Healthy Blue Dual Advantage (HMO D-SNP)

For the listening benefit of webinar attendees, we have muted all lines and will be starting our presentation shortly

- This helps prevent background noise (e.g., unmuted phones or phones put on hold) during the webinar
- This also means we are unable to hear you during the webinar
- Please submit your questions directly through the webinar platform only

How to submit questions:

- Open the chat feature at the top of your screen to type your question related to today's training webinar
- In the "Send to" field, select "All Panelists"
- Once your question is typed in, hit the "Send" button to send it to the presenter
- We will address submitted questions at the end of the webinar

Lisa Roth
Provider Relations

Healthy Blue

Healthy Blue Dual Advantage (HMO D-SNP)

New provider orientation

Agenda

- About Healthy Blue Dual Advantage (HMO D-SNP)
- Accessing the provider website
- Online resources
- Availity* Portal
- Patient360
- Cultural competency
- Fraud, waste and abuse
- Availability standards
- Identifying and verifying members
- Prior authorizations
- Referrals
- Claims
- Electronic funds transfer
- Payment disputes
- Medical appeals
- Quality
- HEDIS®
- Essential Extras
- Laboratory services
- Pharmacy program
- Contacts

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

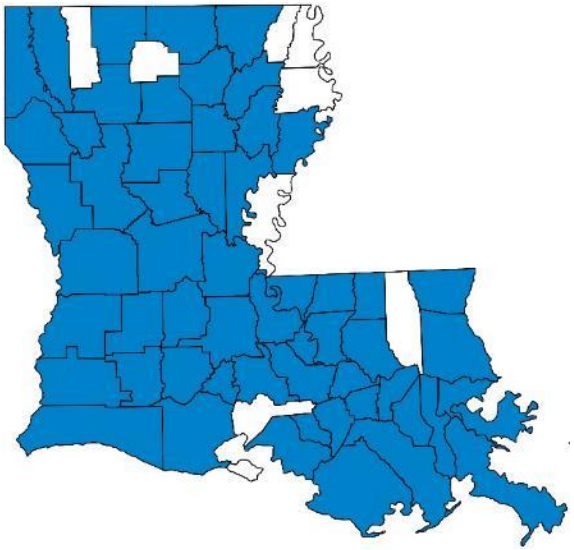
Healthy Blue

About Healthy Blue Dual Advantage

Healthy Blue

About Healthy Blue Dual Advantage

- Dual special needs plan
- Specialized Medicare Advantage
  - Designed for people with special healthcare needs
- Changes to a current enrollment status can occur quarterly throughout the year
- New enrollment can occur any time the member meets criteria for eligibility
- Statewide with the exceptions of the following parishes:



Concordia	Madison
East Carroll	Tangipahoa
Iberia	Webster
Lincoln	West Carroll

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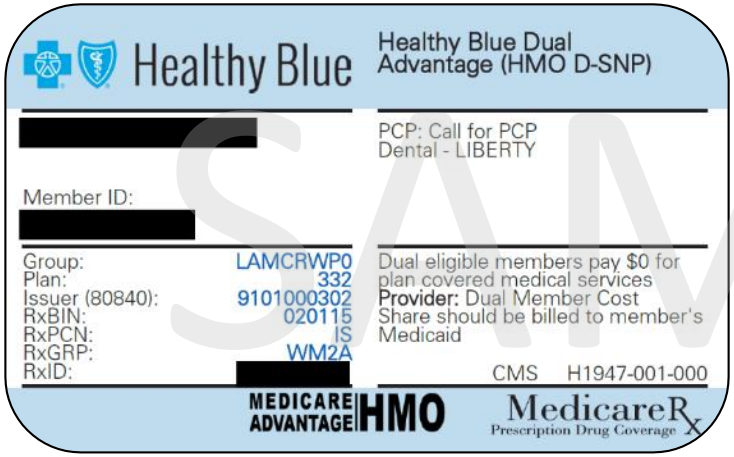
Accessing online resources and verifying member benefits

Healthy Blue

Healthy Blue Dual Advantage member ID card

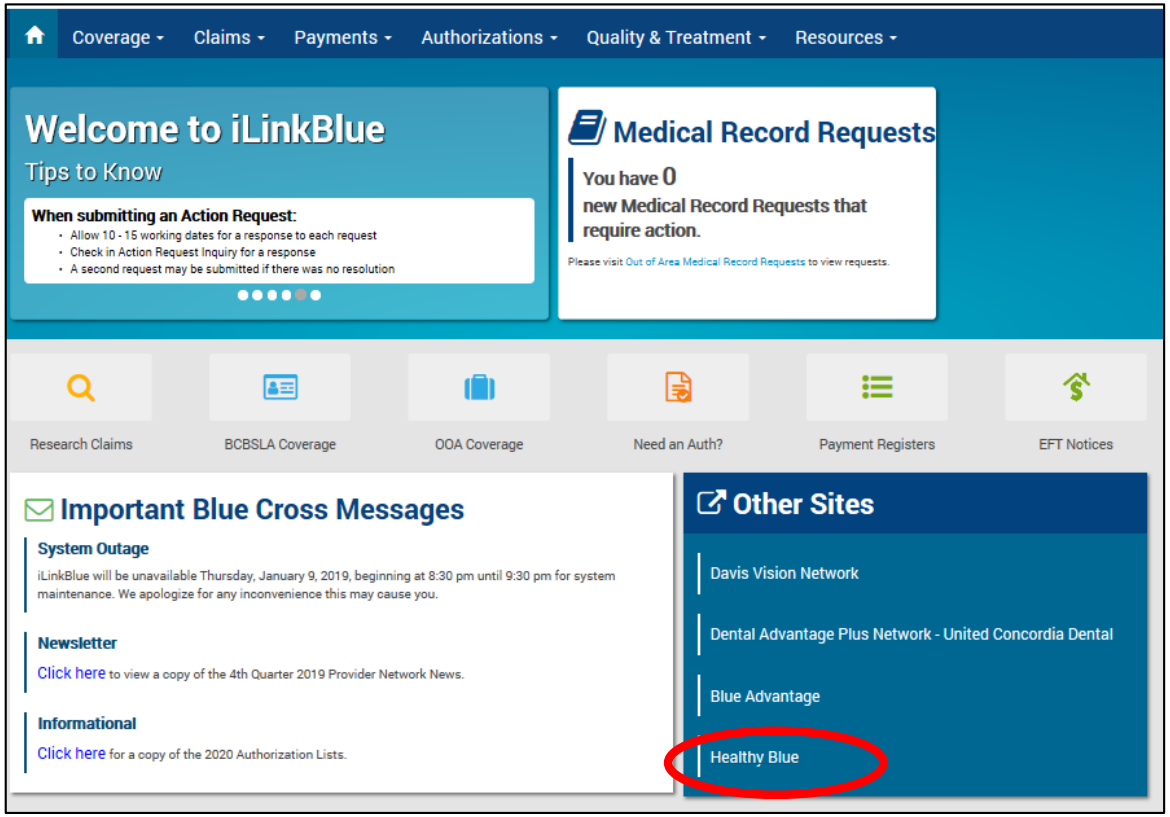


- The three-character prefix for this plan is JLA.
- Providers should submit claims to Healthy Blue, not the local Blue Cross Plan.
- All members must select a PCP. For the member to request a change to their PCP, the member must contact Healthy Blue Dual Advantage Customer Service at **1-844-209-5406**.
- Healthy Blue Dual Advantage member ID card should be presented at each visit.

