



MO HealthNet Managed Care  
(Medicaid)



Healthy Blue

# Provider orientation

# Agenda

- About us
- Who we serve
- Joining our network
- Claims tools and resources
- Health services
- Quality
- Resources
- Network Relations







# About us

# History

- Healthy Blue, formally Missouri Care, Inc., has been a MO HealthNet managed care health plan since 1998.
- In January 2020, Anthem, Inc. purchased the Missouri Care, Inc. health plan.
- Our plan is now called Healthy Blue.

**Healthy Blue is proud to continue to serve our Missouri members.**





# History (cont.)



**We are proud to serve members statewide. Our mission is to provide access to quality healthcare for the members we serve.**

Healthy Blue has three regional offices. They are located in:

- St. Louis
- Columbia
- Springfield

In addition, Healthy Blue has three welcome centers. They are located in:

- St. Joseph
- Cape Girardeau
- Columbia



# Purpose, vision, and values



## Our mission

Improving lives  
and communities.  
Simplifying healthcare.  
Expecting more.



## Our vision

To be the most  
innovative, valuable,  
and inclusive partner.



## Our values

Leadership  
Community  
Integrity  
Agility  
Diversity

A background photograph showing a female doctor with short brown hair and glasses, wearing a white lab coat and a stethoscope, smiling warmly at a patient. The patient, seen from the back, has short curly brown hair and is wearing a white hospital gown. They are in a brightly lit room with large windows in the background. A semi-transparent blue banner with a diagonal cut on the right side is overlaid across the middle of the image.

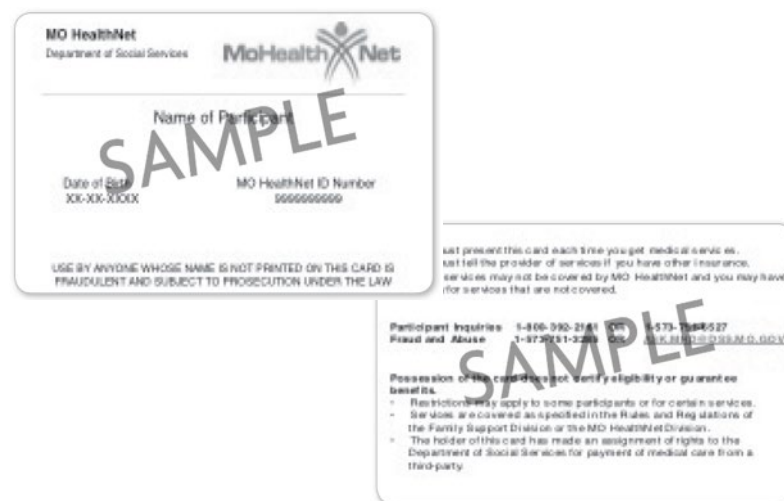
## Who we serve

# About MO HealthNet

The first ID card example is the Missouri Medicaid ID card, issued to eligible Missouri Medicaid recipients.




This second ID card example is the MO HealthNet ID card, issued to Missouri Medicaid recipients who are eligible for MO HealthNet managed care.






# Healthy Blue card image



## Healthy Blue

Member ID #:	PCP Name:
DCN#:	Telephone #:
Effective Date:	
Date of Birth:	



## Healthy Blue

**Members:** Please carry this card at all times. Show this card before you get medical care (except emergencies). In an emergency, go to the nearest emergency room even if it is not in Healthy Blue network or call 911. To file an appeal or grievance, call Member Services.

**Providers/Hospitals:** For preapproval/billing information, call 833-405-9086. For emergency admissions, notify Healthy Blue within 24 hours after treatment.

Payer ID:

**Submit medical claims to:**  
Healthy Blue  
P.O. Box 61010  
Virginia Beach, VA 23466-1010  
MOM1 01/21

**Important Contact Information:**  
[healthybluemo.com](http://healthybluemo.com)

<b>Member Services:</b>	<b>833-388-1407</b>
Filing a Grievance:	833-388-1407
TTY:	711
24-Hour Nurse Help Line:	833-388-1407
24/7 Behavioral Health Crisis:	833-405-9088
Rides to covered services:	888-597-1193
Dental Services:	888-696-9533
Vision Services:	844-616-2724
Pharmacy Services:	800-392-2161
Care Management:	833-388-1407

Use of this card by any person other than the member is fraud. To report suspected fraud and abuse issues, call 833-388-1407.

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 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.



# Enrollment

Enrollment is managed by the state and updated in our system daily. Once determined eligible to participate in the MO HealthNet program, members may choose Healthy Blue as their healthcare plan.

Once enrolled, MO HealthNet managed care-eligible members must choose a PCP or one will be assigned by their designated health plan. Members have two identification numbers. They have a DCN number, assigned by MO HealthNet, and a subscriber ID number, assigned by Healthy Blue. Both of these numbers are listed on the member's ID card.





# Eligibility verification

**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://availity.com>. Select **Patient Registration > Eligibility and Benefits** Select **Healthy Blue** from the drop-down box.
  - Complete required fields and submit.

You will continue to be able to verify member eligibility information through the state. Eligibility can be verified by calling MO HealthNet's Interactive Voice Response unit at **573-635-8908** or through MO HealthNet's online system, eMOMed, available at [emomed.com](https://emomed.com).



# Eligibility verification (cont.)

- As a contracted Healthy Blue provider, you can see any Healthy Blue member, even if you are not the PCP of record. Healthy Blue will accept claims billed with either the member ID number or the MO HealthNet DCN.
- Please note: A member's eligibility status can change at any time. Therefore, providers are encouraged to check eligibility on the date of service (DOS), and to request a copy of the member's ID card, along with additional proof of ID, such as photo identification, and file these in the patient's medical record.
- Providers should access Healthy Blue's secure provider website at <https://availability.com> to obtain the member's current assigned PCP.



# eMOMed

- Below is a screen capture of a member's eligibility information on MO HealthNet's website, eMOMed.
- Insurance Type MC* indicates the member is enrolled in a managed care plan.
- The *Lockin Information* indicates which managed care health plan the member is enrolled in.
- Eligibility may change daily.
- As a result, it is important to check eligibility on the date of service.

