

PROVIDER BULLETIN

PROVIDER INFORMATION

March 1, 2022

Update: Introducing Coupe Health






Updating Provider Bulletin P72-21, published on 11/1/2021 because the claim submission for participating providers in counties that border Minnesota has changed. All other information remains the same.

Blue Cross and Blue Shield of Minnesota (Blue Cross) began offering a new product, Coupe Health administered by Blue Cross and Blue Shield of Alabama, to self-insured employers and their employees effective January 1, 2022. Coupe Health provides an efficient and guided experience that allows members to select a high-quality provider, know the cost of service ahead of time and receive one consolidated bill. This streamlined and straightforward experience can save the member time and money.

How is Coupe Health different than other products and networks?

Coupe Health leverages the Aware network, and then tiers providers based upon four attributes: quality, relationships, experience, and cost. Members search for providers through a phone or web-based application that reviews each provider's quality rating, location, and co-pay option. The member will receive one simplified bill at the end of the month from Coupe Health and providers will not be responsible for collecting member out of pocket costs. Providers will be reimbursed 100% of the allowed amount by the Plan.

Sample ID Card:

Individual Contract		BP1300	
 			
Name JOHN Q PUBLIC		coupehealth.com	
ID # ABC123456789		Customer Service: 1 800 123-4567 Provider Service: 1 800 123-4567 Find a Provider: 1 800 123-4567 Find a Pharmacy*: 1 800 123-4567 Pharmacist Only*: 1 800 123-4567 *Contracts separately with group	
GRP 12345 Care Type PPO Svc Type Medical, Rx RxBIN 022139 RxPCN MD1 RxGrp XXXXX		Members: See your Benefit Booklet for requirements and covered services. Possession of this card does not guarantee eligibility of benefits. Providers: Claim filing and inquiries to the local Blue Cross and/or Blue Shield plan. For all other inquiries, notifications, or authorizations, call Provider Service.	
No patient responsibility owed at the time of service. Plan will pay provider the full contract rate. 			

For members accessing Minnesota providers, **including participating providers in counties that border Minnesota**, providers should submit the claims to Minnesota as a BlueCard claim. Minnesota will price the claims based on the Minnesota provider agreement and will send claims to Blue Cross and Blue Shield of Alabama to apply the benefits.

For members accessing providers outside Minnesota, **excluding participating providers in counties that border Minnesota**, claims should be submitted to the local Blue Plan as a BlueCard claim. The local plan will price the claims based on the provider agreement and will send claims to Blue Cross and Blue Shield of Alabama to apply the benefits.

Blue Cross and Blue Shield of Alabama will be providing all functions of claim management including but not limited to, medical policy, prior authorizations, pre-certifications and appeals. Providers must include the three-digit prefix when checking benefits, eligibility, and authorization requirements in order to be routed to the correct application.

Appeals

Pre-service appeals should be submitted to Coupe Health directly by following the instructions on the prior authorization denial notification.

Post-service appeals should be faxed to Blue Cross and Blue Shield of Alabama at 1-833-374-0220.

Medical Policy and Prior Authorization Requirements

Providers will be able to see medical policies and the categories of services that require prior authorization for this product at <https://mn-policies.exploremyplan.com/>.

Draft medical policies are available for physician comment for 45 days from the posting date found on the policy. Instructions for submitting comments are on the draft policies pages on the website. Blue Cross will include language in the monthly bulletins that are posted the first business day of the month for new draft policies that may have been posted after the bulletin posted the previous month.

Draft medical drug policies are posted on the first business day of each month and can be viewed on the website <https://mn-policies.exploremyplan.com/>. These will also be included in the monthly provider bulletin.

Prior Authorizations/Precertification

Providers who use the Authorization Portal in Availity® to check to see if a prior authorization is required will be directed to skip this step and submit an authorization. Once the member identification number is entered, the provider will be routed to submit the request in the appropriate application for this product. When submitting requests online, providers can attach multiple document attachments with medical records but cannot attach additional records electronically once the authorization request is submitted. If necessary, additional records can be faxed to 1-866-713-6516. Precertification requests can also be submitted via phone by calling 1-833-749-1967.

Requests for outpatient physical, occupational and speech therapy cannot be submitted online and should be faxed to the appropriate fax number below.

- Physical Therapy 1-833-719-1608
- Occupational Therapy 1-833-719-1607
- Speech Therapy 1-833-731-1511

Requests for chiropractic, home health care and hospice services and inpatient hospital and long-term acute care admission should be faxed to the appropriate fax number below.

- Chiropractic 1-833-719-1601
- Home Health 1-888-295-3005
- Hospice 1-833-719-1609
- Inpatient Hospital 1-866-713-6516
- Long-Term Acute Care 1-833-719-1602

If requests for these services are submitted online, the provider will be advised to send the request via fax.

To prevent delays, do not submit prior authorization requests or medical records for this product to fax numbers used for other Blue Cross and Blue Shield of Minnesota products.

Provider Service Questions

Providers that may have questions can call **1-833-749-1974**.