



Healthy Blue



Provider Bulletin

October 2020

Healthy Blue FAQ

General questions about the January 1, 2021, changes:

1. Is the health plan moving?

No, the 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.

2. Is the number for Provider Services changing?

Yes, starting on January 1, 2021, the new Provider Services phone number is **1-833-388-1406**. Callers choose from a series of prompts to obtain information needed such as eligibility, primary medical group assignment verification, prior authorization requirements, status of prior authorization requests, claim status, etc. **Healthy Blue Provider Services: 1-833-388-1406** 8 a.m. to 9 p.m. CT Monday to Friday.

3. Is my provider representative changing?

No, there will be no changes to your provider representative.

4. Do I need to contract with Healthy Blue?

No, your existing contract is not changing; only the reference to Healthy Blue will be different. However, you should have received an *Amendment by Notification* or *Amendment by Mutual Consent* to your contract. These amendments change our company's name and add provisions related to the name change to your agreement.

5. Will there be a new website?

Yes, there will be a new public provider website and a new secure provider website.

The Healthy Blue public provider website became available on **October 1, 2020**, at <https://provider.healthyblue.com>. The Healthy Blue public website includes resources that help health care professionals do what they do best — care for our members.

Please be sure to bookmark it as a favorite.

Secure provider website

The Availity Portal* at <https://www.availity.com> will be your exclusive secure provider website to access many of your Healthy Blue online tools and resources for services rendered on or after **January 1, 2021**.

Some of the self-service features available on the Availity Portal include:

- Eligibility and benefits.
- Claims status inquiry.
- Claims submission.
- Claims payment disputes.
- Interactive Care Reviewer (ICR) for authorization requests and inquiries.
- Payer Spaces for Healthy Blue proprietary tools and resources.

* Availity, LLC is an independent company providing administrative support services on behalf of Healthy Blue. AIM Specialty Health® is an independent company providing some utilization review services on behalf of Healthy Blue.

<https://provider.healthyblue.com>

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.

BNEPEC-0300-20 October 2020

State approval: 10/01/2020

Be ready by starting the registration process now. Availity provides access to real-time information and instant responses in a consistent format, regardless of the payer. Start exploring how you can use the Availity Portal during patient check-ins, checkouts, billing or whenever you might benefit from easy, instant access to health plan information.

To begin registration, visit <https://www.availity.com> and select **Register**. If you need help with registration, contact Availity Client Services (ACS) at **1-800-AVAILITY (1-800-282-4548)**. ACS is available Monday to Friday 7 a.m. to 6 p.m. CT.

6. What medical policies are changing? How will these be communicated?

A list of the specific *Medical Policies* and *Clinical Utilization Management Guidelines* will be posted and maintained on the Healthy Blue provider website and can be obtained in hard copy by written request. To request a copy of the criteria on which a medical decision was based, call Healthy Blue Provider Services at **1-833-388-1406** from 8 a.m. to 9 p.m. CT Monday to Friday.

7. Will there be a new provider manual?

Yes, available January 1, 2021, the new *Healthy Blue Provider Manual* will contain everything you need to know about our programs and how we work with you moving forward. For the most up-to-date information, refer to the online version at <https://provider.healthyblue.com>. If you would like a hard copy, please contact your Provider Relations representative, and we'll be happy to provide one.

8. Do we need to be credentialed again before the January 1, 2021, transition to Healthy Blue?

You do not need to be credentialed again until your next recredentialing date or during recontracting.

9. Will you use CAQH for credentialing? Do I need to just update my CAQH information?

We will use CAQH for recredentialing. Keeping your CAQH information current will make recredentialing easier.

10. Will behavioral health benefits for Medicaid members be affected by the changes on January 1, 2021.

Behavioral health benefits will be provided by Healthy Blue as part of the integrated care for behavioral health and physical health. Some of the current referral forms have been consolidated into one document, so there is no need for multiple forms for services. We are also encouraging the utilization of the Interactive Care Reviewer (ICR) for quicker *HIPAA* compliance submissions.