Participant Information			Participant Name			Participant Date of Birth		
Participant DCN			Participant SSN			Participant Date of Death		
Participant Address								
Eligibility / Benefit Information 1 of 6								
Eligibility / Benefit Code	Service Type	Plan Code	Time Period Qualifier	Monetary Amt	Insurance Type	Medicare Nbr	Date Qualifier	From Date Thru Date
B - Co-Payment	30 - Health Benefit Plan Coverage	60	7 - Day	\$0.00	MC - MO HealthNet	291		08/01/2016 12/31/2016
Eligibility / Benefit Information 2 of 6								
Eligibility / Benefit Code	Service Type	Plan Code	Time Period Qualifier	Monetary Amt	Insurance Type	Medicare Nbr	Date Qualifier	From Date Thru Date
1 - Active Coverage	30 - Health Benefit Plan Coverage	60	7 - Day		MC - MO HealthNet	291		08/01/2016 12/31/2016
Eligibility / Benefit Information 3 of 6								
Eligibility / Benefit Code	Service Type	Plan Code	Time Period Qualifier	Monetary Amt	Insurance Type	Medicare Nbr	Date Qualifier	From Date Thru Date
1 - Active Coverage	1 - Medical Care 35 - Dental Care 47 - Hospital 48 - Hospital - Inpatient 50 - Hospital - Outpatient 86 - Emergency Services 88 - Pharmacy 99 - Professional (Physician) Visit - Office AL - Vision (Optometry) MH - Mental Health UC - Urgent Care	60	7 - Day		MC - MO HealthNet	291		08/01/2016 12/31/2016
Eligibility / Benefit Information 4 of 6								
Eligibility / Benefit Code	Service Type	Plan Code	Time Period Qualifier	Monetary Amt	Insurance Type	Medicare Nbr	Date Qualifier	From Date Thru Date
I - Non-Covered	33 - Chiropractic	60	7 - Day		MC - MO HealthNet	291		08/01/2016 12/31/2016
Eligibility / Benefit Information 5 of 6								
Eligibility / Benefit Code	Service Type	Plan Code	Time Period Qualifier	Monetary Amt	Insurance Type	Medicare Nbr	Date Qualifier	From Date Thru Date
R - Other or Additional Payor					HM - Health Maintenance Organization (HMO)	291		08/01/2016 12/31/2016
Lockin Information								
Name					Office Phone	Hotline Number (800)322-6027		

# Children's Mercy Pediatric Care Network (CMPCN)

**CMPCN is an integrated pediatric network operated by the Children's Mercy Hospital System.**



- CMPCN provides delegated medical management services, including: case management, utilization management and disease management for select Healthy Blue members in the following counties: Bates, Cass, Cedar, Clay, Henry, Jackson, Johnson, Lafayette, Platte, Polk, Ray, St. Clair and Vernon.
- Healthy Blue members who are part of this network can be identified by the CMPCN logo on their ID card.

A sample of a Healthy Blue ID card. The card is white with a blue header containing the Healthy Blue logo and the Children's Mercy Pediatric Care Network logo. The card contains fields for Member ID #, DCN#, PCP Name, and Telephone #. It also includes a section for Effective Date and Date of Birth. A large, semi-transparent "SAMPLE" watermark is overlaid on the card. The bottom section of the card contains important contact information, including a list of services and their corresponding phone numbers, and a disclaimer about the use of the card.

**Healthy Blue**

Member ID #: \_\_\_\_\_ PCP Name: \_\_\_\_\_  
DCN#: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Effective Date: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

**Healthy Blue**

**Members:** Please carry this card at all times. Show this card before you get medical care (except emergencies). In an emergency, go to the nearest emergency room even if it is not in Healthy Blue network or call 911. To file an appeal or grievance, call Member Services.

**Providers/Hospitals:** For preapproval/billing information, call 877-347-9367. For emergency admissions, notify Healthy Blue within 24 hours after treatment.

Payer ID: \_\_\_\_\_

**Submit medical claims to:**  
Healthy Blue  
P.O. Box 61010  
Virginia Beach, VA 23466-1010  
NCPM 01/21

**Important Contact Information:**  
[healthybluememo.com](http://healthybluememo.com)  
Member Services: **833-388-1407**  
Filing a Grievance: **833-388-1407**  
TTY: **711**  
24-Hour Nurse Help Line: **855-670-2642**  
24/7 Behavioral Health Crisis: **833-405-9088**  
Rides to covered services: **888-557-1193**  
Dental Services: **888-556-9533**  
Vision Services: **844-616-2724**  
Pharmacy Services: **800-392-2161**  
Care Management: **877-347-9367**

Use of this card by any person other than the member is fraud. To report suspected fraud and abuse issues, call 833-388-1407.

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 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.





# CMPCN (cont.)

- CMPCN manages and issues prior authorization requests for these members.
- The authorization approvals are shared by CMPCN with Healthy Blue. Healthy Blue will process the claims for these members.
- A Healthy Blue member is still free to choose any contracted provider to receive services.
- If an authorization is necessary, or you have a referral for case management, you will contact CMPCN instead of Healthy Blue.
- All behavioral health (BH) management services will continue to be managed by Healthy Blue.

Whom to contact for:	Healthy Blue or CMPCN?
Prior authorization request for Healthy Blue	CMPCN
BH case management and utilization management	Healthy Blue
Filing a claim	Healthy Blue
Eligibility verification	eMOMed (MO HealthNet)
Filing an appeal or grievance	Healthy Blue



# CMPCN authorization requests and claims submission information

## Prior authorization (PA) requests

Please check the CMPCN website at <http://cmpcn.org> to determine if a service requires authorization, and for related PA forms and the PA quick guide.

PA requests for Healthy Blue or CMPCN members should be directed to CMPCN at the phone numbers below.

- PA phone number: **877-347-9367**
- PA fax number: **888-670-7260**
- Clinical Services phone number: **888-670-7262**

## Claims submission

Claims for CMPCN members are submitted to Healthy Blue for processing.

