



Healthy Blue



Behavioral health provider orientation

Welcome



Hello and welcome to the Healthy Blue behavioral health provider orientation.

During the next 60 minutes we will cover the information that you need to know to be prepared for the transition to Healthy Blue.

Your phone lines will be muted during the presentation, but you can use the chat feature to submit questions and comments; we will address these during the question and answer portion of the presentation.

To send a chat message:

1. Open the Chat panel:



2. Enter your message in the chat text box, then press **Enter** on your keyboard.

Agenda

- **About Us**
 - Purpose, vision and values
 - Our philosophy for behavioral health
- **What has changed**
 - Key contacts
 - New member ID card
 - New provider portal
 - Physical and behavioral health integration
- **Behavioral health provider network, services and covered benefits overview**
 - Scope of behavioral health services
 - Scope of substance use disorder services
- **Utilization management and prior authorization**
 - Prior approval tools
- **Tools and resources**
 - Support system and staff
 - Key takeaways





About us

Introducing Healthy Blue

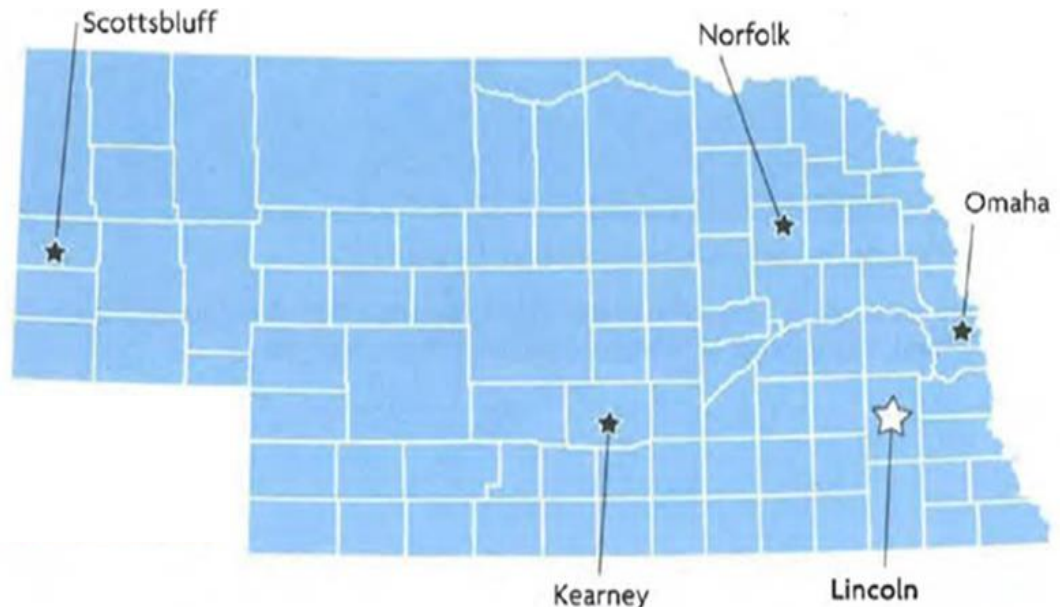
In January 2020, Anthem, Inc. purchased the Wellcare of Nebraska, Inc. health plan. Our program will now be called Healthy Blue. Healthy Blue is proud to serve our Nebraska members as of January 1, 2021.

Your local provider relations staff remains the same and will continue to serve our provider network across the state.

Current offices include Omaha, Norfolk, Scottsbluff, Kearney, and Lincoln.

☆ Corporate Office

★ Welcome Room



Purpose, vision and values



Our mission

Improving lives and
communities.
Simplifying health care.
Expecting more.



Our vision

To be the
most innovative,
valuable and
inclusive partner



Our values

Leadership
Community
Integrity
Agility
Diversity

Our philosophy for behavioral health

- Health is not the absence of illness.
- Behavioral health is essential to overall health and is not separate from physical health.
- Acceptance, empowerment, responsibility and hope are essential components of health.
- Our role is to support, enhance and collaborate, not impede the work of the caregiver/clinician.
- Each member is the CEO of his or her care.





