



Healthy Blue



Provider Bulletin

September 2020

## What's new now that we are Healthy Blue

### Background or summary of update

In January 2020, Anthem, Inc. acquired the Wellcare of Nebraska, Inc. health plan. The program will now be called Healthy Blue. Healthy Blue is proud to serve our Nebraska members.

Your local Provider Relations team remains the same and will continue to serve the provider network across the state.

This document outlines administrative changes impacting providers effective **January 1, 2021**.

### What is changing?

#### Contract and participation

Your contract and participation status with Healthy Blue is not changing. 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.

#### Member IDs

All members will receive a new Healthy Blue member ID card. Effective January 1, 2021, please ask to see it when members come in for a visit and keep a copy of the card on file.

Additionally, providers have easy online access to view member ID cards on the Availity Portal.

When conducting an eligibility and benefits (E&B) inquiry, simply select **View Member ID Card** on the *Eligibility and Benefits results* page.

#### Verifying member eligibility

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

- Submit a 270/271 electronic data interchange (EDI) transaction through the Availity Portal.\*
- Use the new payer ID **00544** at <https://www.availity.com> > Eligibility and Benefits. Select **Healthy Blue** from the drop-down box.
- If an eligibility and benefits EDI transaction is not submitted with the new payer ID, a non-covered response will be received. Providers will need to correct the payer ID and resubmit the transaction.

You will continue to be able to verify member eligibility information through the state.

\* 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.healthybluene.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.

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State approval: 09/23/2020

## Public provider website

The Healthy Blue public provider website will be available on **October 1, 2020**, at <https://provider.healthyblue.com>. The Healthy Blue public provider website will include 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
- Payers Spaces for Healthy Blue proprietary tools and resources

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 9:00 a.m. – 8:00p.m. CST.

## Submitting claims

Electronic claims submission for services rendered on or after **January 1, 2021**, can be done either by using a clearinghouse, billing company or sending directly:

- Availity serves as our gateway for all EDI transactions.
  - If you have a relationship with a clearinghouse, please work with them to ensure connectivity with Availity.
  - The Availity Payer ID for Healthy Blue number is **00544**.
- Submit directly through the Availity Portal.
- Submit paper claims:
  - Healthy Blue in Nebraska  
P.O. Box 61010  
Virginia Beach, VA 23466-1010

## Electronic funds transfer

Council for Affordable Quality Healthcare (CAQH®) Solutions EnrollHub® is Healthy Blue's EFT enrollment partner. Enrollment is open as of **November 1, 2020**, in CAQH. Enroll now to ensure you receive EFT payments.

- Registration info: <https://www.caqh.org/solutions/enrollhub>
- Select the Payer name containing: Healthy Blue

## Electronic remittance advice

Electronic remittance advice (ERA) is processed via Availity and will be available January 1, 2021. If you wish to enroll for ERA (835), use Availity to register and manage account changes:

- If you have a relationship with a clearinghouse, please work with them to ensure connectivity with Availity.
- Healthy Blue's payer ID number is **00544**.
- Setup with Availity is easy; visit <https://apps.availity.com/web/welcome/#/edi>.

## Prior authorizations

The Interactive Care Reviewer (ICR), Healthy Blue's pharmacy, medical and behavioral health self-service tool, is accessed online through the Availity Portal: <https://www.availity.com>. Select Patient Registration > Authorizations & Referrals. Ask your Availity administrator to grant you the required ICR role assignment now so you can begin using the tool immediately when it becomes available.

- **Do you create and submit prior authorization requests?**  
Authorization and Referral Request role assignment
- **Do you check the status of the case or results of the authorization request?**  
Authorization and Referral Inquiry role assignment

Additionally, you can submit prior authorization requests:

- Via fax: **1-800-964-3627**; for pharmacy retail prior authorizations: **1-833-370-0702**; for medical injectable requests: **1-833-370-0678**.
- For urgent requests, call Healthy Blue Provider Services at **1-833-388-1406** Monday - Friday 8:00 a.m. – 9:00 p.m. CST.

Use the Precertification Look Up Tool accessed through the Availity Portal and located in Payer Spaces to determine which services require prior authorization. This tool also provides information regarding if clinical edits apply, if a vendor is used, and additional information regarding the management of the service.