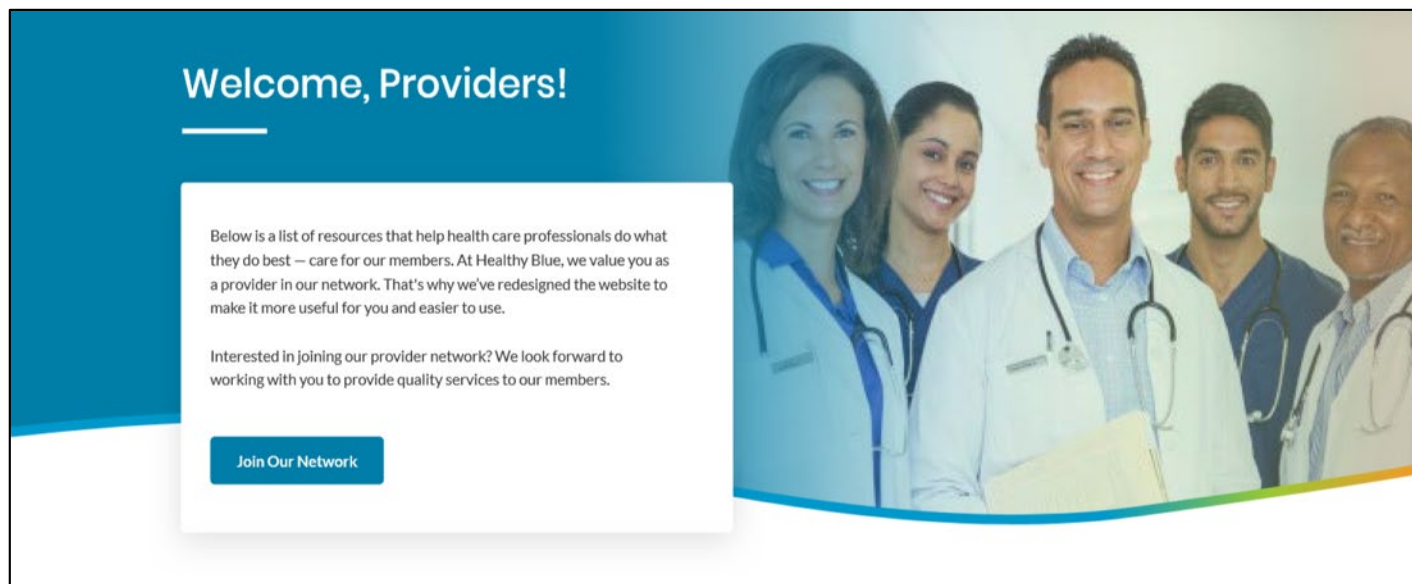
A full-page background image of a male doctor with a beard and a purple stethoscope, smiling and gesturing with his hands while talking to a patient. A blue semi-transparent banner is overlaid on the left side of the image.

## Joining our network



# Join the network

If you are interested in joining the network, visit <https://provider.healthybluemo.com> and select **Join Our Network**.





# Adding a new provider to an existing nondelegated contract only

Below is the information we need if your nondelegated office has a new provider(s) who is interested in joining our provider network under your active contract and new nondelegated providers and facilities needing credentialing.

- Completed Provider Profile Sheet
- Full review of the provider checklist
- Both forms can be located here <https://provider.healthybluemo.com/missouri-provider/resources/forms>

Please email this information to our Network Management team at [MO MedicaidNetworkManagement@healthybluemo.com](mailto:MO MedicaidNetworkManagement@healthybluemo.com).

For new noncredentialed providers (pathologist, anesthesiologist, radiologist, and emergency room doctors; hospitalists, etc.) being added to an existing agreement, send your profile sheet here: [MOproviderdata@anthem.com](mailto:MOproviderdata@anthem.com).



# Credentialing process

- Healthy Blue follows the specific credentialing process set forth by the National Committee for Quality Assurance.
- Once the Council for Affordable Quality Healthcare, Inc. (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.
- Clean credentialing files are reviewed daily by our medical director and approved accordingly. We are contractually obligated to complete processing of all clean credentialing applications within 60 days.
- Chaired by our medical director, the Credentials Committee meets monthly to review files based on the credentialing criteria.
- Healthy Blue recredentials every three years, and providers are asked to keep their CAQH applications current and available.



# Adds, updates, and terms to an existing delegated contract only

Below is the information we need if your delegated office has a new provider(s) who is interested in joining our provider network under your active contract:

- Completed delegated roster that includes the following required tabs only:
  - New providers
  - Termed providers
  - Provider updates/changes

Sample template:

New Provider Template	Update Provider Template	Termination Provider Template	

- Clear subject line (example, Smith Health Care-May 2021 provider updates)

Note: Full roster submissions for roster reconciliations will not be reviewed.

Please email this information to our ADPO team at [MOproviderdata@anthem.com] and you will be assigned a case number upon submission from no-reply-apdo@anthem.com



# Provider changes for delegated and non delegated providers

- To keep provider information current, Healthy Blue relies on the provider network to advise us of demographic changes.
- To ensure our members and care management staff have up-to-date information, please provide us with 90 days' notice of changes by submitting a written notification via email to our Provider Operations team at [MOproviderdata@anthem.com](mailto:MOproviderdata@anthem.com) or calling Provider Services at **833-405-9086**.
- Demographic change examples:
  - Group name or affiliation
  - Telephone or fax number
  - Panel status
  - Tax identification number
  - Physical or billing address
  - Age limitation
  - 1099 mailing address
  - New NPI number
  - Office hours
  - Terminations
  - Hospital affiliations
  - Languages spoken



# Provider roles and responsibilities

# Appointment availability

- The state of Missouri requires us to ensure our provider network's member appointment wait times do not exceed the standards outlined in the provider contract and handbook.
- In order to assess appointment timeliness, Healthy Blue conducts quarterly phone audits. We make these calls to assess your compliance level to the requirements outlined on the following slide.