Changes effective January 1, 2021

Key contact information

We value your participation in our behavioral health network.

Providing care for those who need it most requires a team effort, and there's no more critical person on this team than you — the provider. Our challenge is to find ways to help you use our resources as efficiently and productively as possible, and that begins by listening to the problems you encounter and the ideas you have to make the system work better. Together we can find the real solutions that can make a difference in people's lives.

Provider Services: 1-833-388-1406

Hours: 8 a.m. to 9 p.m. CT Monday to Friday

Member Services: 1-833-388-1405

Hours: 9 a.m. to 6 p.m. CT Monday to Friday

Crisis Support: 1-833-405-9087

Available 24/7

Healthy Blue provider website:

<https://provider.healthybluene.com>

(includes provider manual)

Precertification:

Phone: **1-833-388-1406**

Hours: 8 a.m. to 9 p.m. CT Monday to Friday

Fax: BH — Inpatient **1-844-462-0024**

Fax: BH — Outpatient **1-844-462-0027**

Pharmacy prior authorization:

Phone: **1-833-388-1406**

Hours: 8 a.m. to 9 p.m. CT Monday to Friday

Fax: **1-800-964-3627**

Cultural competency interpreter services


- Please use an interpreter, when necessary, to ensure your patient understands all his or her options and is able to make an informed decision.
- Free interpreter services are available to Healthy Blue members 24/7 with over 170 languages.
- Call Healthy Blue Provider Services at **1-833-388-1406** 8 a.m. to 9 p.m. CT Monday to Friday (TTY number **711**) for:
 - Interpreter services for provider services.
 - Telephonic interpreter services.
 - In-person interpreter services for care management.



Sample Healthy Blue member ID card



Members will receive new ID cards effective January 1, 2021.

	
Member ID #:	PCP Name:
Medicaid ID #:	Telephone #:
	After Hours#:
Effective Date:	RxBIN: 020107
Date of Birth:	RxPCN: NE
	RxGRP: RX8474
	
<p>Members: Please carry this card at all times. Show this card before you get medical care (except emergencies). If you have an emergency, call 911 or go to the nearest emergency room. To file an appeal or grievance, call Member Services.</p>	
<p>Providers/Hospitals: For pre-approval information, call 833-388-1406. For emergency admissions, notify Healthy Blue 24 hours after treatment.</p>	
<p>Pharmacies: Submit claims using IngenioRx. For Technical Help, call 833-370-0679.</p>	
<p>Submit medical and pharmacy claims to: Healthy Blue P.O. Box 61010 Virginia Beach, VA 23466-1010 NEM1 01/21</p>	
<p>Important Contact Information: healthybluene.com Member Services: 833-388-1405 Filing a Grievance: 833-388-1405 TTY: 711 24-Hour Nurse Help Line: 833-388-1405 24/7 Behavioral Health Crisis: 833-405-9087 Rides for covered services: 844-631-3783 Vision Services: 844-232-3122 Pharmacy Member Services: 833-370-0703 Enrollment Broker: 888-255-2605</p>	
<p>Use of this card by any person other than the member is fraud. To report suspected fraud, call 833-388-1405.</p>	
<p>Healthy Blue 10040 Regency Circle, Suite 100 Omaha, NE 68114</p>	
<p>Healthy Blue is the trade name of Community Care Health Plan of Nebraska, Inc., an independent licensee of the Blue Cross and Blue Shield Association.</p>	

Behavioral health services

- Starting January 1, 2021, inpatient and residential authorizations will be required for admissions commencing on January 1 and thereafter.
- Many behavioral health care outpatient services do not require prior authorization.
 - Refer to provider manual at <https://provider.healthybluene.com> for complete list.
- Member must be Medicaid eligible and meet Medicaid eligibility requirements. Remember — the state determines Medicaid eligibility, not the MCO.



Introducing new public and secure provider portals



The Healthy Blue public website will be available at <https://provider.healthybluene.com>.