11. Is Availity the only way to check eligibility?

In addition to Availity, you will also continue to be able to verify patient eligibility through the Nebraska Medicaid Eligibility System (NMES).

12. When will Availity eligibility be available?

As of **January 1, 2021**, eligibility and benefits associated with a member and/or their dependents can be determined by:

- Submitting a batch 270/271 electronic data interchange (EDI) transaction using the new payer ID **00544**:
 - If an eligibility and benefits EDI transaction is **not** submitted with the new payer ID, a noncovered response will be received. Providers will need to correct the payer ID and resubmit the transaction.
- Submitting through the Availity Portal at <https://www.availity.com> > Select **Patient Registration** from the top navigation bar of Availity's home page > **Eligibility and Benefits Inquiry** > Select

Healthy Blue from the Payer drop-down box. Continue completing all the required fields, which includes the member ID and date of birth.

- **Important note:** When checking eligibility for 599 CHIP Unborn population, the gender field will need to remain blank.

13. Will Healthy Blue be following the new 2021 CMS guidelines for Coding and Billing (for example, ER visits)?

Yes, since go-live begins January 1, 2021, the CMS guidelines for 2021 will be followed.

14. How does Healthy Blue handle transplant cases?

Healthy Blue manages transplants across all product lines. We have developed best practice transplant pricing for all organ types. We use this pricing in our Single Case Agreements for Transplant.

15. What are the credentials of the team that reviews medical records?

Prior authorization reviewers are clinical, medical utilization management reviewers are licensed nurses, and behavioral health utilization management reviewers are either licensed social workers or nurses.

16. Will providers get a Healthy Blue provider ID assigned to them?

No, there will be no provider ID that the provider will need to track.

17. Will members get a Healthy Blue member ID assigned to them? Will it be different than their WellCare ID numbers? Will it be the same as their Medicaid numbers?

Members will be assigned a Healthy Blue member ID, and it will be different than their current WellCare ID; the number will be included on the provider's Healthy Blue member ID card. The Healthy Blue ID number will not be the same as the Medicaid number.

Claims:

1. How long is the WellCare claims runout?

The claims runout is in place for 18 months. All claims are required to comply with the timely filing requirements under your WellCare of Nebraska agreement.

2. If a member is in the hospital from December 30, 2020, to January 2, 2021, does the hospital need to split bill?

Multi Day Facility/Inpatient Hospitals stays spanning January 1, 2021, are serviced based on the admission date.

Admission dates \leq December 31, 2020, should be sent to WellCare.

Admission dates \geq January 1, 2021 should be sent to Healthy Blue.

IP Professional fees with DOS after 1/1/21

3. Claims Submission Chart:

Type of submission	Submit to
New Claims Date of Service (DOS) <= 12/31/2020	WellCare
New Claims Date of Service (DOS) >= 1/1/2021	Healthy Blue
Adjusted Claim Original DOS <= 12/31/2020, adjusted between 1/1/2021 and 6/30/2022	WellCare
Adjusted Claim Original DOS >= 1/1/2021	Healthy Blue
Multi-Day Facility/ Inpatient Hospital Claim Admission Date / First DOS <= 12/31/2020 with stay spanning EOY (discharge >= 1/1/2021)	WellCare Multi-Day Facility/ Inpatient Hospitals stays spanning 1/1/2021 are serviced based on the Admission Date <ul style="list-style-type: none"> Professional Claims paid based on DOS

4. Will there be any changes to the Medicaid reimbursement policies?

Claims will be paid in accordance with your current contract terms.

5. Will code or clinical editing be applied to claims?

Yes, we utilize software products to ensure compliance with standard code edits and rules, policies, national industry standards and plan benefits. These products increase consistency of payment for providers by ensuring correct coding and billing practices. Editing sources include but are not limited to the Centers for Medicare & Medicaid Services (CMS), National Correct Coding Initiative (NCCI), and *Medical Policies* and *Clinical Utilization Management (UM) Guidelines*.

