

PROVIDER BULLETIN

PROVIDER INFORMATION



August 1, 2022

Change in Liability for Members of Other Blue Plans

Revision: Provider Bulletin P7-21 was previously published on July 1, 2021. This revision provides clarification for resolving claims denied for no PA for a member covered by another Blue Plan. The submission of a retro-authorization is the only opportunity for resolution as an appeal is not an appropriate submission.

Services and items provided to members covered by a Blue Plan outside of Minnesota which require a prior authorization (PA) but for which a PA was not obtained will have the potential to be denied as provider liability for claims processed April 19, 2021, and after. Prior to this date, these services would have denied as subscriber liability; however, plans offering retro-authorizations may now apply provider liability denials instead.

If a claim denial is received for no PA and denied as provider liability for a member covered by another Blue Plan, providers may submit a retro-authorization to the members home plan. Providers may work directly with the member plan to obtain steps for retro-authorization.

This change applies to commercial, Medicare, and Medicaid members of Blue Plans outside of Minnesota.

Questions?

Please contact provider services at **(651) 662-5200** or **1-800-262-0820**.