The Healthy Blue public website will include resources that help health care professionals do what they do best — care for our members.



As of **January 1, 2021**, the secure Availity* Portal (<https://www.availity.com>) will be your exclusive, secure multipayer portal to access many Healthy Blue online tools and resources.

You can register and select Healthy Blue as the payer Portal tools and services

- Eligibility verification • Claims inquiry
- Benefit verification
- Interpreter/hearing impaired services
- Provider training • Provider communication
- Service authorizations

Healthy Blue website



Welcome Providers

Healthy Blue combines national expertise with an experienced local staff to operate community-based health care plans.

We are dedicated to offering real solutions that improve health care access and quality for our members. Additionally, we are here to help you provide quality health care to our members.

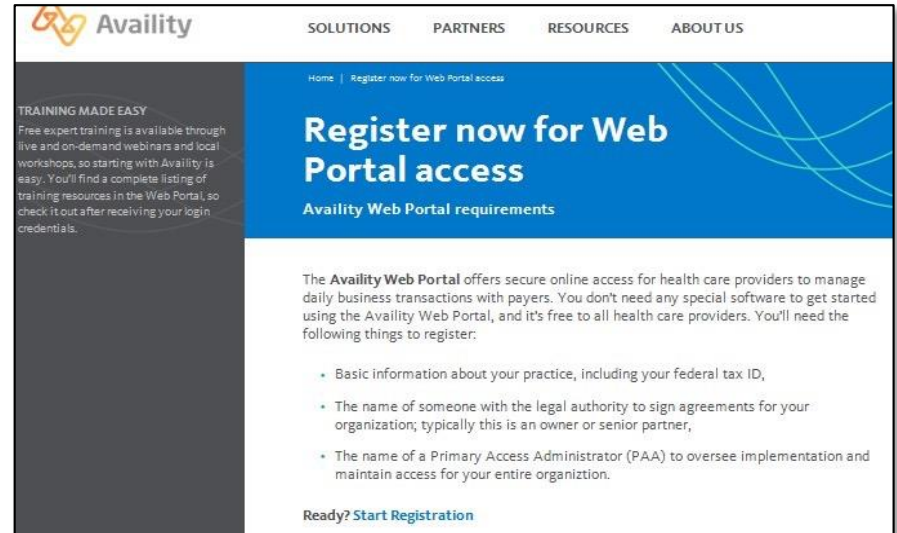
On this site, you will find resources that help health care professionals do what they do best – care for our members.



Availity Portal

Availity will be the new secure provider portal to use for services requested as of January 1, 2021.

- Be ready by starting the registration process now. To begin registration, visit <https://www.availity.com> and select **Register**.
- Your organization must be registered on the Availity Portal, and you need a unique ID and password.
- If you are new to Availity you will need to name an administrator who can grant you access to the tools you need.



The screenshot displays the Availity website's registration page. At the top, the Availity logo is on the left, and navigation links for SOLUTIONS, PARTNERS, RESOURCES, and ABOUT US are on the right. Below the navigation, there are two main sections. On the left, a dark grey box contains the heading "TRAINING MADE EASY" and a paragraph of text about training resources. On the right, a blue box features the heading "Register now for Web Portal access" and a sub-heading "Availity Web Portal requirements". Below this, a paragraph explains the portal's purpose and lists three requirements for registration: basic practice information, a legal authority signatory, and a Primary Access Administrator (PAA). At the bottom right, there is a link that says "Ready? Start Registration".

