

Radiology and Cardiology Management

Provider Orientation for Blue Cross and Blue Shield of Minnesota



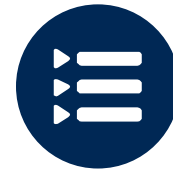
Empowering
the Improvement
of Care

Medical Benefits Management (MBM)

Addressing the complexity of the healthcare system



9
Comprehensive
solutions



Evidence-based
clinical guidelines



5k+ employees
including
1k+ clinicians



Advanced, innovative,
and intelligent
technology

Evidence-Based Guidelines

The foundation of our solutions



Dedicated
pediatric
guidelines



Contributions from
a panel of
community
physicians



Experts
associated
with academic
institutions



Current
clinical
literature

Aligned with National Societies:

- American College of Cardiology
- American Heart Association
- American Society of Nuclear Cardiology
- Heart Rhythm Society
- American College of Radiology
- American Academy of Neurology
- American College of Chest Physicians
- American College of Rheumatology
- American Academy of Sleep Medicine
- American Urological Association
- National Comprehensive Cancer Network
- American Society for Radiation Oncology
- American Society of Clinical Oncology
- American Academy of Pediatrics
- American Society of Colon and Rectal Surgeons
- American Academy of Orthopedic Surgeons
- North American Spine Society
- American Association of Neurological Surgeons
- American College of Obstetricians and Gynecologists
- The Society of Maternal-Fetal Medicine



Clinical Staffing – Multi-Specialty Expertise

Dedicated nursing and physician specialty teams for various solutions

- ◆ Acupuncture
- ◆ Anesthesiology
- ◆ Cardiology
- ◆ Chiropractic
- ◆ Emergency Medicine
- ◆ Family Medicine
 - Family Medicine / OMT
 - Public Health & General Preventative Medicine
- ◆ Gastroenterology
- ◆ Internal Medicine
 - Cardiovascular Disease
 - Critical Care Medicine
 - Endocrinology, Diabetes & Metabolism
 - Geriatric Medicine
 - Hematology
 - Hospice & Palliative Medicine
 - Medical Oncology
 - Pulmonary Disease
 - Rheumatology
 - Sleep Medicine
 - Sports Medicine
- ◆ Massage
- ◆ Medical Genetics
- ◆ Nuclear Medicine
- ◆ OB / GYN
 - Maternal-Fetal Medicine
- ◆ Oncology / Hematology
- ◆ Orthopedic Surgery
- ◆ Otolaryngology
- ◆ Pain Mgmt. / Interventional Pain
- ◆ Pathology
 - Clinical Pathology
- ◆ Pediatric
 - Pediatric Cardiology
 - Pediatric Hematology-Oncology
- ◆ Physical Medicine & Rehabilitation
 - Pain Medicine
- ◆ Physical Therapy
- ◆ Radiation Oncology
- ◆ Radiology
 - Diagnostic Radiology
 - Neuroradiology
 - Radiation Oncology
 - Vascular & Interventional Radiology

- ◆ Sleep Medicine
- ◆ Sports Medicine
- ◆ Surgery
 - Cardiac
 - General
 - Neurological
 - Spine
 - Thoracic
 - Vascular
- ◆ Urology



Program Overview

Blue Cross and Blue Shield Prior Authorization Services

Prior authorization applies to outpatient services:

- Outpatient
 - Elective / Non-emergent
 - Diagnostic
- For services such as:
- High Tech Imaging
 - NCM/MPI (Nuclear Cardiac Imaging)
 - Stress Tests and Heart Catheterizations
 - Find the complete CPT code list here on the provider resource site at:
<https://www.evicore.com/healthplan/bluecrossmn>

Prior authorization does **NOT** apply to services performed in/for:

- Emergency Rooms including 24 Hour Observation Services
- Inpatient Stays



Providers should verify member eligibility and benefits on the secured BCBSMN Availity provider login at www.Availity.com.