Healthy Blue

Healthy Blue Dual Advantage provider website

Visit iLinkBlue at www.BCBSLA.com/ilinkblue.com, then under *Other Sites* select **Healthy Blue.**



Google Chrome is the preferred browser

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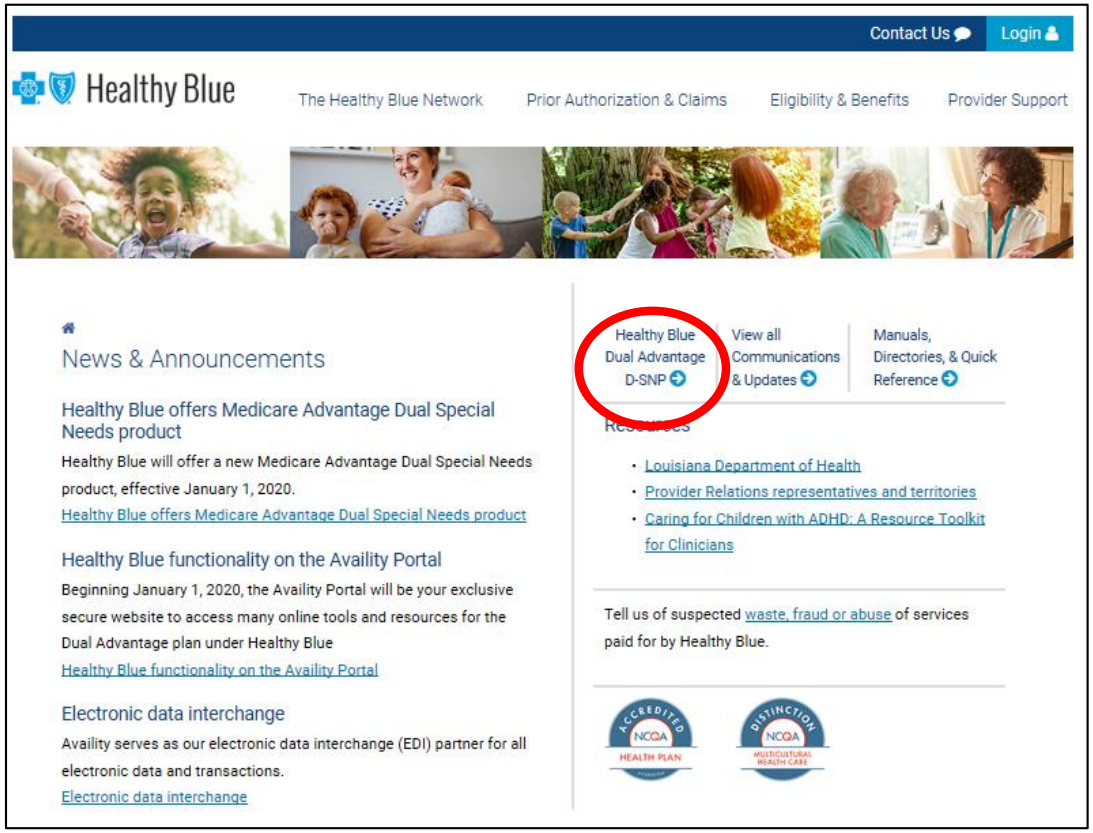
Healthy Blue Dual Advantage provider website (cont.)



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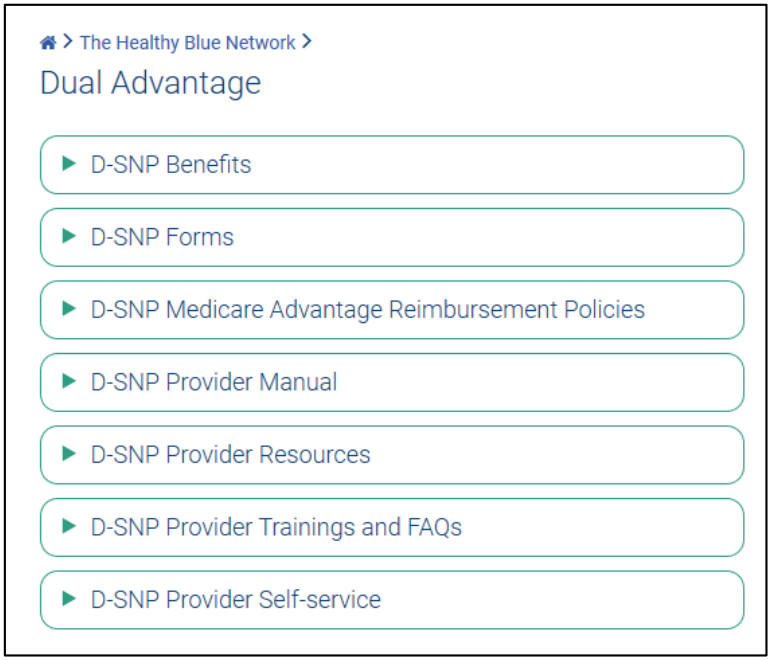
Healthy Blue Dual Advantage provider website (cont.)

The provider website is available to all providers rendering care to D-SNP members, regardless of participation status

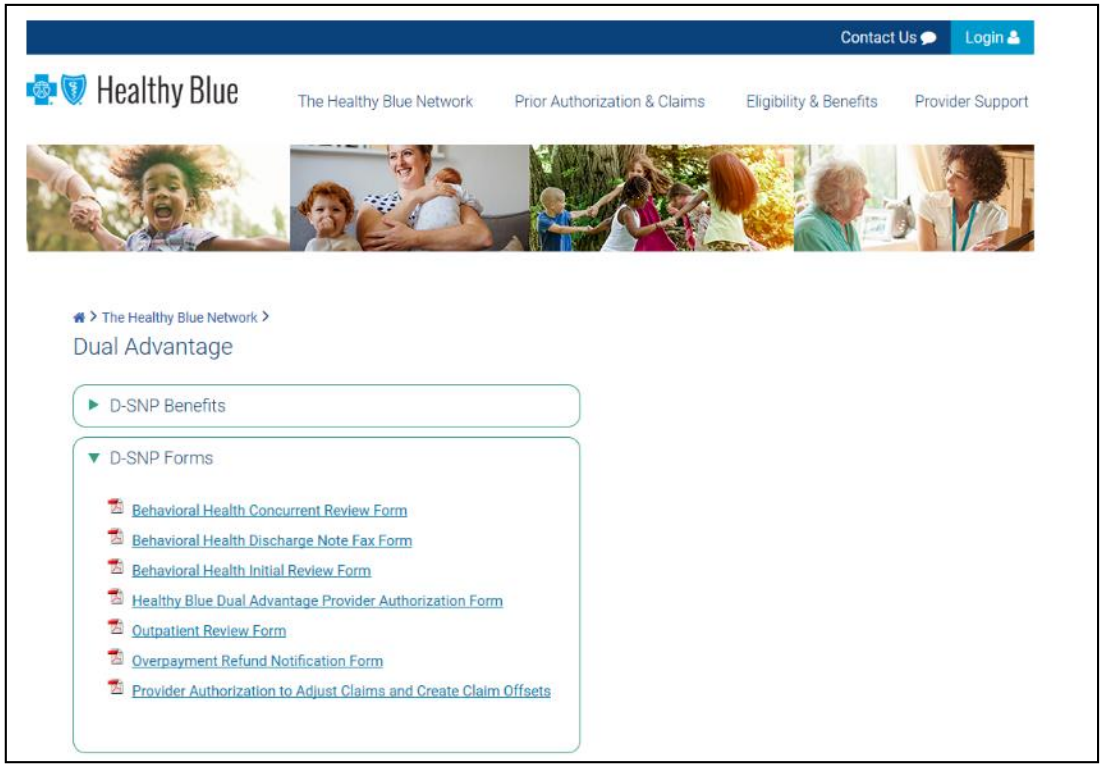
- D-SNP Benefits
- D-SNP Forms
- D-SNP Medicare Advantage Reimbursement Policies
- D-SNP News and Announcements
- D-SNP Newsletter
- D-SNP Provider Manual
- D-SNP Provider Resources
- D-SNP Provider Training and FAQs
- D-SNP Provider Self-service