Healthy Blue provider website and Availity Portal comparison

Available through the Healthy Blue provider website:

<https://provider.healthybluene.com>

- 24/7 access to all providers, regardless of participation status
- Open access without registration/login
- Claims forms
- Precertification Look Up Tool — Prior Authorization Requirements Look-Up Tool
- Provider manual
- *Clinical Practice Guidelines*
- News and announcements
- *Provider Directory*
- Fraud, waste and abuse resources
- *Preferred Drug Lists (PDLs)*
- *Medical Policies*

Available through the Availity Portal:

<https://www.availity.com>

- Registration/login required for access
- 24/7 access
- Precertification Look Up Tool — Prior Authorization Requirements Look-Up Tool
- Patient360 (provider facing)
- Multiple eligibility and benefits inquiry
- POR — Provider Online Reporting
- PCP member panel listings
- Interactive Care Reviewer (ICR) — medical prior authorizations requests
- Pharmacy authorizations and benefits
- Claims dispute submission and inquiry
- Medical appeal prior authorization submission
- *Availity EDI Guide*
- Maternity identification
- *HEDIS® Attestation*
- Remittance Inquiry

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Prior authorization and notification process

Physicians and facilities can submit behavioral health outpatient and inpatient prior authorization requests. Look up a status or submit a clinical appeal online for many members by using our self-service authorization tool — Interactive Care Reviewer (ICR).



- Log in to <https://www.availity.com> using Availity. Then:
 - From the Availity Portal homepage, select **Patient Registration** from the top navigation bar.
 - Select **Authorizations & Referrals**.
 - Select **Authorizations**.
 - Select the payer and organization.
 - Select **Submit**.
 - The ICR application will open.
 - Use ICR to submit and manage (appeal) your medical PAs.

If you would like to fax a paper request, use the PA fax number.

- Inpatient: **1-844-462-0024**
- Outpatient: **1-844-462-0027**

For urgent requests, call Healthy Blue Provider Services at **1-833-388-1406** 8 a.m. to 9 p.m. CT Monday to Friday.

Physical and behavioral health integration

- Healthy Blue will provide both basic and specialized behavioral health services to our Healthy Blue enrolled members.
- Basic behavioral health services are provided in the primary care setting by a PCP.
- Behavioral health services are provided by a LMHP, LIMHP, psychiatrist, psychologist, psychology associates, psychology assistants, provisional psychologist or psychiatric nurse.
- For a full list of behavioral health services, visit <https://provider.healthybluene.com>.



Screening of behavioral health conditions and referral procedures

- Screening and identification of behavioral health conditions begin in the PCP office.
- No referrals are required for basic behavioral health services provided in a network PCP or medical office.
- Referrals are not required for specialist visits including specialized behavioral health consultations.
- For code-specific requirements for all services, visit our provider self-service website and select **Precertification Lookup** from our *Quick Tools* menu.
<https://provider.healthybluene.com>



Note: Although a referral is not necessary, establishing a mode of communication with the members' PCP to exchange patient information on a regular basis is required.



**Behavioral health provider
network, services and covered
benefits overview**

Behavioral health provider network overview



Healthy Blue will provide members with a comprehensive array of behavioral health providers to provide services including:

- MD/DO Psychiatry (adult and child)
- Psychiatric nurse practitioner (ARNP)
- Psychology (Ph.D and PSY.D)
- Peer support/counseling services
- Master's-level clinicians (LMHP, LIMHP, LADC, etc.)
- Substance use treatment providers (including outpatient, inpatient, residential and detox)
- Community mental health centers (CMHC)
- FQHCs that have integrated behavioral health
- Crisis services — mobile crisis assessment, crisis stabilization units, 23-hour observation
- Inpatient hospitals — acute, freestanding, state-operated
- Halfway house
- Outpatient provider — therapist, psychiatrist, ABA
- Provider working in group or solo practices
- Agencies specializing in children services
- Medication assisted treatment
- Medication management
- Injectable psychotropic medication
- Electroconvulsive Therapy

Behavioral health — required covered benefits and services

- Healthy Blue will cover, at a minimum, all benefits and services deemed medically necessary that are covered under our contract with DHHS.
 - While some Healthy Blue members have copays for certain services, there are certain exceptions.
 - A complete listing of covered benefits and copays can be found in our provider manual.
-

There are no copays for:

- Members who are 21 years of age or younger.
- Parent living with a child under the age of 18.
- Pregnant members, during pregnancy and through postpartum — the last day of the month following the 60-day postpartum period.
- Elderly (age 65 and older).
- Members who are in an institution and whose services are reduced because of personal income.
- Members receiving hospice care.
- American Indian members.
- Members who are receiving Medicaid for treatment of breast or cervical cancer.
- Person who is disabled according to Social Security standards.