# Appointment availability (cont.)

Service	Time frame requirement for appointment
Medical — urgent care	Within 24 hours
Medical — routine care with symptoms	Within 1 week or 5 business days, whichever is earlier
Medical — routine care	Within 30 calendar days
Medical — follow-up to hospital discharge	Within 7 calendar days from the discharge date
BH — routine care	Within 10 business days
BH — routine care with symptoms	Within 1 week or 5 business days, whichever is earlier
BH — urgent care	Within 24 hours
BH — non-life-threatening emergency care	Within 6 hours
BH — follow-up to hospital discharge	Within 7 calendar days from the discharge date
Maternity care — 1st trimester	Within 7 calendar days
Maternity care — 2nd trimester	Within 7 calendar days
Maternity care — 3rd trimester	Within 3 calendar days
Maternity care — High-risk pregnancy initial visit	Within 3 calendar days or immediately if emergency exists



# Appointment availability (cont.)

## After-hours availability

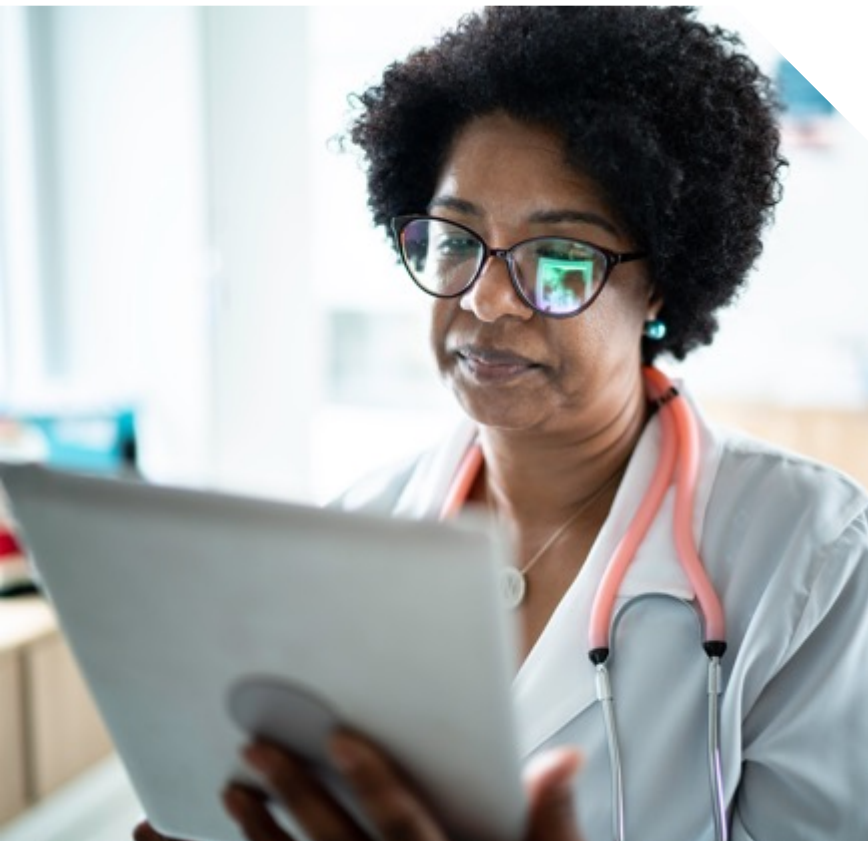
PCPs must provide or arrange for coverage of services, consultations or approval for referrals 24/7.

To ensure accessibility and availability, PCPs must provide one of the following:

- Answering service or system that will page physician
- Advice nurse with access to physician
- Answering system with option to page physician
- Answering service that will page the provider after a message is left
- Answering service or system that provides number to access physician



# Appointment availability fails



## What if a requirement isn't met?

- If the requirement is not met during the survey call, the provider will receive a letter advising of the requirement(s) not met.
- It is up to the provider's office to educate their staff and ensure that the requirements are being met.
- A future follow-up call will be made to determine if the provider's office will meet all requirements.



# Advance directive

**We adhere to the *Patient Self-Determination Act* and recognize and support the following advance directives:**

- Durable power of attorney
- Living will

A durable power of attorney lets a member name a patient advocate to act on his or her behalf. A living will lets a member state his or her wishes on medical treatment in writing. We encourage members ages 18 and older to ask you for an advance directive form and education at their first appointment.

Please document their forms in your medical records. We understand a facility or physician may conscientiously object to an advance directive. However, we also recognize the member's right to determine his or her own care. Please note, a Healthy Blue associate cannot act as a witness to an advance directive, nor serve as a member's advocate or representative.



# Cultural competency

**We are committed to fostering cultural competency within our company and provider networks.**

**Cultural competency can enable you to:**

- Acknowledge the importance of culture and linguistic differences.
- Recognize the cultural factors that shape personal and professional behavior.
- Enhance support of diverse patients by incorporating cultural insights into practice where appropriate.
- Strive to expand cultural knowledge.

**Cultural barriers between provider and patient can:**

- Impact the patient's level of comfort and fear of what you might find upon examination.
- Result in differences in understanding of our healthcare system.
- Cause a fear of rejection of the patient's personal health beliefs.
- Impact your patient's expectation of you and of i



# Cultural competency program



Please use an interpreter, when necessary, to ensure your patient understands all of 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 **833-405-9086 (TTY 711)** for:

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



# Provider cultural competency resources

**Patient panels are growing more diverse and needs are becoming more complex; more support may be necessary to help address these needs.**

Healthy Blue offers support by ensuring resources are available to providers on the provider website. Resources include:

**Cultural Competency Training** (cultural competency and patient engagement), which includes but is not limited to:

- The impact of culture and cultural competency on healthcare.
- A cultural competency continuum that can help providers assess their level of cultural competency.
- Disability sensitivity and awareness.





# Provider cultural competency resources (cont.)

**Caring for Diverse Populations Toolkit**, which includes but is not limited to:

- Comprehensive information, tools, and resources to support enhanced care for diverse patients and mitigate barriers.
- Materials that can be printed and made available for patients in provider offices.
- Regulations and standards for cultural and linguistic services.

## **My Diverse Patients**

- Online resource offering comprehensive information to increase awareness of the needs of diverse patients, disparities that are present, and ways to enhance care and address those gaps.
- Includes courses offering **free** continuing medical education credit through American Academy of Family Physicians.
- Site access is free; no account or login required; site is accessible from any device (desktop computer, laptop, phone, tablet). These resources are available at state-specific provider portal and pathway to resources.