Healthy Blue

Forms

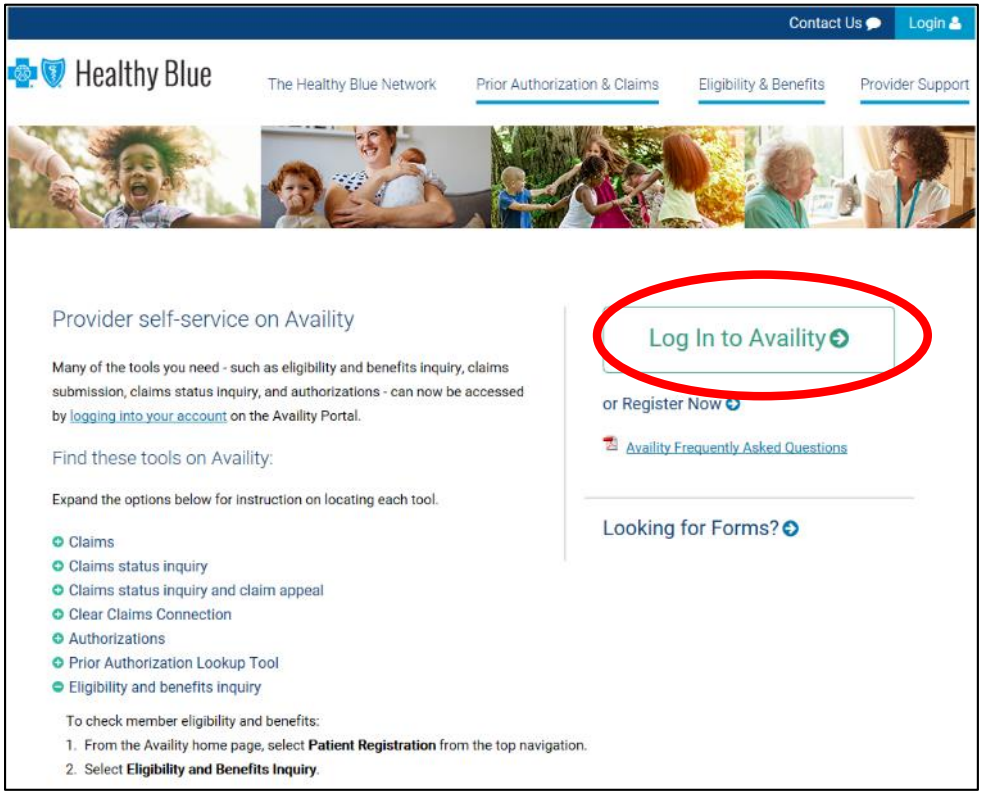
www.BCBSLA.com/ilinkblue.com under *Other Sites,* select **Healthy Blue**, then > Healthy Blue Dual Advantage D-SNP > Provider Support > Forms



Healthy Blue

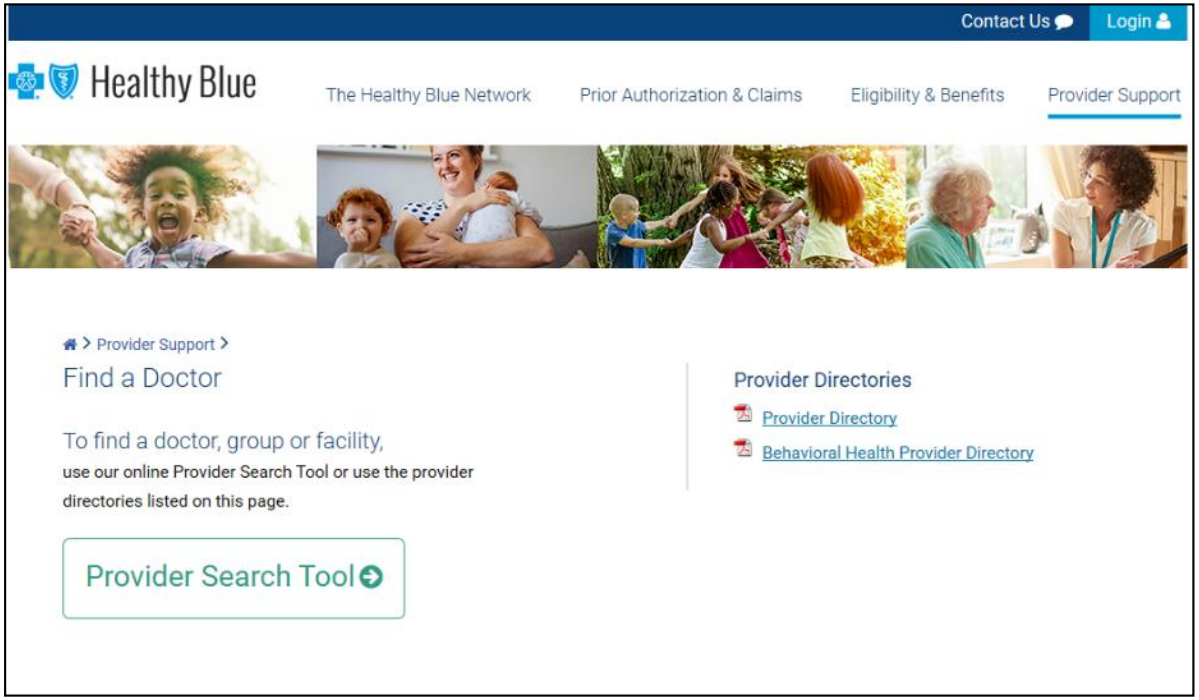
Verify eligibility via Availity

www.BCBSLA.com/ilinkblue.com under *Other Sites*, select **Healthy Blue**, then > Healthy Blue Dual Advantage D-SNP > Eligibility & Benefits > Finding Tools on Availity



Healthy Blue

Online provider directories



www.BCBSLA.com/ilinkblue.com under *Other Sites*, select **Healthy Blue**, then > Provider Support > Find a Doctor

Healthy Blue

Availity Portal

The Availity Portal is an online multi-payer portal that gives physicians, hospitals and other healthcare professionals access to multiple payer information with a single, secure login.