6. What is required when submitting claims?

Paper and electronic claims must include the submitting provider's National Provider ID (NPI), taxonomy and ZIP code (plus four). Healthy Blue will validate these data elements with the state of Nebraska Medicaid enrollment file. Failure to submit claims in accordance with your Medicaid enrollment may result in rejections.

7. Under which member ID should the claims be submitted with dates of service prior to January 1, 2021?

All claims with dates of service prior to January 1, 2021, should continue to be submitted to WellCare with your existing member ID via the same way you submit them today.

8. How are claims disputes handled for claims with dates of service prior to January 1, 2021?

Continue to submit claim disputes for service dates before January 1, 2021 via the current process. Claims disputes with dates of service on or after January 1, 2021 can be submitted verbally or written within 90 calendar days of the date of the *EOP* to Healthy Blue.

Complete the *Claim Payment Appeal Submissions Form* located on our website

<https://provider.healthyblue.ne.com> and note the following submission methods:

Verbal (reconsideration only): Verbal submissions may be submitted by calling Provider Services at **1-833-388-1406** from 8 a.m. to 9 p.m. CT Monday to Friday.

- **Online (reconsideration and claim payment appeal):** via the secure Provider Availity Payment Appeal Tool at <https://www.availity.com>.
- **Written (reconsideration and claim payment appeal):** Written reconsiderations and claim payment appeals should be mailed, along with the appropriate form, to:
Payment Dispute Unit
P.O. Box 61599
Virginia Beach, VA 23466-1599
- Submission forms are available on the Healthy Blue provider website in the *Forms* section.

9. What are the advantages to submitting claims electronically?

- Electronic claims aren't subject to postal delays.
- Claims can be transmitted 24 hours a day, 7 days a week.
- Electronic claims are faster and more accurate.
- Electronic claims are acknowledged through notification and error reports delivered to your electronic mailbox.
- ERAs are offered to all electronic submitters. ERAs result in cost savings and allow you to post payments automatically.

10. Does Healthy Blue accept medical records electronically when requested in order to process a claim?

Yes, medical records are accepted through EDI and Availity.

EDI questions:

1. What is electronic data interchange (EDI)?

EDI allows you to submit claims, retrieve ERAs and retrieve claim file acknowledgements from EDI to the insurance carrier or clearinghouse. It allows you to directly exchange 837 (claims), 270/271 (eligibility), 276/277 (claim status) and 835 (ERA) X12 transactions for claim payments for members covered by Healthy Blue.

Healthy Blue has a strategic relationship with Availity to serve as our electronic data interchange (EDI) partner for all Medicaid electronic transactions.

Health care professionals, billing services and clearinghouses who are new to the EDI space can register electronic transactions with **Healthy Blue Availity**

2. What are the methods to exchange EDI transmissions with the Availity EDI Gateway?

- **Already exchanging EDI files?** Providers can use existing clearinghouses or billing companies for Healthy Blue transmissions. *(Please work with them to ensure connectivity to the Availity EDI gateway.)*
- Become a direct trading partner with the Availity EDI gateway.
- Use Direct Data Entry for single claim submission through the Availity Portal.
 - **Payer name and ID:**
The payer name is **Healthy Blue Nebraska**, and the payer ID is **00544**.

3. How do you enroll for electronic funds transfer (EFT)?

As of November 1, 2020, registration and enrollment for Healthy Blue will be available via <https://www.caqh.org/solutions/enrollhub>. Healthy Blue suggests starting the registration process at that time to ensure payment for dates of service on or after January 1, 2021 will be sent via EFT.

Even if you are already registered with CAQH EnrollHub, you will need to enroll with Healthy Blue as a payer to receive EFT payments. If you do not register and enroll, you will receive a paper check or virtual card.