A photograph of a woman with long blonde hair, smiling and driving a car. A young child is visible in the back seat. The scene is bathed in warm, golden light from the sun, creating a bright, happy atmosphere. A blue diagonal overlay covers the lower-left portion of the image, containing the text.

## Claims, tools, and resources



# Public provider website



## Welcome to the Healthy Blue Provider Website

We combine national expertise with an experienced local staff to operate community-based health care plans.

Healthy Blue is dedicated to offering real solutions that improve health care access and quality for our members. We are here to help you provide quality health care to our members.

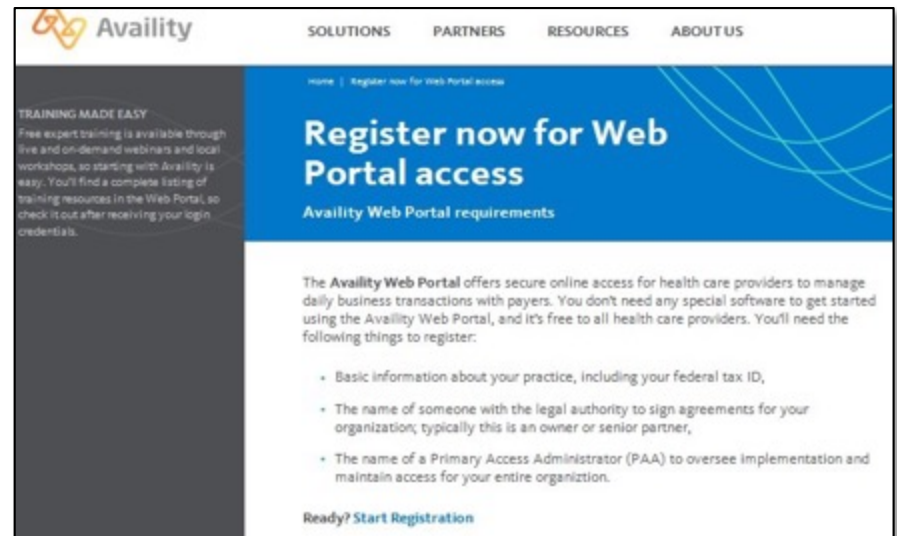
On this site, you will find resources that help health care professionals do what they do best — care for our members.



# Availity Portal

Availity will be your exclusive, secure multipayer portal to access many HealthyBlue online tools and resources at <https://availability.com>.

- Your organization must be registered on the Availity Portal, and you need a unique ID and password.
- To begin registration, visit <https://availability.com> and select **Register**.
- Training is available on Availity:
  - Visit <https://availability.com> > **Help & Training > Get Trained**.







# Healthy Blue provider website and Availity Portal comparison

## Available through the Healthy Blue provider website:

<https://provider.healthybluemo.com>

- 24/7 access to all providers, regardless of participation status
- Open access without registration
- Claims forms
- Precertification Look-Up Tool — PA Requirements Look-Up Tool
- Provider manual
- *Clinical Practice Guidelines*
- News and announcements
- Provider directory
- Fraud, waste, and abuse resources
- *Preferred Drug List*
- *Medical Policies*

## Available through the Availity Portal:

<https://availity.com>

- Registration/login required for access
- Precertification Look-Up Tool — PA Requirements Look-Up Tool
- Patient360 (provider facing)
- Multiple eligibility and benefits inquiry
- Provider Online Reporting
- PCP member panel listings
- ICR – medical PA requests, notification of pregnancy and birth
- Pharmacy authorizations and benefits
- Claims dispute submission
- Claims dispute inquiry
- Medical appeal PA submission
- *Availity EDI Guide*
- *Maternity Attestation*
- Remittance inquiry



# Provider Online Reporting registration

The provider organization's **Availity** administrator is responsible for registering the tax IDs and users for **Provider Online Reporting**.

The administrator will take the following steps to register:

- From the Availity homepage, select **Payer Spaces** from the top navigation bar.
- Select the health plan.
- From the *Payer Spaces* homepage, select **Application**, then select **Provider Online Reporting**.
- Select **Register/Maintain Organization** to register your organization's tax ID to the applicable program. Select **Register Tax ID** to register for the eligible program (member reports or panel listings).
- Select **Maintain User/Register User** to grant access to users.
- Complete all fields on the *Register User* page. Select **ADD TO PREVIEW** and **Save**.



# Timely filing and coordination of benefits information

## Healthy Blue as the primary payer.

- First submission timely filing is defined by your contract.

## Healthy Blue as the secondary payer.

- Within 365 days from date of service for first submission or resubmission
- Within 90 days from the date of the primary *EOB* if that is longer than 365 days from date of service

## Corrected claims

- Within 365 days from the date of service.

## Coordination of benefits

- Healthy Blue is always the final payer. If our member has primary insurance, please file the claim with the primary insurance carrier first, then submit a claim with the primary carrier's remittance advice to Healthy Blue for processing. We will coordinate benefits from the primary insurance carrier's *EOB*.
- Healthy Blue will reimburse the difference between what the primary insurance pays and the allowable if there is a remaining balance.
- The member cannot be balance billed for the difference or the contractual write-off amounts.



# Claims submission information

- Healthy Blue encourages the submission of claims electronically through the electronic data interchange (EDI), either by using a clearinghouse, billing company or sending directly. Availity serves as our gateway for all EDI transactions.
- Providers can also register with Availity at <https://availity.com> to become a direct submitter.
- To initiate the electronic claims submission process or obtain additional information, contact Availity Client Services at **800-AVAILITY (800-282-4548)**. If you have a relationship with a clearinghouse, please work with them to ensure connectivity with Availity.

# Claims submission information (cont.)

## Availability:

- <https://availability.com>

## EDI submissions:

- Healthy Blue Payer ID number — 00541

## Paper:

- Healthy Blue  
Claims  
P.O. Box 61010  
Virginia Beach, VA 23466-1010







# Claim status inquiries

You can obtain claim status information through the Availity Portal or by calling Healthy Blue Provider Services.