Availity services include:

- Eligibility and benefit inquiries.
- Claim submissions and status inquiries.
- A direct link to the Healthy Blue Dual Advantage provider website for appeals, panel listings and precertification.

www.BCBSLA.com/ilinkblue.com under *Other Sites,* select **Healthy Blue**, then > Healthy Blue Dual Advantage D-SNP > Eligibility & Benefits > Finding Tools on Availity

For questions pertaining to the Availity Portal, call **1-800-AVAILITY** (**1-800-282-4548**).

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Availity Portal (cont.)

- If you're navigating to the secure Healthy Blue Dual Advantage provider website, you will need to log in or register.
- If you have registered with Availity for your commercial products, you do not need to register again for Healthy Blue Dual Advantage.

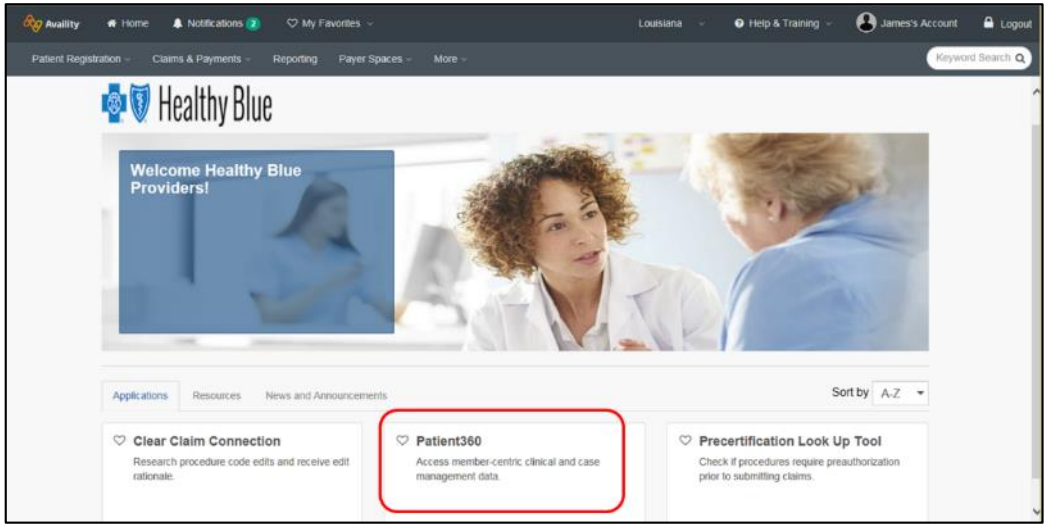
www.BCBSLA.com/ilinkblue.com under *Other Sites,* select **Healthy Blue**, then > Healthy Blue Dual Advantage D-SNP > Eligibility & Benefits > Finding Tools on Availity

Healthy Blue

Patient360

Patient360 provides:

- Member demographics
- Care summaries
- Claims history
- Authorization details



www.BCBSLA.com/ilinkblue.com under *Other Sites,* select **Healthy Blue**, then > Healthy Blue Dual Advantage D-SNP > Eligibility & Benefits > Finding Tools on Availity > Patient360

Healthy Blue

Provider responsibilities

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Cultural competency

- We expect providers and staff to gain and continually increase their knowledge and sensitivity to diverse cultures.
- We believe when providers take into account a patient's values, reality conditions and linguistic needs, it results in effective care and services.
- Each provider should complete the training.

You can complete cultural competency training online through the provider website: www.BCBSLA.com/ilinkblue.com under *Other Sites,* select **Healthy Blue**, then > Healthy Blue Dual Advantage D-SNP > Provider Support > Education & Resources > Manuals, Directories, Training & More > Other Trainings & Tutorials > Cultural Competency Training

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Translation services

- Translation services are available 24/7 in more than 170 languages.
- To obtain translation services, call Member Services at **1-844-209-5406**.

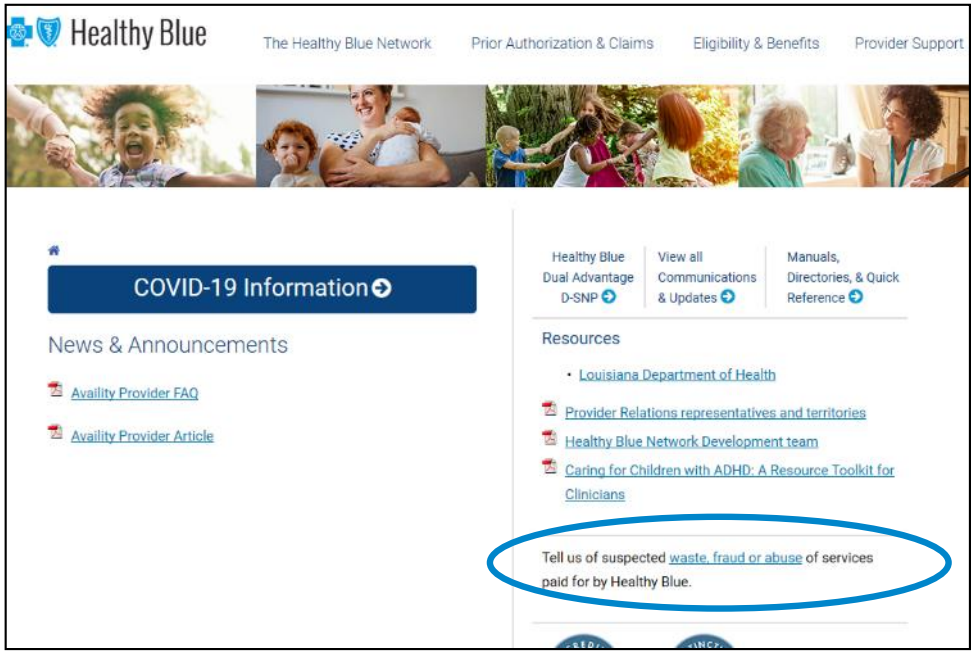
Healthy Blue

Fraud, waste and abuse

Help us prevent fraud, waste and abuse.

Steps you can take:

- Verify each patient's identity.
- Ensure services are medically necessary.
- Document medical records completely.
- Bill accurately.
- Tell us if you suspect fraud.



Healthy Blue

Availability standards

Healthy Blue

Availability standards

All Healthy Blue Dual Advantage network providers must use their best effort to adhere to the following standards for appointment scheduling and wait times. Please make every effort to see the patient within an average of one hour from the patient's scheduled appointment.

