

Healthy Blue FAQ

Summary of update (effective January 1, 2021): In January 2020, Anthem, Inc. purchased the Missouri Care, Inc. health plan. Our plan will now be called Healthy Blue. Healthy Blue will be proud to serve our Missouri members starting January 1, 2021.

General questions about the January 1, 2021, changes:

1. Is the health plan moving?

No, the local Network Relations staff remains the same and will continue to serve our provider network across the state. Welcome centers are located in St. Joseph, Cape Girardeau and Columbia.

2. Is my provider representative changing?

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

3. Is the number for Provider Services changing?

Yes, starting on January 1, 2021, the new Provider Services phone number is **1-833-405-9086**. 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. Call **Healthy Blue Provider Services** at **1-833-405-9086** 7 a.m. to 8 p.m. Monday to Friday.

4. Do I need to contract with Healthy Blue, and will we get to negotiate a new contract?

No, your existing 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.

5. I have a commercial contract, so does that mean I don't need to do anything?

Your commercial and Medicaid contracts are separate. Your Medicaid contract and participation status 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.

6. Will there be a new provider website?

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

The Healthy Blue public provider website will be available on **January 1, 2021**, at <https://provider.healthybluemo.com>. The Healthy Blue public 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.

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

<https://provider.healthybluemo.com>

Healthy Blue is a Medicaid product offered by Missouri Care, Inc., a MO HealthNet Managed Care health plan contracting with the Missouri Department of Social Services. Healthy Blue is administered statewide by Missouri Care, Inc. and administered in the Kansas City service region by Missouri Care, Inc. in cooperation with Blue Cross and Blue Shield of Kansas City. Missouri Care, Inc. and Blue Cross and Blue Shield of Kansas City are both independent licensees of the Blue Cross and Blue Shield Association.

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7. Will there be a new secure provider portal?

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 at **1-800-AVAILITY (1-800-282-4548)**.

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

Clinical Coverage Policies are the primary guidelines and *Medical Policies* and *Clinical Utilization Management Guidelines* are the secondary guidelines used to determine whether services are considered to be:

- Investigational/experimental.
- Medically necessary.
- Cosmetic or reconstructive.

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 **1-833-405-9086**.

9. 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.healthybluemo.com>. If you would like a hard copy, please contact your Network Relations consultant, and we will be happy to provide one.

10. Will there be changes in how eligibility is verified?

Yes, providers will be able to verify eligibility via Availity, the secure provider portal. Providers will also be able to continue to verify eligibility through the state response system.

11. 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 270/271 electronic data interchange (EDI) transaction through using your EDI software or through your clearinghouse.
- Submitting an eligibility and benefits inquiry through the Availity Portal.
- Go to <https://www.availity.com> Select **Patient Registration** > Eligibility and Benefits. Select **Healthy Blue** from the drop-down box.
- Complete required fields and submit.

12. What are the credentials of the staff in Appeals who are reviewing medical records? What about prior authorization reviewers? Are they clinical?

Prior authorization staff consist of clinical reviewers (nurses).

13. How does Healthy Blue handle transplant cases?

Healthy Blue manages a lot of 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*.

14. 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.

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

Members will be assigned a unique Healthy Blue member ID. The Healthy Blue member ID number is different than their Missouri Care ID number and their Medicaid ID number. The number will be included on the Healthy Blue member ID card.

16. How are interpreter services requested?

For interpreter services listed below for data of service on or after January 1, 2021, contact Healthy Blue Provider Services at **1-833-405-9086 (TTY 711)**:

- Interpreter services for provider services
- Telephonic interpreter services
- In-person interpreter services for care management

Claims

1. How long do we have to submit claims for dates of service prior to January 1, 2021?

The claims runout is in place for 18 months; all claims are required to comply with the timely filing requirements under your 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 before or on December 31, 2020, should be sent to Missouri Care
 - Admission dates on or after January 1, 2021, should be sent to Healthy Blue.
 - Inpatient professional fees with DOS after January 1, 2021 should be sent to Healthy Blue.

3. Claims submission chart:

Type of submission	Submit to
New claims Date of service (DOS) before or on December 31, 2020	Missouri Care
New claims DOS after or on January 1, 2021	Healthy Blue
Adjusted claim Original DOS before or on December 31, 2020, adjusted between January 1, 2021 and June 30, 2022	Missouri Care
Adjusted claim Original DOS on or after January 1, 2021	Healthy Blue
Multi-day facility/inpatient hospital claim Admission date/first DOS before or on December 31, 2020 with stay spanning end of year (EOY) (discharge on or after January 1, 2021)	Missouri Care Multi-day facility/inpatient hospitals stays spanning January 1, 2021 are serviced based on the admission date <ul style="list-style-type: none"> Professional Claims paid based on DOS

4. How do I get assistance after January 1, 2021, for outstanding claims?

Providers should continue to use the existing phone number for services rendered before January 1, 2021.

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

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

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

Yes, we use 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*.

7. What is required when submitting claims?

Paper and electronic claims must include the submitting provider's state-certified National Provider ID (NPI) and ZIP code (plus four digits) registered with the state for billing provider or the service facility submitted.

8. 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 with your existing member ID via the same way you submit them today.

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

Continue to submit disputes for dates of service prior to January 1, 2021, the way you currently submit them. Dispute claims with dates of service on or after January 1, 2021, can be submitted verbally or written within 365 days from the date of the *Explanation of Payment (EOP)*.