To access the information on the Availity Portal, perform a claim status inquiry:

- At the top of Availity Portal, select **Claims & Payments | Claim Status and Remittance Viewer**. On the *Claim Status & Remittance Viewer* page, select **Claim Status**. In the *Organization* field, select the organization and in the *Payer* field, select **Healthy Blue**.
- You must be assigned the claim status role to access the claim status application.
- Tip: Start from an eligibility and benefits response (patient card) and select the **Go To** button located in the top right-hand corner of the inquiry, then select **Check Claim Status**.
- For more claims training, select **Help & Training**, then **Get Trained** and search for *Claim Status Inquiry — Training Demo*.



# Rejected versus denied claims

**There are two types of notices you may get in response to your claim submission: rejected or denied.**

## Rejected claims

do not enter the adjudication system because they have missing or incorrect information.

## Denied claims

go through the adjudication process but are denied for payment.

You can find claims status information on the Availity Portal at <https://availity.com> or by calling Healthy Blue Provider Services at **833-405-9086** Monday through Friday, from 7 a.m. to 8 p.m. CT.

- If you need to appeal a claim decision, submit a copy of the *Explanation of Payment (EOP)*, letter of explanation and supporting documentation.
- If your claim is administratively denied, you may file an appeal. As part of the appeal, you must demonstrate that you notified the established time frame and that the service



# Corrected claims

A corrected claim is a claim that has already been processed, whether paid or denied, and is resubmitted with additional charges, different procedure or diagnosis codes, or any information that would change the way the claim originally processed.

## **When to submit a corrected claim:**

- Original claim was filed with an incorrect procedure code or diagnosis code, etc.
- Original claim was filed with an incorrect billed charge amount
- Original claim filed with incorrect units
- Original claim filed with the incorrect primary insurance payment information
- Original claim was filed in error
- Original claim was filed under an incorrect patient
- A duplicate claim was billed in error for the same services
- Original claim filed as primary instead of secondary



# Provider claim payment disputes

The simplest way to define a claim payment dispute is: a claim has been finalized, but you disagree with the outcome. If a provider disagrees with the outcome of a claim, you may begin the claim payment dispute process. We must receive your dispute within 365 calendar days from the date of the *EOP*.

The claim payment dispute process consists of two steps. Providers will not be penalized for filing a claim payment dispute, and no action is required by the member.

- **Claim payment reconsideration:** This is the first step in the claim payment dispute process. The reconsideration represents the initial request for an investigation into the outcome of the claim. Most issues are resolved at the claim payment reconsideration step.
- **Claim payment appeal:** This is the second step in the claim payment dispute process. If a provider disagrees with the outcome of the reconsideration, the provider may request an additional review as a claim payment appeal.



# Provider claim payment disputes (cont.)

## **Claim payment disputes do not include:**

- Medical necessity/authorization denials: A claim may deny for a denied authorization, not medically necessary or something similar. In these instances, the claim payment was denied due to a denial of the authorization/service. These should be managed through the grievance and appeals process.
- No authorization denials: When a service requires an authorization, but authorization was not requested, a claim will deny for no authorization. If you would like to have the service considered, submit the medical record for review through the correspondence process.





# How to submit a provider dispute

There are several options for filing a dispute:

## Online:

Use the secure  
Provider Availity Payment  
Dispute Tool at  
<https://availity.com>.

Through Availity, you can  
upload supporting  
documentation and will  
receive immediate  
acknowledgement of your  
submission.

## Verbally

(reconsiderations only):

Call Healthy Blue  
Provider Services at  
**833-405-9086**  
Monday through Friday  
from 7 a.m. to 8 p.m. CT.

## Written

(reconsiderations and  
claim payment appeals):

The reconsideration form  
is located at <https://provider.healthybluemo.com>.

Mail all required  
documentation to:  
Payment Dispute Unit  
P.O. Box 61599  
Virginia Beach, VA 23466-1599



# Grievances and appeals

## **Grievance:**

A grievance is your expressed dissatisfaction about any matter **except** a payment dispute or a proposed adverse medical action. A grievance can be submitted either by a member or a physician, hospital, facility, or other healthcare professional licensed to provide healthcare services.

## **Medical appeals:**

There are separate and distinct appeal processes for our members and providers that depend on the services denied or terminated. Refer to the denial letter issued to determine the correct appeals process.

**For grievances and appeals,** contact Healthy Blue Provider Services at **833-405-9086** Monday through Friday from 7 a.m. to 8 p.m. CT.



# Claims overpayment recovery and refund process

- Healthy Blue seeks recovery of all excess claims payments from the person or entity to whom the benefit check was made payable.
- When an overpayment is discovered, Healthy Blue initiates the overpayment recovery process by sending written notification.
- If you are notified of an overpayment or discover that you have been overpaid, mail the refund check along with a copy of the notification or other supporting documentation to the following address:

Healthy Blue  
P.O. Box 61010  
Virginia Beach, VA 23466



# Encounter data

Services provided to Healthy Blue members by our providers are required to be reported to state and federal entities as encounters. Encounters are used by government entities for quality assessments and rate calculations.

**The Missouri Health Department collects and uses encounter data for many purposes, such as:**

- Federal reporting.
- Rate setting.
- Risk adjustment.
- Payment indication of delivery and NICU.
- Services verification.
- Managed care quality improvement activities.
- Utilization patterns.
- Access to care.
- Hospital rate setting.
- Research studies.



# Electronic funds transfer (EFT)

You will need to register and enroll with the CAQH® Solutions EnrollHub™ tool at <https://caqh.org/solutions/enrollhub> and select the payer name that includes **HealthyBlue**.

- For registration-related questions, contact EnrollHub Help Desk at **844-815-9763** Monday through Thursday from 6 a.m. to 8 p.m. CT and Friday from 6 a.m. to 6 p.m. CT or email [efthelp@EnrollHub.CAQH.org](mailto:efthelp@EnrollHub.CAQH.org).
- You can also refer to <https://solutions.caqh.org/bpas/Common/HelpGettingStarted.pdf>.
- For EFT decline questions, please contact Healthy Blue Provider Services at **833-405-9086** or your Provider Relations representative, Monday through Friday from 7 a.m. to 8 p.m. CT.
- Even if you are registered with CAQH and enrolled with another payer, you will need to enroll in the payer name that includes Healthy Blue to receive payments via EFT for services rendered.
- If you do not enroll in CAQH EnrollHub, you will virtual card for services rendered.





