|  |
| --- |
| CVS Household Supports & OTC Eligibility File Updates  MSHO Supplemental Benefits Updates  The Eligibility file Blue Plus sends to CVS for administration of Household Supports and the OTC benefit is being updated to address the following known issues:   * The 1/17 eligibility file did not include all members eligible for the Household Supports benefit, and some members eligible for the OTC benefit were incorrectly termed. * The updated eligibility file will use an expanded criteria and a longer look back period for the Household Supports benefit, as well as correcting the status for all members qualifying for the OTC benefit. * Blue Plus will send CVS an update eligibility file on a weekly basis, which should help to ensure eligible members are being captured on a timely basis.   + Beginning next week, delegates will also receive a weekly updated eligibility file.   CVS will soon begin processing the updated file.   * Debit cards will be mailed to eligible members within 10 business days of receipt of the new file. Newly identified members for the household supports program will receive their cards in early February. * All eligible members receiving Household Supports benefits will be able to use their January benefit in February, in addition to their February benefit. * Reminder: the OTC benefit is quarterly. Members have until March 31st to use their 1st quarter $150 OTC benefit.   If you believe member(s) should be eligible for the Household Supports benefit based upon a documented qualifying diagnosis (Dx), Care Coordinators can take the following actions:   * Review your agency’s most current eligibility file. * If member(s) is **not** listed, please send the following information to your Partner Relations Consultant or [Partner.Relations@bluecrossmn.com](mailto:Partner.Relations@bluecrossmn.com):   + Member’s name and ID   + Qualifying diagnosis, including date of diagnosis   + Medical professional’s documentation of the diagnosis (i.e. clinic chart notes, hospital discharge summary, home care plan of care (485 form), etc)     - Upon receiving the above information, we will research the member’s Blue Cross claims to see if the member qualifies based on the information Blue Cross has received from the member’s providers.   **IMPORTANT GENERAL REMINDERS:**   * Members who are new to Blue Plus will not trigger as eligible for the household supports program until they have a medical or pharmacy claim associated with one of the eligible diagnoses. * Please refer to the [SecureBlue MSHO 2024 Supplemental Benefits Catalog](https://carecoordination.bluecrossmn.com/wp-content/uploads/2024/01/2024-SecureBlue-MSHO-Supplemental-Benefits-Catalog-1-24-24v3.pdf) found on our [MSHO Supplemental Benefits webpage](https://carecoordination.bluecrossmn.com/msho/secureblue-msho-supplemental-benefits/) for important information and reminders about all MSHO Supplemental Benefits. * CVS needs the **full** member ID, including the 3-letter prefix when looking up a member, or for a member to place an OTC order. Please make sure to provide the full ID, including the letters (i.e. **MQS**80XXXXXXX)   Questions? Please reach out to your Partner Relations Consultant. |