PCP-new patient	Within 30 days of the patient's effective date on the PCP's panel – to be initiated by the PCP's office
Routine care without symptoms	Within 30 days
Non-routine care with symptoms	Within five business days or one week
Urgent care	Within 24 hours
Emergency	Must be available immediately 24 hours per day, seven days per week via direct access or coverage arrangements
OB/GYN	First and second trimester within one week, third trimester within three days. OB emergency care must be available 24 hours per day, seven days per week.
Phone calls into the provider office from the member	Same day; no later than next business day

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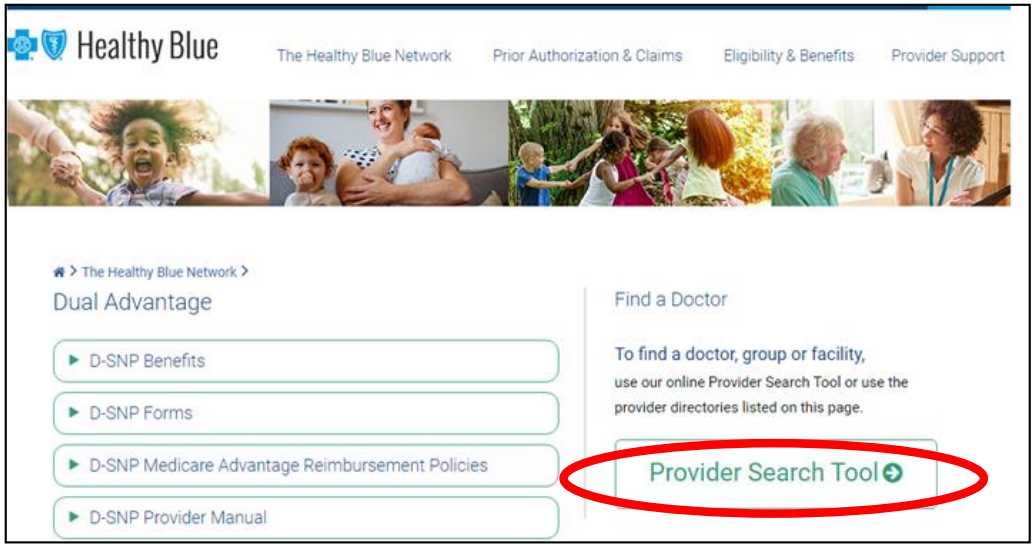
Precertifications/prior authorizations

Healthy Blue

Referrals

- Referrals are not needed for medical or behavioral health services when rendered by a contracted provider.
- Screening and identification of behavioral health conditions begins in the PCP office.



For a complete list of contracted providers, go to www.BCBSLA.com/ilinkblue.com under *Other Sites,* select **Healthy Blue**, then > Healthy Blue Dual Advantage D-SNP > Provider Search Tool.

Healthy Blue

Precertification and notification requests

- **Precertification:** The act of authorizing specific services or activities before they are rendered or occur.
- **Notification:** Telephonic, fax or electronic communication from providers to inform Healthy Blue Dual Advantage of their intent to render covered medical services to members.

Note: This plan does not provide coverage for services received from out-of-network providers, except for emergency, urgently needed care and end-stage renal disease services.

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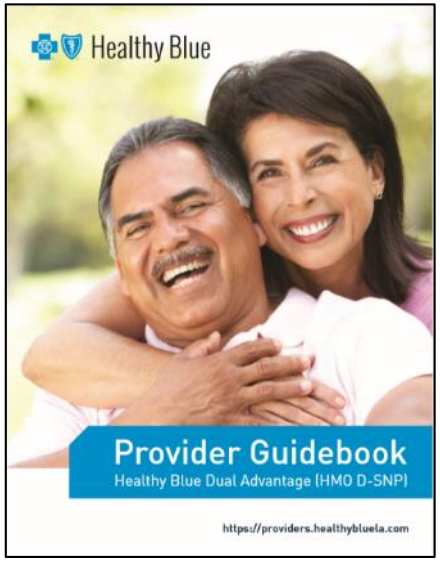
Precertification requests

- For emergency or urgent services, notification is needed within 24 hours or the next business day.
- There is no review against medical necessity criteria; however, member eligibility and provider status (network and non-network) are verified.

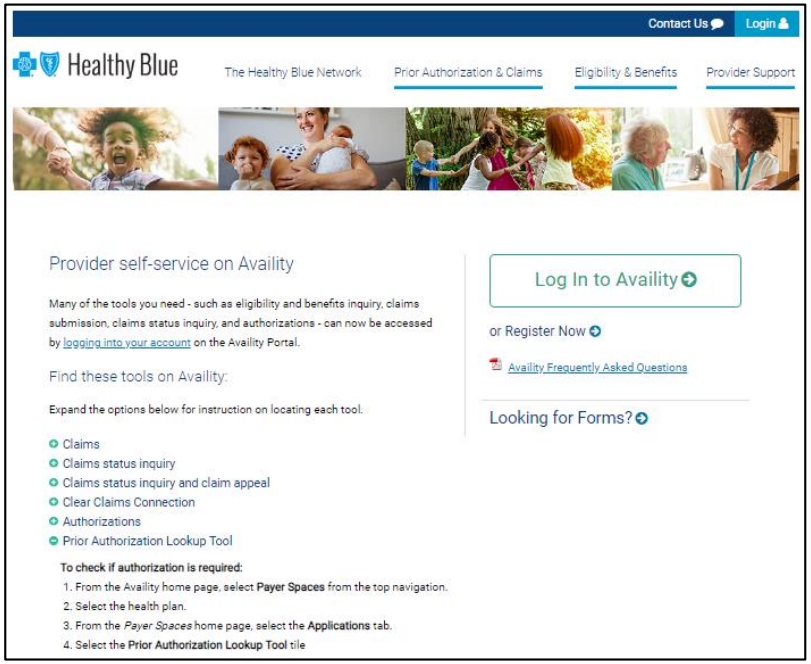


A complete list of services that need precertification are outlined at www.BCBSLA.com/ilinkblue.com under *Other Sites,* select **Healthy Blue**, then > Healthy Blue Dual Advantage D-SNP > D-SNP Provider Manual.

Healthy Blue

Precertifications and notification

Services requiring precertifications are listed on Availity.

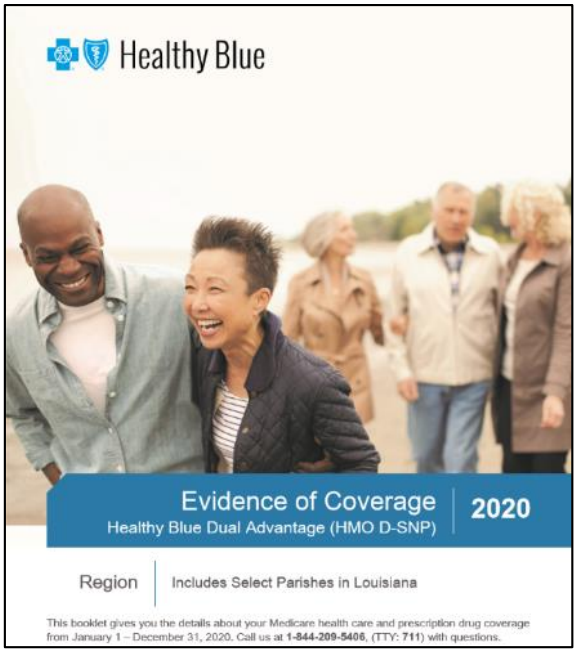


www.BCBSLA.com/ilinkblue.com under *Other Sites*, select **Healthy Blue**, then > Healthy Blue Dual Advantage D-SNP

Healthy Blue

Evidence of Coverage

The *Evidence of Coverage* can be found at www.BCBSLA.com/ilinkblue.com under *Other Sites,* select **Healthy Blue**, then > Healthy Blue Dual Advantage D-SNP > DSNP Benefits.