Cardiology Solution

Covered Services:

•Advanced imaging and diagnostic services

- Stress Testing
 - Myocardial Perfusion Imaging (SPECT & PET)
 - Stress Echocardiography
- Cardiac CT & MRI
- Echocardiography; Transthoracic, Transesophageal
- Diagnostic Heart Catheterization

•Implantable device services

- Pacemakers
- Implantable Cardioverter Defibrillator (ICD)



Radiology Solution

Covered Services:

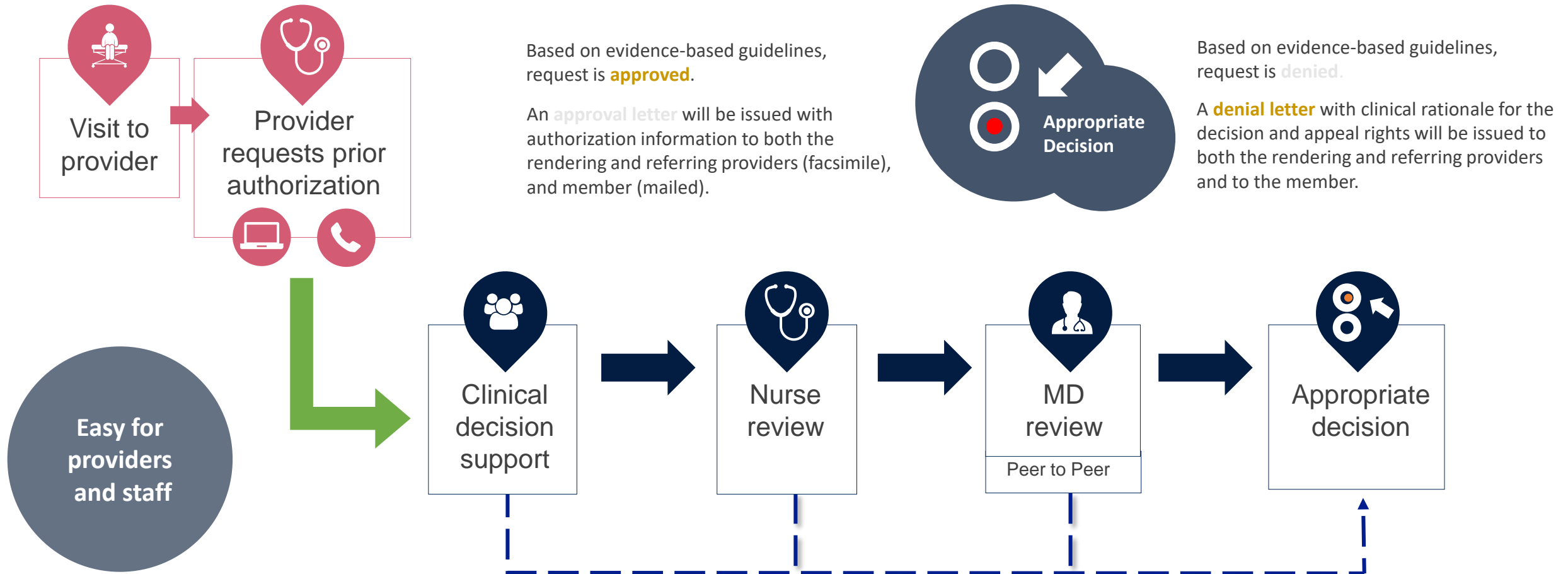
- **Advanced imaging services**
- CT, CTA (Computed Tomography, Computed Tomography Angiography)
- MRI, MRA (Magnetic Resonance Imaging, Magnetic Resonance Angiography)
- PET (Positron Emission Tomography)
- Nuclear Medicine

To find a **complete list** of cardiology and radiology Current Procedural Terminology (CPT) codes that **require prior authorization through eviCore**, please visit:

<https://www.evicore.com/healthplan/bluecrossmn>



Utilization Management – the Prior Authorization Process



Information Needed

Having the following information available will speed up your submission process:

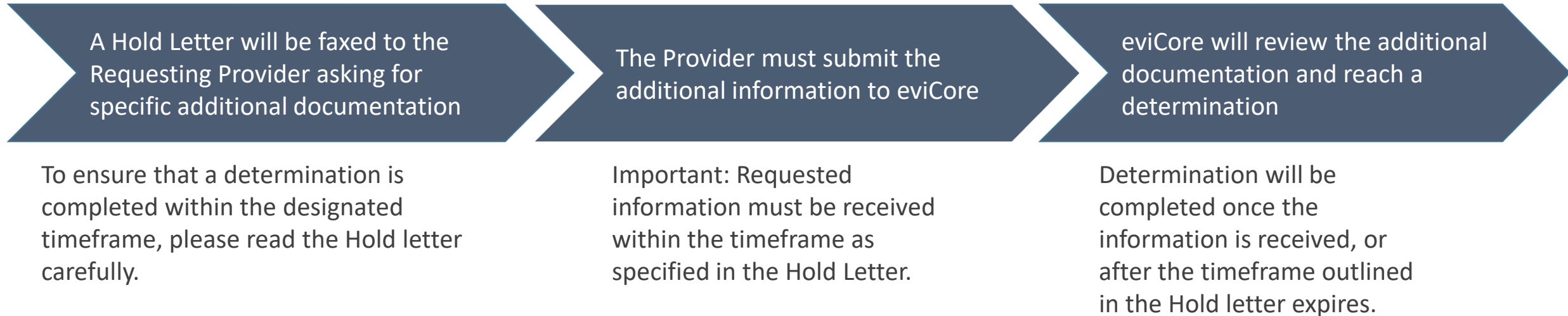
- Patient's member ID and date of birth
- TIN and NPI numbers for the referring and rendering providers
- Patient's clinical presentation
- **Diagnosis Codes**
- Intended treatment plan
- Disease-Specific Clinical Information.
- If clinical information is needed, please be able to supply:
 - Prior tests, lab work, and/or imaging studies performed related to this diagnosis
 - The notes from the patient's last visit related to the diagnosis
 - Type and duration of treatment performed to date for the diagnosis



Insufficient Clinical – Additional Documentation Needed

Additional Documentation to Support Medical Necessity

- If all required pieces of documentation are not received, or are insufficient for eviCore to reach a determination, the following will occur:



Note: For urgent requests, to avoid adverse determinations, it is important to include all clinical information needed to support the request at the time of submission. Determinations on urgent requests are made within 72 hours, and are based solely on the information provided when the case is submitted.

Prior Authorization Decisions

- Requests and corresponding notification are typically processed within 2 business days **after receipt of all necessary clinical information**. However, depending on the circumstance, eviCore may take the required length of time pursuant to CMS/Medicare or MN state statute to make a determination.
- Authorizations are typically good for 45 calendar days from the date of determination.
- Authorization letters will be mailed to the member and copied to the ordering and rendering providers via fax or email. When initiating a case on the web portal, you can receive e-notifications and/or print authorization summaries on demand right from the portal.
- Denial letters will be mailed to the member and copied to the ordering and rendering providers via fax or email. The communications will include denial rationale and information on post decision options, including any clinical consultation options.



Important Information

Alternative Recommendations

- An alternate treatment plan recommendation may be offered based on eviCore's evidence-based clinical guidelines
- The ordering provider can either accept the alternative recommendation by building a new case, or by requesting a reconsideration of the original request
 - **Note:** Reconsiderations are not allowed for Medicare cases; a new case would need to be started to accept the alternate recommendation
- Providers must contact eviCore to accept the alternative recommendation before the start of treatment

Authorization Updates

- If updates are needed to an existing authorization, you can contact eviCore by phone.
- Changes in treatment type or technique will require another Medical Necessity review on a new authorization. If approved, the original case will be withdrawn.
- If there is a change in technique(s) or number of fractions and this update is not communicated then it may impact claims payment. The billed services should align with the requested and approved treatment plan.
- If it is known the authorization time span will not cover the entirety of the radiation therapy episode of care/treatment plan then eviCore should be notified before the services are billed by the provider.



Special Circumstances

Retrospective (Retro) Authorization Requests

- Additional clinical information can be provided without the need for a physician to participate
- Must be requested within **14 calendar days** from the date of determination
- Allowed for **commercial members only**

Note: If an appeal has already been filed a reconsideration is not allowed

Urgent Prior Authorization Requests

- Urgent Cases will be reviewed within 72 hours of the request, and will require all clinical information to be uploaded in order for the case to be processed as urgent.
 - *It is imperative that all clinical information is included for eviCore to review. If eviCore is not able to obtain all required documentation, we will have to make a decision based solely on the information provided and could result in an adverse determination.*
- Medically urgent requests are defined as conditions that are a risk to the patient's life, health, ability to regain maximum function, or the patient is having severe pain that required a medically urgent procedure.