# Electronic remittance advice (ERA)

**For even more convenience, you can also enroll for online electronic remittance advice (ERA) via Availity:**

- If you have a relationship with a clearinghouse, please work with them to ensure you are enrolled.
  - Visit <https://apps.availity.com/web/welcome/#/edi> to get started. If you have any questions, contact Availity Client Services at **800-AVAILITY (800-282-4548)**, Monday through Friday, from 7 a.m. to 7 p.m. CT.



# Electronic payment benefits

## **Enrolling in electronic funds transfer (EFT) provides the following benefits:**

- Claim payments are deposited to your account faster.
- EFT payments don't get delayed or lost in the mail.
- EFT payments are more protected from fraud.
- You save time with fewer trips to the bank.
- You save money by reducing your associated labor and case security costs.

## **Registering for electronic remittance advice (ERA) provides the following benefits:**

- You can easily access your remittance advice online.
- Transactions can be posted to your system automatically.



# Remittance inquiry

**You will be able to view/receive remittance information through the Availity Portal. Providers will submit weekly remits. From the Availity Portal homepage:**

- Select **Payer Spaces**, then **Healthy Blue MO** and then **Applications**. The *Remittance Inquiry* application will appear as an option. Choose **Remittance Inquiry** to gain access to the Remittance Inquiry functionality.
- Choose your organization and tax ID number. If the administrator previously loaded NPIs, select your NPI from the *Express Entry* drop-down menu. Otherwise, enter an NPI number in the allotted box.
- You can choose from one of three search options:
  - EFT number
  - Check number
  - Date range
- You can easily access your remittance advice online.
- Transactions can be posted to your system automatically.



# Remittance inquiry (cont.)

**You have the option to sort your results by:**

- Provider name
- Issue date
- Check/EFT number
- Patient or claim

If you need an image of the remittance for your files, select the **View Remittance** link associated with each remit and **Print** or **Save**.

Contact your administrator if you do not see this tool to request claims status access. If you don't know who the administrator is for your organization, log in to Availity and select **My Administrators**.

For questions or additional registration assistance, contact Availity Client Services at  
**800-AVAILITY**  
**(800-282-4548)**  
Monday through Friday,  
from 7 a.m. to 7 p.m. CT.



# Precertification Lookup Tool

- Certain medical procedures require the submission and approval of PA. To verify if PA is required, use the Precertification Lookup Tool.
- Detailed authorization requirements can be found using the 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**.



# PA and notification



You can submit a PA request, look up a status or submit a clinical appeal online.

- Log in to <https://availity.com> using your Availity credentials.
- 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.
- Online PA submission is preferred, but PA can be faxed to **800-964-3627**.
- Urgent requests can be submitted via ICR or by calling Healthy Blue Provider Services at **833-405-9086** Monday through Friday, from 7 a.m. to 8 p.m. CT.



# AIM Specialty Health

AIM Specialty Health®\* manages precertification for the following modalities: radiology, cardiology, sleep, musculoskeletal, rehabilitation (physical therapy, occupational therapy, speech therapy), genetic testing, and radiation oncology.

## How to place a review request:

- Online via the [AIM Provider Portal](#): The provider portal is available 24/7 and processes requests in real-time using clinical criteria. Go to [providerportal.com](https://providerportal.com) to register.
- By phone: Call AIM Specialty Health toll free at **855-574-6479**, Monday through Friday, from 7 a.m. to 7 p.m. CT.

Access the AIM Provider Portal for AIM training information.

# Clear Claim Connection

## Use Clear Claim Connection™ for guidance when you submit a claim.

- It is available on the Availity Portal and can help you determine whether procedure codes and modifiers will likely pay for your patient's diagnosis.
- It contains editing features that will determine the validity of items like diagnosis codes or revenue codes. If the codes are not valid, it will produce an edit showing such.

The screenshot shows the Clear Claim Connection web application. At the top, there is a blue header with the title "Clear Claim Connection™" and a red navigation bar with links: "McKesson Edit Development", "Glossary", "About", "Help", and "Logout". Below the navigation bar, the main content area is white. It starts with "Gender: ☐ Male ☐ Female" and "Date of Birth:  /  /  (mm/dd/yyyy)". Below this is a link "Click Grid to enter information:". The main feature is a table with columns: "Procedure", "Mod 1", "Mod 2", "Mod 3", "Mod 4", and "Date of Service". The table has several rows, some of which are filled with checkmarks. Below the table is a link "Add More Procedures >>". At the bottom, there are two buttons: "Review Claim Audit Results" and "Clear".

Procedure	Mod 1	Mod 2	Mod 3	Mod 4	Date of Service
					✓
					✓
					✓
					✓
					✓
					✓
					✓
					✓
					✓
					✓

Note: Clear Claim Connection does not guarantee coverage under a member's benefit plan. Member benefit plans vary in coverage, and some plans may not provide coverage for certain services.

# MO HealthNet fee schedule



**The MO HealthNet fee schedule is available at the following link:**

<https://apps.dss.mo.gov/fmsfeeschedules/Default.aspx>.

Select the link for the appropriate category for the CPT code or modifier you want to view the allowed amount or modifier information for:

- Next, select the radio button next to the procedure code or modifier, and type in the procedure code or modifier.
- The search will show you if the CPT code and/or modifier combination are payable.

# MO HealthNet billing manuals

The MO HealthNet billing manuals are available at the following website address:  
<http://manuals.momed.com/manuals>.



The banner features a night view of the Gateway Arch and St. Louis skyline on the left. On the right, the text reads: **State of Missouri MO HealthNet Manuals**, followed by a description of the portal as a complete source for services and support, and a link to learn more about the website's functions and features.

**State of Missouri  
MO HealthNet Manuals**

Your complete source for all MO HealthNet related services and support for the State of MO  
Find everything you need - all from one convenient portal.