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Precertification requests

In many cases, out-of-network providers may be required to request precertification for services when network providers do not.

For code-specific requirements for all services, visit our provider self-service website.

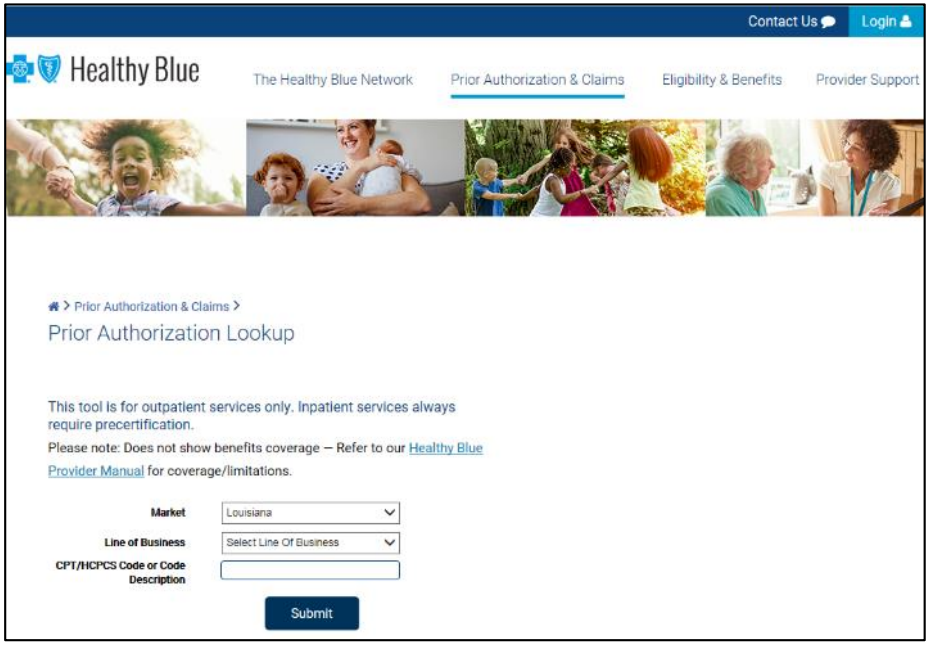
www.BCBSLA.com/ilinkblue.com under *Other Sites,* select **Healthy Blue**, then > Healthy Blue Dual Advantage D-SNP > D-SNP Provider Self-service

Healthy Blue

Prior Authorization Lookup Tool

The Prior Authorization Lookup Tool helps you search by:

- Market
- Member's product
- CPT code

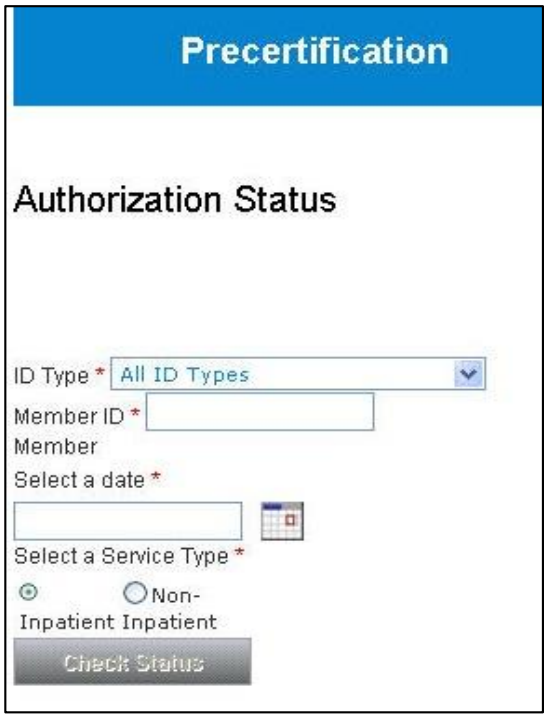


www.BCBSLA.com/ilinkblue.com under *Other Sites*, select **Healthy Blue**, then > Healthy Blue Dual Advantage D-SNP > Prior Authorization & Claims

Healthy Blue

Precertification status

You can check the status of your precertification request on the provider website or by contacting Provider Services at **1-844-209-5406**.



www.BCBSLA.com/ilinkblue.com under *Other Sites,* select **Healthy Blue**, then > Healthy Blue Dual Advantage D-SNP > Prior Authorization & Claims > Finding Tools on Availity

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Physical health and behavioral health integration

- Healthy Blue Dual Advantage provides both basic and specialized behavioral health services to members.
- Basic behavioral health services are provided in the primary care setting by a PCP.
- Specialized behavioral health services are provided by a licensed behavioral health provider such as a psychiatrist, psychologist, medical psychologist or psychiatric nurse practitioner.
- For a full list of specialized behavioral health services, visit www.BCBSLA.com/ilinkblue.com under *Other Sites,* select **Healthy Blue**.

Healthy Blue

Claims

Healthy Blue

Submitting claims

Claims can be submitted:

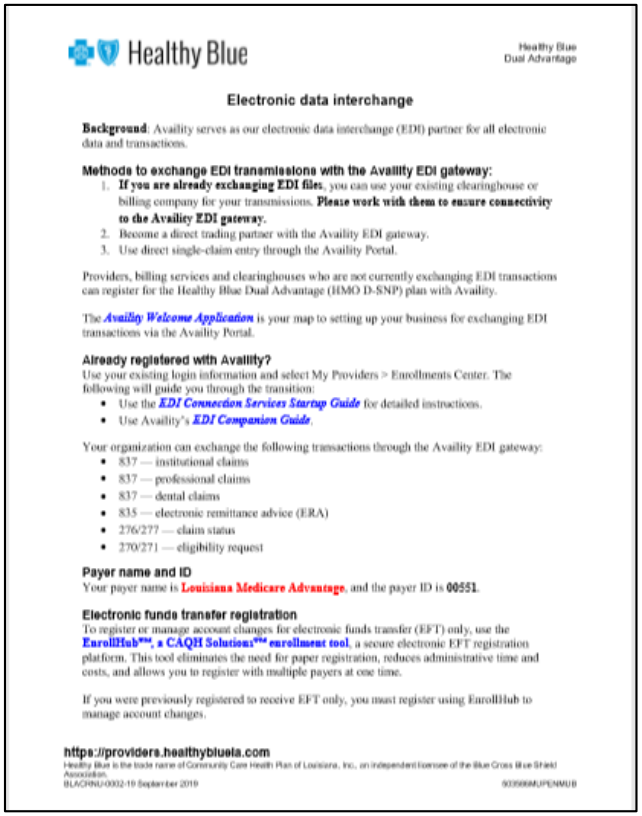
- On the Healthy Blue Dual Advantage provider website
- Electronically through a clearinghouse
  - Your payer name is **Louisiana Medicare Advantage**, and the **payer ID is 00551**
- On paper by mail
  - Healthy Blue
    P.O. Box 61010
    Virginia Beach, VA
    23466-1010

Healthy Blue

Submitting claims (cont.)