AIM Specialty Health®\* manages prior authorizations 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 *ProviderPortal*. *ProviderPortal* is available 24/7 and processes requests in real-time using clinical criteria. Go to [www.providerportal.com](http://www.providerportal.com) to register.
    - **By phone**: Call AIM Specialty Health toll free at **1-855-574-6478** Monday - Friday 7:00 a.m. – 7:00 p.m. CST.

Inpatient admissions:

- Availity: <https://www.availity.com>; Non-behavioral health fax: **1-800-964-3627**; Behavioral health inpatient fax: **1-844-462-0024**, behavioral health outpatient fax: **1-844-462-0027**
- Healthy Blue Provider Services: **1-833-388-1406** Monday – Friday 8:00 a.m. – 9:00 p.m. CST.

## Claims payment dispute

You can submit your verbal or written payment disputes within 90 calendar days of the date of the *EOP*. Complete the *Claim Payment Appeal Submissions Form* located on our website and note the following submission methods:

- **Verbal (reconsideration only):** Verbal submissions may be submitted by calling Provider Services at **1-833-388-1406** Monday – Friday 8:00 a.m. – 9:00 p.m. CST.
- **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.

## Provider grievances

Providers can submit verbal or written grievances. Supporting documentation should accompany the grievance. Grievances are resolved fairly and are consistent with our policies and covered benefits. Grievances can be submitted via:

- Provider Services at **1-833-388-1406** Monday – Friday 8:00 a.m. – 9:00 p.m. CST.
- Your local Provider Relations representative
- Submit written grievances on members behalf to:
  - P.O. Box 61010
  - Virginia Beach, VA 23466-1010
  - Fax at 1-866-387-2968

## Fraud, waste and abuse

Fraud, waste and abuse concerns can be reported by:

- Visiting the Healthy Blue provider website at <https://provider.healthyblue.net> and completing the *Report Waste, Fraud and Abuse* form.
- Calling Healthy Blue Provider Services at **1-833-388-1406** Monday – Friday 8:00 a.m. – 9:00 p.m. CST.

## Demographic changes effective on or after January 1, 2021

Demographic changes should be reported by calling Provider Services at **1-833-388-1406** Monday – Friday 8:00 a.m. – 9:00 p.m. CST.

Please ensure that your Medicaid enrollment is also updated with any demographic changes you are submitting to Healthy Blue. Below is the link to Maximus, the Nebraska Medicaid enrollment broker:

[www.nebraskamedicaidproviderenrollment.com](http://www.nebraskamedicaidproviderenrollment.com).

## Provider manual

The Healthy Blue provider manual will be available on January 1, 2021, at

<https://provider.healthyblue.net>. (Please destroy old hard copies and electronic versions of the provider manual and replace them with the updated copy.) While we encourage use of the electronic copy in order to reduce use of paper and ensure you reference only the most up-to-date information, you may order a hard copy of the provider manual at no charge by calling our Provider Services team at **1-833-388-1406** Monday - Friday 8:00 a.m. – 9:00 p.m. CST.

## Provider training

Training for the new process and tools will start in October 2020. Training invitations will be sent to contracted providers as well as posted to the provider website at <https://provider.healthyblue.com>.

Trainings to prepare you for administrative changes:

- Medical provider orientation webinars
- Behavioral health specific webinars
- Secure Availability Portal
- AIM Specialty Health

## Credentialing

Healthy Blue uses CAQH for the credentialing and recredentialing process. New providers should do the following:

- **Register with CAQH** (if you are not already registered). You may self-register by visiting [proview.caqh.org](http://proview.caqh.org). This is a secure and private portal.
- **Select the Global Authorization** so we can access your credentialing information. If you are already registered with CAQH, you will need to give us permission to review your information. If you need assistance, please review the *Resource Documents* on the CAQH website or call the CAQH Provider help line at **1-888-599-1771** Monday – Thursday, 8:00 a.m. – 10:00 p.m., CST. Friday 8:00 a.m. – 8:00 p.m., CST.
- **Review and update your application.** Please ensure all sections of the application are complete and accurate.

## What if I need assistance?

Our Provider Services phone number is changing. Providers should continue to use 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: **1-833-388-1406** Monday – Friday 8:00 a.m. to 9:00 p.m. CST.