



## Centurion of Minnesota

### PROVIDER BILLING REFERENCE – will not e issue ID cards

- Please bill using Group ID: **10279686**
- The member id should be the prefix “**DC1**” followed by the offender’s six-digit Department of Corrections assigned ID, i.e. DC1267543.
- Blue Cross payor ID for professional claims is **00720** and for facility claims is **00220**.
- Address for submission of paper claims is: PO Box 64179, St. Paul, MN 55164-0179.
- Date of Birth is also required on all claim submissions
- Claims billed with a Social Security Number or claims that omit the inmate ID or DOB will not be processed for payment. The Minnesota DOC provides an offender search tool for providers to use if they do not capture the offender ID at the time of service. This search tool can be accessed at: <https://coms.doc.state.mn.us/PublicViewer/Home/Index>
- Questions about claims billing should be addressed with Blue Cross Customer Service at (800) 605-7013.
- Offenders that are admitted based on an ED visit – Hospitals must notify the Centurion Utilization Management Department at 1-855-202-1786.

**Inpatient Claims** – Effective January 1, 2014, MN statutes allow offender inpatient claims to be paid through DHS / Minnesota Medical Assistance.

- DOC will coordinate enrollment and eligibility directly with DHS.
- DOC will not be submitting MA applications until after the date of discharge, pursuant to DHS instructions.
- Please check the DHS eligibility verification system 5 business days after date of discharge.
- Once eligibility is confirmed – All components of inpatient claims should be billed directly to DHS.
- In the event an offender is deemed ineligible for MN Medical Assistance, Centurion will be responsible for these claims, but only after an adverse eligibility decision is confirmed with DHS. Claims should be submitted consistently with the instructions above to Blue Cross and Blue Shield of Minnesota.



**\*\*\*\*\* Centurion of Minnesota – Inmate Billing Instructions \*\*\*\*\***  
**FOR PROVIDERS WHO ARE NOT BCBS OF MN**  
**PARTICIPATING PROVIDERS ONLY**

**Effective for Dates of service on or after 11/1/2023**

**\*\*Inpatient Claims should be submitted directly to  
Medicaid.\*\***

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Name \_\_\_\_\_

Inmate ID: \_\_\_\_\_  
(must be 6 digits)

DOB: \_\_\_\_\_

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**Electronic Claims Submission:**

EDI Payer ID - IHS11

For electronic billing questions – please contact: (877) 213-5225

**Mailing address for Paper Claims:**

Centurion of Minnesota, LLC

P O Box 9693

Arnold, MD 21012

**To check claim status or patient eligibility:**

<https://hpitpa.com/your-resources/for-providers/check-claims-eligibility/>

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Claims inquiries – 1-855-202-1786, option 2

For inpatient admissions associated with an ER visit – please contact the Centurion UM department at 1-855-202-1786, option 1.