

# PROVIDER BULLETIN

## PROVIDER INFORMATION



May 1, 2024

### 2024 Renewal Changes Summary for Suppliers of Durable Medical Equipment (DME)

Blue Cross and Blue Shield of Minnesota (Blue Cross) is updating the 2024 Provider Service Agreement with Suppliers of Durable Medical Equipment (Agreement) as part of the annual renewal process. The Agreement is modified periodically to reflect the most current regulatory changes and other clarifications necessary to properly administer the Agreement. **No material changes have been made to the Agreement effective July 1, 2024, only the following clarification.** Additionally, no material changes have been made to the Medicare Amendment.

#### Provider Service Agreement Clarification:

**Article IV.A. Provider Payment** has been amended to provide additional clarity regarding current Blue Cross reimbursement for DME, to reflect that Minnesota Health Care Programs payment is the same as commercial payment. Article IV.A. of the Agreement is replaced with the following:

- A. **Payment Amount.** Blue Cross shall ensure prompt payment directly to Provider for DME covered under the Subscriber Contract and prompt response to Provider's claims and inquiries. Clean claims that are correctly submitted with all required information shall be paid or denied within 30 calendar days of receipt by Blue Cross if applicable under 62Q.75. Payment to Provider for DME, **including any Minnesota Health Care Programs payment**, shall be the lesser of 90% of Provider's Regular Billed Charge or the Blue Cross fee schedule allowance, as determined by Blue Cross (including consideration of Provider's and/or Health Care Professional's license and training), minus Subscriber or other party liabilities (e.g., deductible, coinsurance, non-covered Health Services, and coordination of benefits with other health plans, employer liability plans, Workers' Compensation, or automobile insurance plans) (collectively, "Other Party Liabilities") and Provider agrees to accept such payment amount as payment in full.

**If you would like to receive a comprehensive copy of the July 1, 2024 renewal Agreement, please email your request with Blue Shield ID, NPI and TIN to: [Request.Contract.Renewal@bluecrossmn.com](mailto:Request.Contract.Renewal@bluecrossmn.com).**

#### **Disclosure of Ownership**

A Disclosure of Ownership form must be submitted **once annually** to Blue Cross, per Minnesota Department of Human Services requirements. The form is located at <https://www.bluecrossmn.com/providers/forms-and-publications> (search and select the "Disclosure of Ownership and Management Information Form.") Email the completed form and any questions to: [DisclosureStatement@bluecrossmn.com](mailto:DisclosureStatement@bluecrossmn.com)

#### **Questions?**

If you have any questions about the Agreement, please call Provider Services at **651-662-5200** or **1-800-262-0820**.