- Timely filing for Healthy Blue Dual Advantage is 12 months from date of service.
- **Electronic Data Interchange (EDI)** instructions can be found on www.BCBSLA.com/ilinkblue.com under *Other Sites,* select **Healthy Blue**, then > Healthy Blue Dual Advantage D-SNP > D-SNP News and Announcements > Electronic Data Interchange.

Note: Healthy Blue Dual Advantage claims cannot be submitted through iLinkBlue.



Healthy Blue

Healthy Blue Dual Advantage

Electronic data interchange

Background: Availity serves as our electronic data interchange (EDI) partner for all electronic data and transactions.

Methods to exchange EDI transmissions with the Availity EDI gateway:

1. **If you are already exchanging EDI files**, you can use your existing clearinghouse or billing company for your transmissions. **Please work with them to ensure connectivity to the Availity EDI gateway.**
2. Become a direct trading partner with the Availity EDI gateway.
3. Use direct single-claim entry through the Availity Portal.

Providers, billing services and clearinghouses who are not currently exchanging EDI transactions can register for the Healthy Blue Dual Advantage (HMO D-SNP) plan with Availity.

The ***Availity Welcome Application*** is your map to setting up your business for exchanging EDI transactions via the Availity Portal.

Already registered with Availity?
Use your existing login information and select My Providers > Enrollments Center. The following will guide you through the transition:

- Use the ***EDI Connection Services Startup Guide*** for detailed instructions.
- Use Availity's ***EDI Companion Guide***.

Your organization can exchange the following transactions through the Availity EDI gateway:

- 837 — institutional claims
- 837 — professional claims
- 837 — dental claims
- 835 — electronic remittance advice (ERA)
- 276/277 — claim status
- 270/271 — eligibility request

Payer name and ID
Your payer name is **Louisiana Medicare Advantage**, and the payer ID is **00551**.

Electronic funds transfer registration
To register or manage account changes for electronic funds transfer (EFT) only, use the **EnrollHub℠, a CAQH Solutions℠ enrollment tool**, a secure electronic EFT registration platform. This tool eliminates the need for paper registration, reduces administrative time and costs, and allows you to register with multiple payers at one time.

If you were previously registered to receive EFT only, you must register using EnrollHub to manage account changes.

https://providers.healthybluela.com

Healthy Blue is the trade name of Community Care Health Plan of Louisiana, Inc., an independent licensee of the Blue Cross Blue Shield Association.
BLACHNU-0002-19 September 2019 903566MUPENMUB

Healthy Blue

Claims processing

For members enrolled in Healthy Blue Dual Advantage:

- Claims will be processed under each plan and payment made according to payment rules governing Healthy Louisiana program or your Healthy Blue Dual Advantage contract.
- *Explanation of Payment* (*EOP*) will provide further guidance on next steps or pending payments.
- The member must be actively enrolled in both plans on the date of service.
- Service(s) must be covered under the respective plan.

Healthy Blue

EFT information

If you were previously registered to receive electronic funds transfer (EFT) only, you must register using EnrollHub to manage account changes.

To register or manage account changes for EFT only, use the **EnrollHub™, a CAQH Solutions™ enrollment tool**, a secure electronic EFT registration platform. This tool eliminates the need for paper registration, reduces administrative time and costs, and allows you to register with multiple payers at one time.

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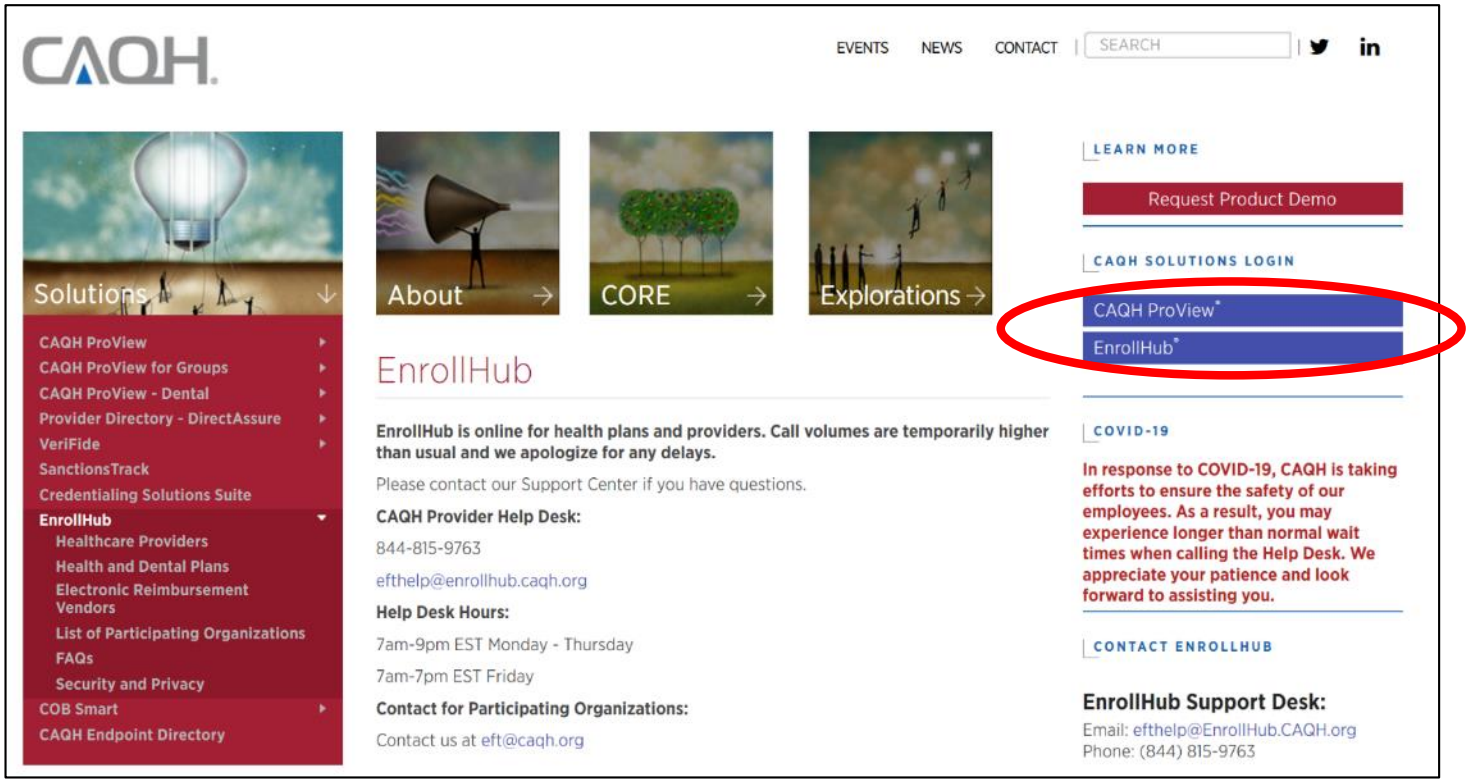
Register for EnrollHub

www.caqh.org/solutions/enrollhub



Healthy Blue

Rejected vs denied claims

Rejected claims do not enter the adjudication system due to missing/incorrect information.

