

PROVIDER BULLETIN

PROVIDER INFORMATION



November 1, 2023

Prior Authorization Process for Minnesota Health Care Programs (MHCP), effective January 1, 2024

As communicated in Provider Quick Point QP95-22, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be transitioning MHCP Operations back to Blue Cross as of January 1, 2024.

For MHCP subscribers, Blue Cross has a prior authorization process for various services, procedures, prescription drugs, and medical devices.

The full list of services, procedures, prescription drugs, and medical devices that require prior authorization (PA) will be published by December 15, 2023 at <https://www.bluecrossmn.com/providers/migration-minnesota-health-care-programs-mhcp>. The precertification process determines whether medical necessity exists based on Clinical Criteria and is not a reflection of a member's benefits or eligibility. Benefits and eligibility must be verified each time a member seeks services.

Submitting Notification

Pre-Admission notification is required for all medical and behavioral health admissions. Discharge details must be provided for every admission. Most elective services provided by or arranged at a nonparticipating provider or facility require precertification.

Effective January 1, 2024, the acute medical and behavioral health acute admission notification and discharge requirements will become automated for Minnesota providers (including bordering counties) that are participating in the MN Encounter Alert Service (MN EAS); see [Provider Bulletin P74-23](#).

- For **providers that are not participating with MN EAS**, admission and discharge notification is required and can be completed through the Availity Essentials portal at [availity.com/essentials](https://www.availity.com/essentials)
- For **post-acute facilities that require precertification**, the provider can complete the precertification and concurrent review processes (including medical record submission) through the Availity Essentials portal at [availity.com/essentials](https://www.availity.com/essentials)
- **All admissions to a non-participating facility require prior authorization.**

Submitting Prior Authorizations

Providers can quickly determine if a service or item requires prior authorization from the health plan before care is provided by entering the member group number, date of service and procedure code. The PA Look Up tool response also includes details related to the medical policy or evidence-based criteria that may apply and any special instructions related to the prior authorization process. There are two options for providers to use:

- The Prior Authorization Lookup tool is available on the Blue Cross website under Medical Management: <https://www.bluecrossmn.com/providers/medical-management/prior-authorization-lookup-tool>

- On Availity Essentials, follow the Authorization Request process. The first step in this process allows the provider to determine if a PA is required using the “Is Authorization Required” tool. If an authorization is required, the provider can simply proceed to the next step to complete the process.

If an authorization is required, it is highly recommended for the provider to utilize the online process through Availity Essentials.

MCG Care Guidelines, effective January 1, 2024

Blue Cross licenses and utilizes MCG Care Guidelines, 27th edition, for inpatient and residential level of care to guide utilization management decisions. The five products licensed include the following:

- **Inpatient & Surgical Care (ISC):** Manage, review, and assess subscribers facing hospitalization or surgery proactively with nearly 400 condition-specific guidelines, goals, optimal care pathways, and other decision-support tools.
- **General Recovery Care (GRC):** Effectively manage complex cases where a single Inpatient Surgical Care guideline or set of guidelines is insufficient, including the treatment of subscribers with diagnostic uncertainty or multiple diagnoses.
- **Home Care (HC):** Provides evidence-based comprehensive guidelines to enable case managers and others to maintain quality and efficiency in the subscriber's home environment.
- **Recovery Facility Care (RFC):** Coordinate an effective plan for transitioning people to skilled nursing facilities (SNFs) and inpatient rehabilitation facilities (IRFs).
- **Behavioral Health Care (BHC):** Provides evidence-based guidelines to help healthcare professionals guide the effective treatment of subscribers with psychiatric disorders.

Blue Cross utilizes the following resources to guide the prior authorization decisions:

- [Minnesota Department of Human Services — Minnesota Health Care Program \(MHCP\) Provider Manual](#)
- Substance Use Disorder (SUD) Services, American Society of Addiction Medicine (ASAM)
- [Blue Cross prior authorization](#)
 - [Medical Policies](#) (enter a specific medical policy name or part of a policy, word, or phrase into the search bar)
 - [Clinical Criteria pharmacy policies](#)

Prior Authorization and Notification list

Separate PA lists for Medicaid (Families & Children, MNCare and MSC+) and MSHO will be published by December 15, 2023, for an effective date of January 1, 2024 at

<https://www.bluecrossmn.com/providers/migration-minnesota-health-care-programs-mhcp>

Retrospective PA requests

Retrospective clinical review will be considered by Blue Cross prior to the claim being submitted in consideration of scenarios that make obtaining an approval prior to rendering the service difficult, such as after-hours or urgent situations.

Products Impacted

- Families and Children
- MinnesotaCare (MNCare)
- Minnesota Senior Care Plus (MSC+)
- Minnesota Senior Health Options (MSHO)

Questions?

Please email Blue Cross at MHCPProviders@BlueCrossMN.com