

## MHCP Migration FAQ

**Can you include a link to where this information if found on your website?**

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

**What are timely filing limits?**

Timely filing is 180 days from the date of service for claims and 90 days from remit date for appeals.

**Do all claims submitted after 1.1.24 use the new payer ID code or is it dates of service beginning 1.1.24 use new ID code?**

Blue Cross has established a cut off of 1/1/24. Prior to 1/1/24, transactions should be submitted to Amerigroup. As of 1/1/24, ALL transactions will be submitted to Blue Cross under the new Payer ID regardless of date of service.

**You said that Blue Cross won't cross over claims so will RHC Blue Plus claims still be crossed over to DHS?**

Thanks for the question. That section of the presentation was specific to members that have dual coverage. Blue Cross will continue to cross the RHC claims to DHS per the current process.

**Are there appreciable differences in prior auth requirements beginning 2024? If so, will they be pushed out via BCBS communications / updates?**

Yes, and the Is Auth Required tool in Availity essentials will be updated to include the new group numbers.

**Will there still be the option of Blue Plus chat in Availity?**

Yes, for Eligibility and Benefits as well as Claim Status you can use the Availity messaging.

**Is there a requirement to include the prior authorization number on the claims submission?**

Providers are not required to include the prior authorization number on the claims submission. The claims adjudication process is to match the procedure with the appropriate prior authorization.

**How will episodic billing be handled? Example start of care in 2023 with NOA sent under old client ID and old payer ID. When the 30 day invoices are submitted will the NOA be linked to the new client ID and the new payer ID?**

If the date of admission is prior to 1/1/24, we shouldn't need a new Notice of Admission.

**If we submit an eligibility request for a 2023 DOS in the new year, we submit the 270 to 00726 but which ID number are we supposed to use? The 2023 ID or the 2024 ID?**

For DOS in 2023, the 2023 subscriber ID should be used.

**When will the newborn BCBS ID be available? There were issues with Amerigroup issuing temporary ID's for newborns and denying claims under those temporary ID's. Will BCBS only be issuing one legitimate ID for newborns?**

Blue Cross will not be issuing temporary newborn IDs. IDs will be available upon the newborn's enrollment through DHS.

**Is the payer ID 00726 just for Blue Plus Medicaid or also BCBS?**

Just for Medicaid/ MSHO. Commercial and Medicare payer id will not change.

**Will the prefix LMN still be utilized for BCBS MN Blue Plus Medicaid?**

The LMN prefix will end on 12/31/2023 at midnight.

**Will we still use BCBS MN Blue Plus Medicaid on Availity to check eligibility or is that changing again as well?**

The new payer on Availity is BCBSMN (00726) Blue Plus Medicaid.

**Will BCBS MSHO start penalizing for a late NOA in 2024?**

Blue Cross will publish notification prior to penalizing for a late NOA.

**Where do we find the slides on Availity?**

It will be available on BCBSMN Learning and Development site once the recording is available.

**Where can we find the AUC Claims Appeal Request form? Also for Payment Integrity Appeals?**

<https://www.health.state.mn.us/facilities/ehealth/auc/forms/index.html>

**Regarding ID numbers. If an EDI transaction for a DOS in 2023, is submitted in 2024 with the new ID, BCBS may reject/deny the transaction. BCBS is working on a cross-walk so the member can be found with either ID number, but that's in progress. Is that accurate?**

I apologize that this is so complex! This section of the presentation is to advise that all transactions in 2024 must be submitted under the new Payer ID and not under the Payer ID with Amerigroup. It is correct that Blue Cross is establishing a crosswalk with both the current Amerigroup subscriber ID and the "new" Blue Cross subscriber ID.

**Do we need to submit new EFT or remit paperwork?**

The banking information that is on file with Blue Cross will continue to be utilized.

**If we do not obtain an authorization prior to a visit, are you accepting appeals for medical necessity?  
Is this for all BCBS contracts?**

**Unless the claim denial meets one of the exception criteria an appeal for denials with no PA should not be submitted. We follow PA enforcement for under 65 groups.**