Clinical Consultations

- If a request is denied and requires further clinical discussion for approval, we welcome requests for clinical determination discussions from referring physicians. In certain instances, additional information provided during the consultation is sufficient to satisfy the medical necessity criteria for approval.
- Clinical Consultations can be scheduled at a time convenient to your physician.



Pre-Decision Options

I've received a request for additional clinical information. What's next?

Submission of Additional Clinical Information

- You can submit additional clinical information to eviCore for consideration per the instructions received in the Hold letter.
- Additional clinical information must be submitted to eviCore in advance of the due date referenced in the Hold letter.
- **For Medicare cases only**, eviCore will notify providers telephonically and in writing before a denial decision is issued.

Pre-Decision Clinical Consultation

- Providers can choose to request a Pre-Decision Clinical Consultation instead of submitting additional clinical information.
- The Pre-Decision Clinical Consultation must occur prior to the due date referenced in the Hold letter.
- If additional information was submitted, we proceed with our determination and are not obligated to hold the case for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed.

Post-Decision Options

Reconsiderations:

- For **commercial members only**, additional clinical information can be provided without the need for a formal appeal.
- Must be requested within **14 calendar days** from the date of determination
 - Can be requested in writing or verbally via clinical consultation (P2P). It is possible to approve a case based on a P2P.
- If an appeal has already been filed, a reconsideration is not allowed
- For **Medicare members, reconsiderations are not allowed**

Appeals:

- eviCore will process first level appeals
- Requests for appeals must be submitted to eviCore using the process outlined on the denial notification
- The request and all clinical information provided will be reviewed by a physician other than the one who made the initial determination.
- A written notice of the appeal decision will be mailed to the member and faxed to the provider



Provider Portal Overview

Benefits of using Availity

Did you know that most providers are already saving time submitting prior authorization requests online? The provider portal allows you to go from request to approval faster. Following are some benefits & features:

- Saves time: Quicker process than phone authorization requests
- Available 24/7: You can access the portal any time and any day
- Save your progress: If you need to step away, you can save your progress and resume later
- Upload additional clinical information: No need to fax in supporting clinical documentation, it can be uploaded on the portal to support a new request or when additional information is requested
- View and print determination information: Check case status in real-time
- Dashboard/worklist: View all recently submitted cases

Methods to Submit Prior Authorization Requests

Availity is the quickest, most efficient way to request prior authorization and check authorization status, and it's available 24/7

**Prior Auth call center:
844-224-0494**

7:00 a.m. to 7:00 p.m. Central Time
Monday - Friday

[Log In to Availity®](#)

- Available 24/7
- Quickest way to create prior authorizations
- Check existing case status



WEB

•Check Member eligibility through Availity

New Request [Watch a quick demo](#)

*** Payer** [?](#)
BCBSMN

Provider Information

Select a Provider [?](#)
Search for a Provider

NPI [?](#)

Tax ID [?](#)

Payer Assigned Provider ID [?](#)

Service Information

*** As of Date** [?](#)
02/01/2022

*** Benefit / Service Type** [?](#)
Health Benefit Plan Coverage ✕

Patient Information

To Date
//____

Patient Search Option [?](#) Add Multiple Patients
Patient ID, Date of Birth

*** Patient ID** [?](#)

*** Date of Birth**
//____

Group Number

Patient Relationship to Subscriber [?](#)
Self

Submit another patient

Submit

To determine member eligibility, start by logging into Availity and enter the information in the fields demonstrated in the screen shots shown here.

Initiating a Case Using the Availity Portal

When submitting a case through Availity.com, if the request will be reviewed by eviCore, you will see the Single Sign-On screen, and will be re-directed to the eviCore portal.

Home > BlueCross BlueShield of Minnesota > Single Sign-On

Single Sign-On

This type of authorization request is administered by eviCore for Blue Cross Blue Shield of Minnesota. To complete your authorization request, you'll need to accept the disclaimer and answer a few more questions.

You are about to be re-directed to a third-party site away from Availity's secure site, which may require a separate log-in. Availity provides the link to this site for your convenience and reference only. Availity cannot control such sites, does not necessarily endorse and is not responsible for their content, products, or services. You will remain logged in to Availity.