For more information on behavioral health benefits, refer to the provider manual.

Scope of behavioral health covered benefits

- Healthy Blue will cover, at a minimum, all covered behavioral health benefits deemed medically necessary that are under our contract with DHHS.
- We follow the Medicaid schedule for all covered benefits.



Scope of covered behavioral health benefits:

- Outpatient treatment
- Medication management provided by a professional licensed to prescribe medication
- Inpatient hospital psychiatric services including, except as limited, services at the state operated psychiatric facilities
- Services that meet the concurrent substance use and mental health needs of individuals with co-occurring condition
- Community-based services and facility based sub-acute services
- Psychiatric residential treatment facility (PRTF)
- Psychiatric residential rehabilitation
- Community support services
- Peer support services for persons with serious mental illness
- Crisis services including but not limited to 24-hour crisis response, mobile crisis response, Crisis assessment and evaluation, therapeutic group home and 23-hour observation services

Access and availability standards for behavioral health services

Behavioral health services:

- **Poststabilization:** Within one hour from referral for services (both inpatient and outpatient) in an ER
- **Non-life-threatening emergency:** Within six hours for outpatient mental health (MH) services and within one hour from referral for an emergent concurrent utilization review screen
- **Urgent:** 48 hours from referral for outpatient MH services and within 24 hours from referral for an urgent concurrent utilization review screen
- **Routine care outpatient:** Referral within five days; assessment and/or treatment within nine working days from referral and/or 10 working days from previous treatment
- **Routine well care:** Follow up within 30 calendar days
- **Outpatient following inpatient stay:** Up to seven calendar days from discharge

Services for the assessment and stabilization of psychiatric crises available 24/7.

Scope of substance use disorder services

- Healthy Blue will cover, at a minimum, all covered substance use disorder services deemed medically necessary that are under our contract with Department of Health and Human Services.



Scope of covered substance use disorder services:

- Emergency services for substance use conditions
- Intake, assessment and diagnosis services
- Evaluation, treatment planning and service coordination
- Intensive outpatient therapy
- Substance use detox
- Substance use residential (using ASAM criteria)
- Halfway house
- Substance use disorder counseling services
- Substance use treatment services determined necessary subsequent to an EPSDT screening
- Substance use disorder screening
- Court-ordered evaluation for substance use

Our goals for access and availability

The goals of the behavioral health program are to achieve the following:

- Ensure adequacy of service availability and accessibility to eligible members
- Assist members and providers to utilize the most appropriate, least restrictive medical and behavioral health care in the right place at the right time
- Promote integration of the management and delivery of physical and behavioral health services to members
- Achieve Healthy Blue quality initiatives, including those related to HEDIS, National Committee for Quality Assurance (NCQA) performance requirements, and Nebraska Medicaid and Long-Term Care.
- Work with members, providers and community supports to provide tools and evidence-based guidance in an environment that supports members towards their recovery goals



Utilization management and prior authorizations

Precertification Lookup Tool

- Certain medical procedures require the submission and approval of prior authorization.
- To verify if prior authorization is required, use Precertification Lookup Tool.



Detailed authorization requirements can be found using Precertification Lookup Tool:

- Search by market, member product and CPT[®] code.
- This is for outpatient services only — All inpatient services require an authorization.

Precertification Lookup Tool is located under Payer Spaces on the Availity Portal:

- From the Availity Portal homepage, select **Payer Spaces** from the top navigation bar.
- Select the health plan.
- From the *Payer Spaces* homepage, select the **Applications** tab.
- Select **Precertification Lookup Tool**.