Complete the *Claim Payment Appeal Submissions Form* located on our website at <https://provider.healthybluemo.com> and note the following submission methods:

- **Verbal (reconsideration only):** Verbal submissions may be submitted by calling Provider Services at **1-833-405-9086**.
- **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.

10. What are the advantages to submitting claims electronically?

Here are the advantages:

- Electronic claims are not subject to postal delays.
- Claims can be transmitted 24/7.
- Electronic claims are faster and more accurate.
- Electronic claims are acknowledged through notification and error reports delivered to your electronic mailbox.
- Electronic remittance advices (ERAs) are offered to all electronic submitters. ERAs result in cost savings and allow you to post payments automatically.

11. Will Healthy Blue follow the new 2021 CMS guidelines for coding and billing (for example, ER visits)?

Yes, Healthy Blue will follow the new 2021 CMS guidelines.

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

Yes, medical records are accepted through EDI and Availity.

Electronic data interchange (EDI)

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 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 Availity at <https://www.availity.com>.

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.

3. The payer name is **Healthy Blue Missouri, and the **Payer ID is 00541**. How do you enroll for electronic funds transfer (EFT)?**

- Previous payment preferences will not be carried over for services rendered on or after January 1, 2021. You will need to register with Council for Affordable Quality Healthcare, Inc. (CAQH) and enroll with the Payer name that includes Healthy Blue to continue to receive EFT payments.
- Services rendered before January 1, 2021, will continue to be paid via your current payment preferences.
- Providers who are currently receiving funds via a virtual card from another payer may also receive virtual card payments from Healthy Blue if they are not enrolled for EFT. For your convenience, we always recommend you register for EFT at the Tax Identification Number (TIN) level. Enrolling at the TIN level reduces administrative burden, as any new providers added to your practice or organization will automatically be set up under your existing EFT enrollment.
- To reduce the administrative effort and costs associated with daily payment processing and reconciliation, Healthy Blue will process most claims in two cycles per week.
- Payments will look different — EFT will be sent with a Company name of **HealthyBlue MO5C**, and checks will be issued from a different bank account with a new look.

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

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 (TOC) period? If so, how long, and what does that TOC period look like?

Yes, TOC is 90 days and continuity of care 60 days.

2. Will Healthy Blue honor Missouri Care prior authorizations for dates of service after January 1, 2021?

Yes, PA prior to January 1, 2021 will be honored.

3. What if I need to request a PA and/or continued stay review before January 1, 2021?

Contact Missouri Care.

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 <https://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. Then select **Precertification Lookup Tool** from the *Precertification* left-hand navigation. You can also refer to the *Healthy Blue Provider Manual*.

5. How do I request a PA for services on or after January 1, 2021?

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 (ICR)**. Log in to <https://www.availity.com>. 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, 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.
 - The PA fax number is **1-800-964-3627**.
 - Submit urgent requests via ICR or by calling Healthy Blue Provider Services at **1-833-405-9086**.

Inpatient admissions:

- Availity: <https://www.availity.com>
- Healthy Blue Provider Services: **1-833-405-9086**
 - Non-behavioral health fax: **1-800-964-3627**
 - Behavioral health inpatient fax: **1-844-462-0025**
 - Behavioral health outpatient fax: **1-844-462-0026**
- AIM Specialty Health® (AIM)* manages PA 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 31, 2020**. 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 to register.
 - **By phone:** Call AIM Specialty Health toll free at **1-855-574-6479** Monday through Friday 7 a.m. to 7 p.m.

Behavioral health

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

Behavioral health benefits will be provided by Healthy Blue as part of the integrated care for behavioral health and physical health.

2. How are the changes going to affect behavioral health providers?

Some of the current referral forms have consolidated into one document; there is no need for multiple forms for services.

The quickest, most efficient way to request prior authorization is via the secure provider website at <https://www.availity.com>. Through the secure provider website, you can access the Interactive Care Reviewer (ICR), which offers a streamlined and efficient experience for providers requesting inpatient and outpatient behavioral health services for Healthy Blue members. Providers can also use this tool to inquire about previously submitted requests, regardless of how they were submitted (phone, fax, ICR or other online tool).

- **Initiate preauthorization requests online**, eliminating the need to fax. ICR allows detailed text, photo images and attachments to be submitted along with your request.
- **Review** requests previously submitted via phone, fax, ICR or other online tool.
- **Instant accessibility** from almost anywhere, including after business hours.
- **Utilize the dashboard** to provide a complete view of all utilization management requests with real-time status updates.
- **Real-time results** for some common procedures.

- **Access the ICR** under *Authorizations and Referrals* via the Availity Portal.
- **Enhanced analytics** that can provide immediate authorizations for certain higher levels of care.
- **Increased efficiency** so that use of fax is no longer needed.

3. Will there be changes to the visit limitations for individual and family therapy?

No, for details, refer to the provider manual or Precertification Lookup Tool — for PA requirements that are available on both the provider website (<https://provider.healthybluemo.com>) and via the secure Availity Portal (<https://www.availity.com>).

Credentialing

1. 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 re-contracting.

2. 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.

3. How does credentialing change when adding a new provider?

Once the CAQH application has been attested to and Healthy Blue has been given access, Healthy Blue's Credentialing team will conduct primary source verification as appropriate and prepare the provider's file for review by the Credentials Committee.

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: **1-833-405-9086**.