Provider Portal Review

Verify Service Selection

Requested Service + Diagnosis

Confirm your service selection.

Procedure Date: TBD
CPT Code: 73721
Description: MRI LOWER EXTREMITY JOINT W/O
Primary Diagnosis Code: R68.89
Primary Diagnosis: Other general symptoms and signs
Secondary Diagnosis Code:
Secondary Diagnosis:
[Change Procedure or Primary Diagnosis](#)
[Change Secondary Diagnosis](#)

BACK

CONTINUE

[Click here for help](#)

- **Verify** requested service & diagnosis
- **Edit** any information if needed by selecting Change Procedure or Primary Diagnosis
- Click **continue** to confirm your selection

Site Selection

Start your search by entering the **NPI** or **TIN**, and **zip code** for the site where the procedure will be performed. You can search by any fields listed. *Searching with NPI, TIN, and zip code is the most efficient.*

Add Site of Service

Specific Site Search

Use the fields below to search for specific sites. For best results, search by NPI or TIN. Other search options are by name plus zip or name plus city. You may search a partial site name by entering some portion of the name and we will provide you the site names that most closely match your entry.

NPI:	<input type="text"/>	Zip Code:	<input type="text"/>	Site Name:	<input type="text"/>
TIN:	<input type="text"/>	City:	<input type="text"/>	<input checked="" type="radio"/> Exact match	
				<input type="radio"/> Starts with	

LOOKUP SITE

Select the **specific site** where the testing/treatment will be performed.

Clinical Certification

Proceed to Clinical Information

You are about to enter the clinical information collection phase of the authorization process.

Once you have clicked "Continue," you will not be able to edit the Provider, Patient, or Service information entered in the previous steps. Please be sure that all this data has been entered correctly before continuing.

In order to ensure prompt attention to your on-line request, be sure to click SUBMIT CASE before exiting the system. This final step in the on-line process is required even if you will be submitting additional information at a later time. Failure to formally submit your request by clicking the SUBMIT CASE button will cause the case record to expire with no additional correspondence from eviCore.

BACK

CONTINUE

- **Verify that all information is entered and make any changes needed**
- **You will not have the opportunity to make changes after this point**

Standard or Urgent Request?

- If your request is **urgent** select **No**
- When a request is submitted as Urgent, you will be required to upload relevant clinical information
- If the case is **standard** select **Yes**
- You can upload up to FIVE documents in .doc, .docx, or .pdf format – max 5MB document size
- Your case will only be considered Urgent if there is a successful upload

Proceed to Clinical Information

Is this case Routine/Standard?

YES **NO**

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary F
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Thursday, May 14, 2020 3:04 PM

Proceed to Clinical Information

Urgency Indicator

If the case you are submitting is found NOT to meet one of the two conditions below, your case will be processed as a standards/routine, non Urgent request. If you have clinical information and this request meets the criteria for urgent, please indicate below.
In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case. If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

Please indicate if any of the following criteria are true regarding urgency of this request :

- A delay in care could seriously jeopardize the life or health of the patient or patient's ability to regain maximum function.
- A delay in care would subject the member to severe pain that cannot be adequately managed without the care or treatment requested in the prior authorization.
- None of the above

Clinical Upload

In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case.
If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

Browse for file to upload (max size 5MB, allowable extensions .DOC, .DOCX, .PDF, .PNG):

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

UPLOAD



Requesting Multiple CPT Codes

After you indicate the case urgency of the case, you will be asked about additional procedures. All CPT codes must be for the same program. For OB related US requests, you can enter all expected US CPT codes needed for the entire pregnancy.

Clinical Certification

Will there be any additional procedures needing prior authorization for the same patient, date of service, and site of service?
 Yes No

Click [here](#) for help or technical support

Clinical Certification

Please enter the additional procedure code

70552

Click [here](#) for help or technical support

- Select **YES** to add Additional CPT codes.
- Enter one CPT at a time and select **SUBMIT** after each one.

•Requesting Multiple CPT Codes

Clinical Certification

PROCEDURE CODE: 71447 WAS NOT ADDED TO THIS REQUEST

The medical discipline for this procedure requires a separate request.