Behavioral health prior approval forms

- Behavioral health service request forms are found for the following services on the provider website.
 - Inpatient, residential treatment, partial hospitalization, intensive outpatient program, substance use detoxification, Assertive Community Treatment (ACT), psychosocial rehabilitation, psychosocial residential rehabilitation, community support, multisystemic therapy for juveniles, peer support, psychological and neuropsychological testing
 - Certification of need for services and medical rehabilitation option (all three health plans continue to use)
- Refer to <https://provider.healthybluene.com> for more information on forms or authorization protocol.



Inpatient concurrent review

- Inpatient concurrent review is the process of obtaining clinical information to establish medical necessity for a continued inpatient stay including review for extending a previously approved admission.
- Failure to submit clinical information may result in a lack of information adverse determination (denial).
- Facilities are required to supply the requested clinical information within 24 hours of the request to support continued stay.
- During each concurrent review interval, the clinician will assess member progress and needs to help coordinate such needs prior to discharge. This is done to help facilitate a smooth transition for the member between levels of care or home and to avoid delays in discharge due to unanticipated care needs.
- In addition, the attending provider is expected to coordinate with the member's PCP or outpatient specialty provider regarding follow-up care and services after discharge. The PCP or outpatient specialty provider is responsible for contacting the member to schedule all necessary follow-up care.



Tools and resources

Provider resources overview — important contacts for Behavioral Health providers

Teresa Zahren — Senior Manager, Behavioral Health Services

- Cell: **1-402-237-7253**
- Email: Teresa.Zahren@Healthybluene.com

New Provider Relations Representative number and email address

- Phone: **1-833-388-1406**
- Email: ProviderRelationsNE@Healthybluene.com

Kaylene Finney – Behavioral Health Utilization Case Manager

- Phone: **1-402-384-3113**
- Email: Kaylene.Finney@Healthybluene.com

Your support system and staff

We support you through many different departments as you provide care to our members including:

- Our Healthy Blue Provider Relations team
- Our Healthy Blue Medical Management staff
- Specialized teams to help you with your claim questions
- Healthy Blue Provider Services

Call Healthy Blue Provider Services for assistance with claim issues, member enrollment and general inquiries at **1-833-388-1406** 8 a.m. to 9 p.m. CT Monday to Friday.

Healthy Blue Provider Relations serves the following functions:

- Provider ongoing education and training
- Engaging providers in quality initiatives
- Building and maintaining the provider network
- Offering support for claims and billing questions and issues

You can always contact your local Healthy Blue Provider Relations representative with any questions you may have.

For more information

Review the provider manual for more detailed information about provider requirements and how-to instructions, including:

- Provider and member administrative guidelines
- Claims
- Credentialing
- Utilization management and care and disease management
- Quality improvement
- Appeals and grievances
- Delegated entities
- Compliance
- Pharmacy services

Refer to the *Provider Resource Guide* and *Provider How-To Guide* as your resources for the most common transactions with Healthy Blue, including:

- Registering for and how to use Healthy Blue secure website to review member eligibility and copay information, authorization requests, claims status and inquiry, provider news, and more.
- How to file an electronic or paper claim.
- How to file a grievance.
- How to file an appeal.

Key takeaways

Key items as of January 1, 2021, transitioned:

- Sign up for the secure provider website.
 - You can register with Availity and access training (<https://www.availity.com>).
 - Use Availity to register for ERA (835); Payer ID 00544
- Register for electronic funds transfer (EFT) payments with CAQH EnrollHub
- Review the new Healthy Blue Provider website including the Provider Manual, communications and other tools at <https://provider.healthybluene.com>.
- Register for other trainings including Interactive Care Reviewer, Availity, etc.

New Provider Relations number and email address:

Phone: **1-833-388-1406**

Email: ProviderRelationsNE@Healthybluene.com

Questions and answers



We are now at the question and answer portion of the presentation.

We are answering the questions from the WebEx chat received during the meeting. Please continue to add your questions to the chat.

Thank you for your time today and for serving our members. We look forward to partnering with you in improving the health of our Healthy Blue members.



* Availity, LLC is an independent company providing administrative support services on behalf of Healthy Blue.

<https://provider.healthybluene.com>

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