

January 14th 2019

Elderly Waiver provider update for service dates as of January 1, 2019

Effective for dates of service beginning January 1, 2019 we have received feedback and questions from several Elderly Waiver providers.

In an effort to insure all providers have the most current information please see updates on several topics below.

Previously Approved Authorizations for Non Elderly Waiver Services

We have several providers that provide both Elderly Waiver, as well as non Elderly Waiver services to our members.

For all previously approved Elderly Waiver Service Agreements/Service Authorizations, the authorizations were transferred from the Bridgeview System into (ICR) Interactive Care Reviewer within the Amerigroup platform.

Training and information on these service agreements/authorizations has been sent out in provider emails and posted to the new Elderly Waiver website located at:

<https://www.bluecrossmn.com/providers/elderly-waiver-program>

For those providers that also have previously approved prior authorizations/service agreements from Blue Cross for non Elderly Waiver services, you will see differences in the information viewable in the transferred authorizations from the historical Blue Cross authorizations.

Example One:

Provider originally submitted an authorization request for T1030 (Nursing care, in the home, by registered nurse, per diem). The authorization was approved by Blue Cross MN.

AGP uses UM Service Groups, when processing authorizations for Non Elderly Waiver Services.

In the case shown below the UMSG (UM Service Group) noted on the providers approved authorization is (AHSN) At Home Skilled Nursing.

T1030, S9123, and S9124 all fall within this UM Service group, thus the provider is approved for T1030.

PROCEDUREC	DESCRIPTION	AUTHR	UMSG	UMSGNAME
T1030	Nursing care, in the home, by registered nurse, per diem	Y	AHSN	Home Health - Skilled Nursing

A (UMSG) Utilization Management Service Group grid is being developed and will be posted to the Migration of Minnesota Health Programs website located at: <https://www.bluecrossmn.com/providers/migration-minnesota-health-care-programs>.

Select the **Prior Authorizations (PA)** dropdown.

Example Two:

A subset of previously approved prior authorizations transferred from the Blue Cross claims system included revenue codes 550 without an approved procedure code. The new system for Medicaid claims as of 1/1/2019 does not accept a revenue code on the authorization.

In order to ensure members receive the services that were already authorized, Blue Cross authorizations transferred effective 1/1/2019, the following occurred.

- Authorizations were created with multiple UMSG's to account for all codes that were approved under the originally prior authorization.
- Providers may see all three categories shown below on a transferred authorization.

UMSG EMED (Evaluation/Medicine Services): 99500, 99501, 99502, 99503, 99504, 99507, 99509, 99511, 99600

UMSG AHSN (Home Health - Skilled Nursing) - T1030, T1031, T1002, T1003

CPT Code: T1000

If the Provider originally submitted an authorization request for Revenue Code 550 and T1030 (Nursing care, in the home, by registered nurse, per diem). The authorization was approved by Blue Cross MN.

AGP uses UM Service Groups, when processing authorizations for Non Elderly Waiver Services.

In the example shown above the UMSG (UM Service Groups) noted on the providers approved authorization could show AHSN, EMED, and T1000.

T1030, S9123, and S9124 all fall within the UM Service group AHSN, **thus the provider is approved for T1030.**

Temporary delay in Authorizations for Service Agreements beginning 1/1/2019

Last minute required updates to the (ICR) Interactive Care Reviewer tool caused a temporary delay in Care Coordinators access to entering new Service Agreement authorizations directly. An interim manual process has been in place which the Care Coordinators were required to fax the authorization requests in for manual entry. This temporarily caused a backlog in the entry of new authorizations effective on or after 1/1/2019. This delay has been mitigated as of 1/11/2019. Authorizations should now be available within ICR for providers to review and download.

Minnesota Health Care Programs (MHCP) Claims Pending

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) has pended and is carefully validating the processing of Minnesota Health Care Programs (Families and Children, MNCare, MSC+, and MSHO/Secure Blue) subscriber claims submitted for dates of service beginning January 1, 2019 to ensure that as they are finalized, they have been accurately processed and priced on the new claim platform.

The first large release of MHCP claims will be remitted the week of February 11th.

Blue Cross expects that the majority of pended MHCP claims will be processed and remitted to providers by the end of February. Interest will be paid on clean claims that are not processed within 30 days.

Claim Status

To review the status of a claim on Availity.com:

1. Select Claims and Payments | Claim Status and Remittance Inquiry
2. Select Claim Status
3. Select the appropriate payer from the Payer dropdown.
4. Complete the search criteria.
5. Select Submit.
6. Select claim cards on the left to review its details on the right.