Denied claims go through the adjudication process but are denied for payment.

If you have questions about how your claim was processed, please call our Provider Services representatives at **1-844-209-5406**.

Always request a reference/tracking number before ending your call.

Healthy Blue

Resolving claims issues

Contact Healthy Blue Customer Service at **1-844-209-5406**:

- Request a review for correct processing.
- Be specific and detailed.
- Allow 10 to 15 working days for first request.
- Check current remittance advice to see if claim reprocessed.
  - If not, submit a second request for a review.
- Allow 10 to 15 working days for second request.
- Always remember to get a reference number when speaking to a Customer Service representative.

Healthy Blue

When to contact Provider Relations for claims help

You may email an overview of the issue along with your two reference numbers to provider.relations@bcbsla.com if one of the following applies:

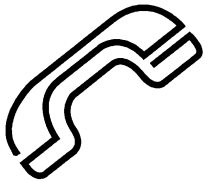
- You have made **at least two attempts** to have your claims reprocessed and have been issued two separate call reference numbers by Provider Services.
- It is a system issue affecting multiple claims.

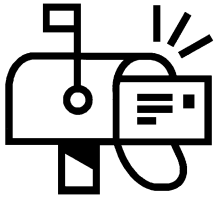
Healthy Blue

Payment disputes

There are several options when filing a claim payment dispute:

- Call **1-844-209-5406** and speak with a Provider Services representative.
- Supporting documentation can be uploaded via the Availity Payment Appeal Tool at https://www.availity.com.
  - You will receive immediate acknowledgement of your web submission.
- Mail a *Claim Payment Appeal Form* or the *Reconsideration Form* to:
  - Provider Payment Disputes
    P.O. Box 61010
    Virginia Beach, VA 23466-1599





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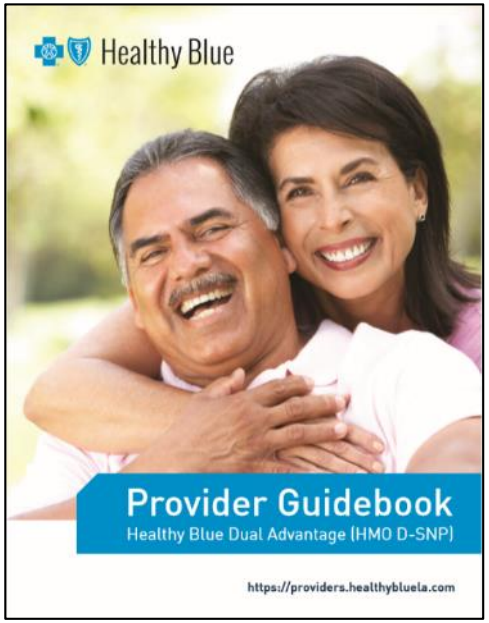
Medical appeals

Separate and distinct appeal processes are in place for our members and providers, depending on the services denied or terminated.

Please refer to the denial letter issued to determine the correct appeals process.



For more information, refer to the *Provider Guidebook* at www.BCBSLA.com/ilinkblue.com under *Other Sites,* select **Healthy Blue**, then > Healthy Blue Dual Advantage D-SNP.

Healthy Blue

Quality

Healthy Blue

HEDIS

What is HEDIS?
It is a performance measurement tool coordinated and administered by the National Committee for Quality Assurance. It produces results used to measure performance, identify quality incentives and aid with provider and member educational programs.

Your role in HEDIS:

- Promote health to our members
- Provide appropriate care to our members
- Document all care in the patient's medical record
- Respond to our requests for member records in a timely manner
- Accurately code all claims

Healthy Blue

HEDIS (cont.)

When does record collection start and end?
Quality staff collect HEDIS data from medical records from February to May.

Data collection methods:
- Fax, mail, on-site and remote electronic medical record system access

Ways to improve scores for HEDIS measures:
- Use correct diagnosis and procedure codes
- Submit claims in a timely manner
- Ensure all components are included in medical record documentation

Healthy Blue

Other performance and health outcome measurements

We have a model of care program in place for members of our Special Needs Plans (SNPs):

- Performance and health outcome measurements are collected, analyzed and reported to ensure the effectiveness of the model of care
- These measurements are used by our Quality Management Program and include the following measures:
  - HEDIS
  - Health Outcomes
  - CMS Part C Reporting Elements
  - Medication therapy measurement
  - Clinical and administrative/service quality improvement projects

Healthy Blue

Other benefits/services

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Essential Extras

- Essential Extras benefits may help members with meals, mobility and more.
- Prior authorization and/or recommendation from a licensed clinician may be required.
- Members may choose Essential Extras benefits at enrollment or throughout the plan year.

www.BCBSLA.com/ilinkblue.com under *Other Sites,* select **Healthy Blue**, then > Healthy Blue Dual Advantage D-SNP > D-SNP Benefits

Healthy Blue

Laboratory services

Notification or prior authorization is not required if lab work is performed in a physician's office or participating hospital outpatient department (if applicable), or is done by one of our preferred lab vendors:

- CPL
- LabCorp
- Quest Diagnostics, Inc.

Healthy Blue

Pharmacy program

Pharmacy benefit management is handled by IngenioRx.* The member ID card has pharmacy contact information on the back.

- Mail order — Send your mail order prescriptions to IngenioRx:
  - IngenioRx Mail Order Pharmacy new prescriptions:
    - Phone: **1-833-203-1742**
    - Fax: **1-800-378-0323**
- Specialty pharmacy — Send your specialty pharmacy prescriptions to the members' specialty pharmacy provider. If member has opted to use IngenioRx Specialty Pharmacy, send your specialty pharmacy prescription to IngenioRx:
  - IngenioRx Specialty Pharmacy:
    - Phone: **1-833-262-1726**
    - Fax: **1-833-263-2871**

Healthy Blue

Contacts

Healthy Blue

Provider Services contacts

Call **1-844-209-5406** for our Healthy Blue Dual Advantage Provider Services. Our representatives are trained and specialized in our D-SNP programs.

Our provider website will also provide you all resources and tools needed under Provider Self Service:

- www.BCBSLA.com/ilinkblue.com under *Other Sites,* select **Healthy Blue**, then > Healthy Blue Dual Advantage D-SNP > D-SNP Provider Self-service

The Provider Manual can also be found on the website:

- www.BCBSLA.com/ilinkblue.com under *Other Sites,* select **Healthy Blue**, then > Healthy Blue Dual Advantage D-SNP > D-SNP Provider Manual

Healthy Blue

Provider Credentialing & Data Management

Provider network setup, credentialing and demographic changes

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If you would like to check the status on your Credentialing Application or Provider Data change or update, please contact the Provider Credentialing & Data Management department by emailing PCDMstatus@bcbsla.com or by calling **1-800-716-2299**.

1-800-716-2299 | option **2** — credentialing
option **3** — provider data management
pcdmstatus@bcbsla.com

Healthy Blue

https://providers.healthybluela.com

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