarify that termination determinations are not subject to appeal. Written notice of termination must be mailed to Blue Plus, Attn: Provider Relations, R317, P. O. Box 64560 St. Paul, Minnesota 55164-0560. In addition, the final two bullet points under Article X.B. Termination are hereby superseded by the following:
 - Blue Plus shall have the right to terminate PCC's participation in benefit plans (including but not limited to the Minnesota Advantage Health Plan, political subdivisions, and Workers' Compensation) if PCC is determined by DHS to be out of compliance with Minnesota Statutes, Section 256B.0644 (requiring providers to accept medical assistance patients) or any other applicable laws. PCC shall

notify Blue Plus immediately in event of such non-compliance. The termination shall be effective as of the first date of such non-compliance.

- In the event that Blue Plus does not receive any claims submitted by PCC for a 12 month period, Blue Plus will terminate the agreement upon the expiration of that 12 month period.
- 7) Article XII.N. Provider Merger or Acquisition. The following sentence is hereby added to Article XII.N: Notification of any material business transactions such as a merger or acquisition must be provided to Blue Plus no later than 60 days prior to the finalization of the transaction.

No changes have been made to the Medicare Amendment.

Disclosure of Ownership

A Disclosure of Ownership form must be completed and submitted 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.

Questions?

Providers that have questions about the changes made in 2019 can contact Provider Services at **(651) 662-5200** or **1-800- 262-0820**. Providers that would like a copy of the new Agreement should send a request to the following email box: Request.Contract.Renewal@bluecrossmn.com