

PROVIDER QUICK POINTS

PROVIDER INFORMATION



September 27, 2023

Minnesota Health Care Programs and Medicare Rate Load

All participating providers with Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) have signed an Aware and/or Blue Plus Referral Provider Agreement (collectively referred to as an Agreement).

The Agreement contains contract provision incorporating the contract language and other published documents as identified in: **Article II. Definitions, B "Agreement"** means this Aware (or Referral Health) Provider Service Agreement, including (1) the originally executed signature page, which shall be binding upon all of Provider's Health Care Professionals, (2) the applicable fee schedule(s), (3) the Amendment to the Agreement – Medicare Programs, as applicable, (4) the Provider Policy & Procedure Manual as it may be amended from time to time (available at bluecrossmn.com/providers), (5) any and all existing and effective Provider Bulletins (available at bluecrossmn.com/providers) as well as any Provider Bulletins issued by Blue Cross during the term of this Agreement, (6) the Reimbursement Policies as may be amended by Blue Cross from time to time (available at bluecrossmn.com/providers), (7) any and all existing and effective Exhibits, (8) the provisions of the Credentialing and Recredentialing Provider Policy Manual as it may be amended by Blue Cross from time to time (available at bluecrossmn.com/providers); (9) Medical and Behavioral Health Policies (available at bluecrossmn.com/providers) and (10) any other Addenda or Amendments whose terms and provisions are incorporated into and made a part of this Agreement.

Providers are encouraged to familiarize themselves with all publications that are included in this contract provision. Published documents can be accessed on the Blue Cross Provider website:

<https://www.bluecrossmn.com/providers>

Chapter 9 Reimbursement/Reconciliation, in the Provider Policy and Procedure Manual, contains the following language:

Changes to Minnesota Health Care Programs and Medicare Payment

In the event that CMS or DHS has published rate or methodology changes, Blue Cross shall implement such changes within 90 days of the date that such change is effective or by the first day of the following calendar quarter after the changes are released, whichever is later, unless otherwise specified by the state or federal regulatory agency. The Provider shall not request adjustments, and Blue Cross shall not adjust any claims paid prior to the effective date Blue Cross implements any such changes. Payment to the Provider for Health Services provided to Subscribers of the Minnesota Health Care Programs and Medicare Members shall be consistent with the Provider's licensure as reported to Blue Cross and as verified with the applicable licensing board.

Blue Cross is notifying providers that this provision is in effect and that claim adjustments will not be considered for rates that are published retroactively by the Minnesota Department of Human Services or the Centers for Medicare and Medicaid Services.

QP78-23

Distribution: bluecrossmn.com/providers/forms-and-publications

Products Impacted

- Families and Children [formerly known as Prepaid Medical Assistance Program (PMAP)]
- MinnesotaCare (MNCare)
- Minnesota Senior Care Plus (MSC+)
- Minnesota Senior Health Options (MSHO)
- Medicare Advantage and Platinum Blue, as applicable

Questions?

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