Would you like to request an additional procedure code?

Yes No

Clinical Certification

Each of your requested procedure codes has been added to this authorization.

You can also find the procedure codes associated to this request via "Authorization Lookup" on the web.

Finish Later

Did you know?
You can save a certification request to finish later.

Click [here](#) for help or technical support

If the CPT code does not pass validation, an onscreen message will inform you that the code is either out of scope, has been requested already, or requires the creation of a separate authorization. If the CPT code has been added, an on screen message will display.

CAREFUL

Selecting **CANCEL** will not save or submit any of the info you've just entered.

Proceed to Clinical Information

Attention!

Is this a request for a bilateral procedure of a previously requested authorization?

YES

NO

Clinical Certification questions may populate based on the information provided

Which anatomy will be examined with the requested study?

Hip Knee Ankle

SUBMIT

Finish Later

Did you know?

You can save a certification request to finish later.

Note: You will have 48 hours to complete the case.

When logged in, you can resume a saved request by going to Certification Requests in Progress.

Clinical Certification

Why am I no longer seeing the clinical survey questions when I submit a prior authorization request on some of my requests?

Enhanced Process

- Clinical survey questions **may** populate based upon the information provided. *However...*
- For **some** cardiology and radiology cases, the experience may be different due to enhancements we are making in the system.
- We have been able to **replace** clinical surveys with a new faster and streamlined process.
- These enhancements will **reduce** submission **time** and improve turnaround times.
- If the case is not approved in real-time based on the clinical information, you will be asked to **submit** the member's medical record supporting the request for services.
- You will be prompted to **upload clinical** at that time, or you can choose to send it in at a later time – a delay in providing clinical will cause a delayed case decision.



Finalizing the Case Submission

Clinical Certification

I acknowledge that the clinical information submitted to support this authorization request is accurate and specific to this member, and that all information has been provided. I have no further information to provide at this time.

[Print](#) [SUBMIT CASE](#)

[Click here](#) for help or technical support

Acknowledge the Clinical Certification statements, and click “Submit Case”

Next Step: Criteria not met

Summary of Your Request

Please review the details of your request below and if everything looks correct click SUBMIT

Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with eviCore at anytime, please call 1-888-333-8641.

Provider Name:	DR. BRADLEY WALTER WALKER MD 1000 W. 10th St Tomball, TX 77375	Contact:	NA
Provider Address:		Phone Number:	(281) 496-7900
		Fax Number:	(281) 496-7900
Patient Name:	WALKER, BRADLEY	Patient Id:	1000000000
Insurance Carrier:	WALKER, BRADLEY		
Site Name:	WALKER, BRADLEY MD 1000 W. 10th St Tomball, TX 77375	Site ID:	1000000000
Site Address:			
Primary Diagnosis Code:	99.02	Description:	Recurrent pregnancy loss
Secondary Diagnosis Code:		Description:	
Date of Service:	5/13/2020	Description:	OB Ultrasound
CPT Code:	59000		
Case Number:	1000000000		
Review Date:	5/13/2020 2:36:00 PM		
Expiration Date:	N/A		
Status:	Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with eviCore at anytime, please call 1-888-333-8641.		

Tips:

- If additional clinical is requested, **upload** clinical notes on the portal, to avoid any delays (e.g., by faxing)
- Additional information uploaded to the case will be **sent** to a clinical team for review
- Print-out the summary of the request that includes the case # and indicates 'Your case has been sent to clinical review'

Criteria Met

Print the case summary of the request for your records

Summary of Your Request

Please review the details of your request below and if everything looks correct click SUBMIT

Your case has been Approved.

Provider Name:	DR. BHARATH MANU ANKARA VEETIL	Contact:	Male
Provider Address:	1200 6TH AVE W SAINT CLOUD, MN 56303	Phone Number:	(320) 254-3333
		Fax Number:	(320) 254-3333
Patient Name:	WALTER WALKER	Patient Id:	46774492
Insurance Carrier:	WELLSURE		
Site Name:	COMMONWEALTH HOSPITAL	Site ID:	00000001
Site Address:	875 COMBLYT SQUARE DR COMMONWEALTH, MA 01913		
Primary Diagnosis Code:	R68.89	Description:	Other general symptoms and signs
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided	Description:	MRI LOWER EXTREMITY JOINT W/O
CPT Code:	73721		
Authorization Number:	46774492		
Review Date:	5/13/2020 1:52:08 PM		
Expiration Date:	6/27/2020		
Status:	Your case has been Approved.		

