

PROVIDER BULLETIN

PROVIDER INFORMATION



December 3, 2018

Updated Minnesota Health Care Programs Information

The information in this Provider Bulletin provides updates to Provider Bulletin P48-18, that was published on October 1, 2018.

Products Impacted

This information applies to the following products:

- Minnesota Health Care Programs (MHCP), including Blue Advantage Families and Children (formerly Prepaid Medical Assistance Program), Minnesota Senior Care Plus (MSC+) and MinnesotaCare (MNCare)
- SecureBlue (MSHO)

Appeals Submission Update

When submitting claims appeals, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) recommends using the online appeal process through Availity. Additional documentation may be attached along with the appeal request.

Providers may still fax the *AUC Appeal Form* to **1-833-224-6929**.

Adjustments have been made to the mailing information previously published to avoid confusion for providers.

When submitting by mail, send the *AUC Appeal Form* with documentation via mail to:
Blue Cross and Blue Shield of Minnesota and Blue Plus
ATTN: Consumer Service Center
P.O. Box 64033
St. Paul, MN 55164-4033

Obstetrics and Delivery Medical Necessity Review Update


As of January 1, 2019, Amerigroup will follow the CMS ruling and will only require medical necessity review for cesarean deliveries over a 96-hour stay. The previous notification requirement of a 72-hour stay will be updated to allow for MN DHS use of the CMS guideline.

Subscriber ID Cards and PCC Selection

For dates of service beginning January 1, 2019, subscribers will be receiving updated ID cards. The subscriber's Primary Care Clinic (PCC) will **not** be listed on the subscriber ID cards.

Continued


PMAP/MS+::



Blue Advantage

Name _____ GRP _____
 ID _____ Medicaid ID _____

Svc Types	Med, Rx, Dental	Care Type	MN HLTH Care Program
Office Visit Copay	NONE	Dental Network	CIVICSMILES
ER Copay	NONE	Dental Copay	NONE
Non-ER Copay	NONE	RX Bin	610455
Eyeglasses Copay	NONE	RX PCN	MCAIDMN
Brand Name Copay	NONE		
Generic Copay	NONE		
Rx Network	C		



bluecrossmn.com/publicprograms

Members: Possession of this card does not guarantee eligibility of benefits. Authorization not required for emergency care. For appeals or grievances, call the applicable number or write to an address below.

Member Services: 1-800-711-8882
 TTY 711
 1-800-711-8882
 TTY 711
 1-888-518-8448

24/7 NurseLine: 1-888-518-8448

Provider Service: 1-844-786-5838
 Prime Therapeutics/
 Prescription Questions: 1-844-786-5840
 Pharmacist Only: 1-800-774-9049
 Delta Dental of MN: TTY 711
 Stop Smoking Program: 1-844-421-5861
 Blue Ride: 1-888-340-8848

Delta Dental of Minnesota
 P.O. Box 1328
 Minneapolis, MN 55440-1328

Blue Plus
 P.O. Box 64033
 St. Paul, MN 55164-0333


DHS Ombudsman: 651-431-2660, TTY 711

DHS Appeals Unit
 PO Box 64941
 St. Paul, MN 55164-0249

Providers: Submit claims to the local Blue Cross and/or Blue Shield plan.
 Blue Plus
 PO Box 61249
 Virginia Beach, VA 23466
 MN01 12/18

Blue Cross and Blue Shield of Minnesota and Blue Plus are nonprofit independent licensees of the Blue Cross and Blue Shield Association.


MNCare:



MinnesotaCare

Name _____ GRP _____
 ID _____ Medicaid ID _____

Svc Types	Med, Rx, Dental	Care Type	MN HLTH Care Program
Office Visit Copay	NONE	Dental Network	CIVICSMILES
ER Copay	NONE	Dental Copay	NONE
Non-ER Copay	NONE	RX Bin	610455
Eyeglasses Copay	NONE	RX PCN	MCAIDMN
Brand Name Copay	NONE		
Generic Copay	NONE		
Rx Network	C		



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 TTY 711
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 P.O. Box 1328
 Minneapolis, MN 55440-1328

Blue Plus
 P.O. Box 64033
 St. Paul, MN 55164-0333


DHS Ombudsman: 651-431-2660, TTY 711

DHS Appeals Unit
 PO Box 64941
 St. Paul, MN 55164-0249

Providers: Submit claims to the local Blue Cross and/or Blue Shield plan.
 Blue Plus
 PO Box 61249
 Virginia Beach, VA 23466
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SecureBlue (MSHO):




SecureBlueSM (HMO SNP)
 H2425001

Name _____ Group # _____
 ID _____ Medicaid ID _____

Svc Types	Med, RX	Care Type	MN HLTH Care Prog
Brand Name Copay	None	RX Bin	610455
Generic Copay	None	RX PCN	SBPARTD
RX Network	Standard	RX ID	
Dental Network	Civic Smiles	Issuer	80840

MEDICARE ADVANTAGE | HMO **MedicareRx**
 Prescription Drug Coverage



bluecrossmn.com/secureblue

Members: Authorization not required for emergency care. For appeals or grievances, call the applicable number or write to an address below.

Member Services: 1-888-740-6013
 DHS Ombudsman 651-431-2660
 1-800-657-3729

Nurse Line: 1-888-740-6013

Medical TTY: 711

Provider Service: 1-866-518-8448

Prime Therapeutics / Prescription Questions: 1-888-877-6424

Pharmacist Only: 1-800-648-2778

Delta Dental of MN: 1-800-774-9049
 Dental TTY 711

Stop Smoking Program: 1-844-421-5861

Blue Ride: 1-866-340-8648 (TTY 711)

Delta Dental of Minnesota
 PO Box 1328
 Minneapolis, MN 55440-1328

Blue Plus Appeals and Grievances
 PO Box 64033
 St. Paul, MN 55164-0333

DHS Appeals Unit, PO Box 64941
 St. Paul, MN 55164-0942

Providers: Submit claims to the local Blue Cross and/or Blue Shield plan.
 Blue Plus
 PO Box 61249
 Virginia Beach, VA 23466
 MN52 12/18

Blue Cross and Blue Shield of Minnesota and Blue Plus are nonprofit independent licensees of the Blue Cross and Blue Shield Association.

Providers can call Provider Services at **1-866-518-8448** or download their PCC listing report within the Provider Online Reporting (POR) tool within the Availity application to determine which clinic is listed as the subscriber's PCC within the Amerigroup system.

POR registration

- From the Availity home page, select **Payer Spaces** from the top navigation.
- Select the health plan.
- From the *Payer Spaces* home page, select the **Application** or **Resources** tab.
- From the *Resources* tab, select **Provider Online Reporting**. If you don't see it in the list, select **Next** from the right-hand side at the bottom of the page.
- Select **Register/Maintain Organization** to register your organization's tax ID to the applicable program.
- Select **Register Tax ID** to register for the eligible program (subscriber reports or panel listings).
- Select **Maintain User/Register User** to grant access to users.
- Complete all fields on the *Register User* page. Select **ADD TO PREVIEW** and save.

PCC Subscriber Panel Reports

- From the Availity home page, choose **Payer Spaces** from the top navigation
- Select the health plan.
- From the *Payer Spaces* home page, select the **Applications** or the **Resources** tab and select **Provider Online Reporting**.
- Once the *POR* widow opens, from the *Provider Online Reporting* page, select **Subscriber Panel Listing**