

PROVIDER QUICK POINTS

PROVIDER INFORMATION



November 28, 2018

Migration of Minnesota Health Care Programs Subscribers to Amerigroup Delayed to January 1, 2019

To ensure a successful member and provider experience, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) has made the decision to delay the migration of the Minnesota Health Care Programs (MHCP), including Blue Advantage Families and Children (formerly Prepaid Medical Assistance Program), MinnesotaCare (MNCare), SecureBlue (MSHO) and Minnesota Senior Care Plus (MSC+) to Amerigroup until January 1, 2019. **Effective January 1, 2019, Providers are required to follow the policies and procedures that were previously published in the October and November Provider Bulletins and as indicated below for MHCP Subscribers.**

Subscriber ID

Members newly enrolled to Blue Cross in December will be mailed an ID card under the current Blue Cross process for dates of service December 1, 2018 through December 31, 2018. **Eligible** subscribers will be mailed new ID cards to be used for dates of service beginning January 1, 2019.

Eligibility and Benefits and Claim Status

When checking eligibility and benefits or claim status on Availity.com for a service date prior to January 1, 2019, providers are instructed to use the current process and Payer ID code 00720. When checking eligibility and benefits or claim status on Availity.com for a service date on or after January 1, 2019, **use the new Payer ID code 00562 or select 'BCBSMN Blue Plus Medicaid' from the Payer listing. If an eligibility and benefits EDI transaction or a claim status EDI transaction is not submitted with the new Payer ID code, a non-covered claim not found response will be received. Providers will need to correct the payer ID and resubmit the transaction.** Please note that eligibility files will not be loaded until December 2018.

Claims Submission

Continue to submit claims for dates of service through December 31, 2018 with current Payer Code 00720. Claims for dates of service beginning January 1, 2019 must be submitted with the new payer ID Code 00562.

Claims currently processed via Bridgeview (i.e. Elderly Waiver claims) will continue to be processed via Bridgeview through December 31, 2018 dates of service.

Claims Submission for Non-Emergent Transportation (NEMT) Providers

Claims for dates of service through December 31, 2018 should be submitted with current Payer Code 00720. Claims for dates of service that occur on or after January 1, 2019 will be processed by LogistiCare. **Claims for dates of service beginning January 1, 2019 must be submitted with the new payer ID Code A5143. Claims submitted under the wrong Payer ID Code will reject and the claims will need to be resubmitted under the correct payer ID code.**

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Provider Services

The phone number for contacting Blue Cross Provider Services for all questions will remain unchanged for claims with dates of service through December 31, 2018.

For dates of service on or after January 1, 2019, please contact Provider Services at **1-866-518-8448** for questions regarding eligibility and benefits, utilization management, or claims.

Utilization Management: Prior Authorizations (PA) for Outpatient Services and Pre Admission Notification or Pre-Certification for Inpatient Services

Changes to utilization management processes that were previously announced with an effective date of December 1, 2018 will be implemented on January 1, 2019. Continue to follow current Blue Cross processes until January 1, 2019, regardless of the date of service. Any PA's obtained through the current process through Blue Cross will be forwarded to Amerigroup for use in claims adjudication where applicable.

Changes to medical policies and UM authorization requirements that were previously published with a December 1, 2018 effective date will be delayed until January 1, 2019. Blue Cross will be allowing providers the ability to become accustomed to the policy criteria and documentation required with a PA request. Blue Cross' expectation is that the providers take this opportunity to familiarize themselves with the new policies and authorization requirements during this initial implementation phase. **Enforcement of prior authorizations and pre-certifications will begin for March 1, 2019 dates of service.** Claims for dates of service beginning March 1, 2019 will deny provider liability without an approved prior authorization.

Effective Dates of Service: January 1, 2019 – February 28, 2019

- Provider will submit all relevant clinical information for review
- Clinical information will be reviewed to determine if the requests meets the clinical guidelines
- Requests that do not meet criteria per the evidence-based guidelines will receive a denial with educational language in the rationale to help providers understand why a PA request did not meet the clinical guidelines