CANCEL **PRINT** **CONTINUE**

Provider Resources

Dedicated Call Center

Prior Authorization Call Center – 844-224-0494

- Our call centers are open Monday through Friday, from 7 a.m. to 7 p.m. (central time).
- Providers can contact our call center to perform the following:
 - Request Prior Authorization
 - Check Status of existing authorization requests
 - Discuss questions regarding authorizations and case decisions
 - Change facility or CPT Code(s) on an existing case
 - Request to speak to a clinical reviewer
 - Schedule a clinical consultation with an eviCore Medical Director



Online Resources at eviCore.com

The screenshot displays the top navigation bar of the eviCore.com website. It includes a 'PROVIDERS:' section with a checkmark icon, a 'Check Prior Authorization Status' link, a 'Login' link with a user icon, and a 'Resources' link with a folder icon and a dropdown arrow. A red arrow points to the 'Resources' link. Below the navigation bar, the 'Resources' section is highlighted with a green header. Underneath, there are three main areas: 'CLINICAL GUIDELINES' with links for 'Clinical Worksheets', 'Network Standards/Accreditations', and 'Provider Playbooks'; 'I Would Like To' with links for 'Request a Consultation with a Clinical Peer Reviewer', 'Request an Appeal or Reconsideration', 'Receive Technical Web Support', and 'Check Status Of Existing Prior Authorization'; and 'Learn How To' with links for 'Submit A New Prior Authorization', 'Upload Additional Clinical', and 'Find Contact Information'. A red arrow points to the 'Find Contact Information' link. A green button labeled 'GO TO PROVIDER'S HUB' is also visible. At the bottom, there is a section titled 'I want to learn how to...' with three dropdown menus: 'Learn how to...' (with 'Find Contact Information' selected), 'Health Plan' (with 'Select a Health Plan...' selected), and 'Solution' (with 'Select a Solution...' selected). A blue 'START' button is located at the bottom left of this section.

Web-Based Services and Online Resources

- You can access important tools, health plan-specific contact information, and resources at www.evicore.com
- Select the Resources to view Clinical Guidelines, Online Forms, and more.
- Provider's Hub section includes many resources
- Provider forums and portal training are offered regularly by eviCore. You can find a session on www.eviCore.WebEx.com, select WebEx Training, and search upcoming for a "eviCore Portal Training" or "Provider Resource Review Forum"
- If you need assistance with the eviCore portal, our dedicated Web Support team can assist providers in navigating the portal and addressing any web-related issues during the online submission process. To speak with a Web Specialist, call (800) 646-0418 (Option #2) or email portal.support@evicore.com

Client & Provider Operations Team

Client and Provider Services

- Dedicated team to address provider-related requests and concerns including:
 - Notification letter issues
 - eviCore Healthcare standard processes & procedures
 - General (non-formal/legal) complaints – including provider complaints
 - Issues experienced during case creation
 - Eligibility issues – member, rendering facility, and/or ordering physician
 - Claim issues and appeal questions
 - Peer to Peer issues and escalations

How to Contact our Client and Provider Services team

Email: ClientServices@evicore.com (preferred)

Phone: 1 (800) 646 - 0418 (option 4)

For prompt service, please have all pertinent information available. When emailing, make sure to include “BCBSMN” in the subject line with a description of the issue. Also, please share member/provider/case details when applicable.



Provider Resource Website

Provider Resource Pages

•eviCore’s Provider Experience team maintains provider resource pages that contain client- and solution-specific educational materials to assist providers and their staff on a daily basis. The provider resource page will include, but is not limited to, the following educational materials:

- Frequently Asked Questions
- Quick Reference Guides
- Provider Training
- CPT code list

•To access these helpful resources, please visit

•<https://www.evicore.com/healthplan/bluecrossmn>

Blue Cross and Blue Shield of Minnesota resources via Availity:

<https://apps.availity.com/availity/web/public.elegant.login>



Thank You!