- To register or manage account changes for EFT only, **use the EnrollHub™, a CAQH Solutions™ enrollment tool (link to: <https://solutions.caqh.org/bpas/Default.aspx?ReturnUrl=/bpas/default.aspx/%22>)**, a secure electronic EFT registration platform.
- This tool eliminates the need for paper registration, reduces administrative time and costs, and allows providers to register with multiple payers at one time.
- If you are a registered provider with EnrollHub for other payers, you can also add EFT for **Healthy Blue** to your account.
- Registration will be available as of November 1, 2020.

If you have registration-related questions, contact EnrollHub Help Desk at **1-844-815-9763**.

4. What happens if I don't register for EFT?

- Previous payment preferences will not be carried over for services rendered on or after January 1, 2021. You will need to register with CAQH and enroll with the payer name that includes Healthy Blue to continue to receive EFT payments.
- If you do not enroll in CAQH EnrollHub, you will receive a paper check for services rendered on or after January 1, 2021.

Prior authorization (PA)

1. Is there a transition of care period?

The transition of care period is 90 days and continuity of care 60 days.

2. Will Healthy Blue honor WellCare prior authorizations for dates on and after January 1, 2021?

Yes, we will honor prior authorizations for DOS after 1/1/21.

3. What if I still need to request a PA and/or continued stay review before January 1, 2020?

Continued stay review requests prior to January 1, 2021, should continue to be directed to **current process**.

4. Are there new PA requirements?

To help you determine whether authorization is required, we encourage you to utilize our new Precertification Lookup Tool that allows you to search for specific codes and their requirements. Log in to www.availity.com using your Availity credentials. Under the *Payer Spaces* heading, choose the Healthy Blue payer logo and select **Provider Self Services** under *Resources*. You will be redirected to the provider self-service portal, and then select **Precertification Lookup Tool** from the *prior authorization* left-hand navigation.

5. How do I request a PA?

You can submit a PA request, look up a status or submit a clinical appeal online using our self-service authorization tool – Interactive Care Reviewer. Log in to <https://www.availity.com> using your 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 Interactive Care Reviewer (ICR) application, our online authorization tool, will open.
 - Use ICR to submit and manage (appeal) your medical PAs.
- Use the PA fax number if you would like to fax a paper request:
 - PA fax number: **1-800-964-3627**

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

AIM Specialty Health®* manages prior authorization for the following modalities: radiology, cardiology, sleep, musculoskeletal, rehabilitation (PT, OT, ST), genetic testing, and radiation oncology:

- For services that are scheduled to begin on or after **January 1, 2021**, all providers must contact AIM beginning **December 21, 2020**, to obtain prior authorization review for the following non-emergency services:
 - How to place a review request:
 - *Online* - via the AIM provider website. Provider website is available 24 hours a day, seven days a week and processes requests in real-time using clinical criteria. Go to www.providerportal.com to register.
 - *By phone* - Call AIM toll-free at **1-855-574-6478** on Monday through Friday 7 a.m. to 7 p.m. CT

Inpatient admissions:

- Availity: <https://www.availity.com>
 - Fax: Non-behavioral health: **1-800-964-3627**
 - Behavioral health: Inpatient – **1-844-462-0024**
 - Outpatient: **1-844-462-0027**
- Healthy Blue Provider Services: **1-833-388-1406** 8 a.m. to 9 p.m. CT Monday to Friday

Background or summary of change/update (including effective date): In January 2020, Anthem, Inc. purchased the WellCare of Nebraska, Inc. health plan. Our program will now be called Healthy Blue. Healthy Blue will be proud to serve our Nebraska members starting January 1, 2021.

What if I need assistance?

Our Provider Services phone number is changing. Providers should continue to the existing phone number for services rendered before January 1, 2021. For services rendered on or after January 1, 2021, or questions related to the upcoming changes use, the new Healthy Blue Provider Services phone number at **1-833-388-1406** 8 a.m. to 9 p.m. CT Monday to Friday.