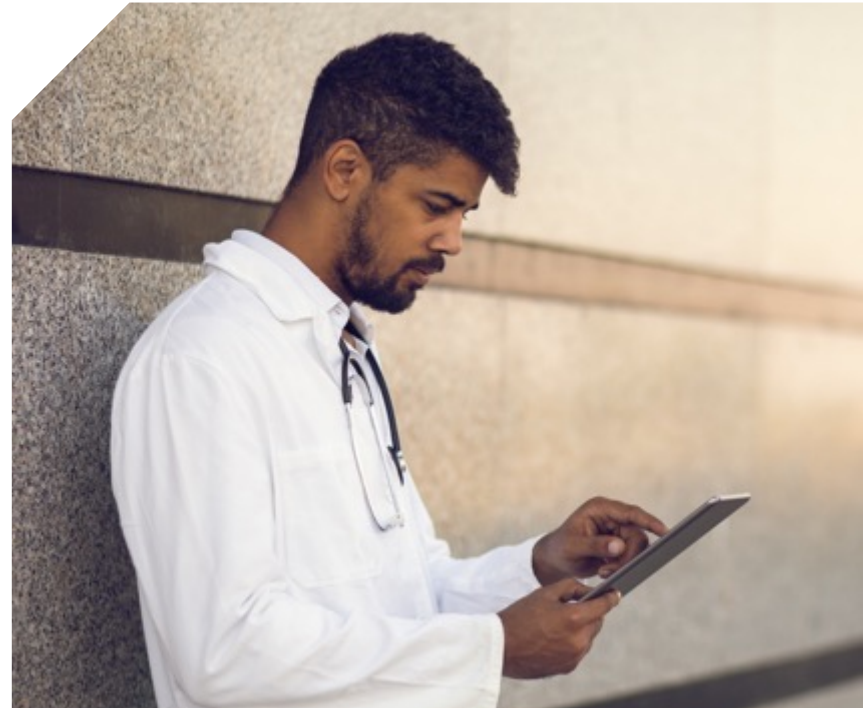
To learn more about the functions and features of the Provider Manuals website, [CLICK HERE](#)

HOME RESOURCE CENTER FORMS QUICK LINKS ABOUT WIPRO INFOCROSSING



# Cost avoid versus pay and chase

- If there is a third-party payer indicated on the eligibility file for the member, Healthy Blue will cost avoid the claim and require that the provider file the claim first with the primary insurance carrier.
- If there is not a third-party payer indicated on the eligibility file for the member, Healthy Blue will pay the claim.
- If, after paying a claim, Healthy Blue determines there is a third-party payer, we will seek to recover payment from the primary insurance carrier.





# Pharmacy

**Effective for dates of service on or after July 1, 2020, all medications administered in an outpatient observation setting will be carved-out of Managed Care.**

Pharmacy services provided during inpatient stays should be billed to Healthy Blue.



# Billing members

Healthy Blue members should not be billed or reported to a collection agency for any **covered services** your office provides.

*Missouri Code of State Regulations Title 13 CSR 70-4.030* states, in part, “When an enrolled Medicaid provider provides an item or service to a Medicaid recipient eligible for the item or service on the date provided, there shall be a presumption that the provider accepts the recipient’s Medicaid benefits and seeks reimbursement from the Medicaid agency in accordance with all the applicable Medicaid rules.”

- If a member receives a bill and contacts our office, a Healthy Blue staff member may contact your office as well to confirm the member will no longer be charged for the service.
- The provider’s office can file a claims dispute or an appeal if the service was paid incorrectly or denied. The provider must submit the claims dispute or appeal within the appropriate time frames.



# Fraud, waste and abuse

**CMS defines fraud, waste and abuse as:**

## **Fraud**

Intentionally falsifying information and knowing that deception will result in improper payment and/or unauthorized benefit.

## **Waste**

Overusing services or other practices that directly or indirectly result in unnecessary costs; generally not considered driven by intentional actions, but from misusing resources.

## **Abuse**

When healthcare providers or suppliers do not follow good medical practices resulting in unnecessary or excessive costs, incorrect payment, misuse of codes, or services that are not medically necessary.



# Fraud, waste and abuse (cont.)

- If you suspect a provider (for example, provider group, hospital, doctor, dentist, counselor, medical supply company, etc.), or any member (a person who receives benefits) has committed fraud, waste or abuse, you have the right to report it.
- No individual who reports violations or suspected fraud and abuse will be retaliated against for doing so. The name of the person reporting the incident and their callback number will be kept in strict confidence by investigators.

## You can report your concerns by:

- Visiting the Healthy Blue provider website at <https://provider.healthybluemo.com> and completing the *Report Waste, Fraud and Abuse* form.
- Calling Healthy Blue Provider Services at **833-405-9086** Monday through Friday, from 7 a.m. to 8 p.m. CT.



# Health services





# Avoidable ER utilization

**Inappropriate ER utilization is costly and inefficient. HealthyBlue encourages providers to help reduce avoidable ER utilization by educating their patients on when it is appropriate to go to the ER.**

## **Consider the following:**

- During new patient consultations, talk to your new patients about when to use the ER.
- Give them your 24-hour phone number and make sure they know where the nearest urgent care center is located.
- Offer same day appointments and walk-ins, if possible.
- Provide clear instructions on your website for patients who need care outside of office hours. Be sure to list your after-hours phone number, as well as nearby urgent care centers that may provide services, if needed.



# Avoidable ER utilization (cont.)

- Offer extended hours (before or after regular work hours) or weekend hours to keep working patients and/or parents out of the ER.
- Use CPT code 99050 for services provided in the office at times other than regularly scheduled office hours or days when the office is closed (for example, holidays, Saturday or Sunday), in addition to your evaluation and management code for additional reimbursement.
- Follow up with your patients that visit the ER for nonemergent conditions to reinforce appropriate use of the ER.
- If you have a patient who is a frequent ER user, please make a referral to our Case Management team.



# Concurrent review/discharge planning

## **Concurrent review/discharge planning**

Planning is initiated as soon as Healthy Blue is notified of a member's admission to a hospital, skilled nursing facility, or acute rehabilitation facility.

## **ProgenyHealth\***

ProgenyHealth specializes in neonatal care coordination services for the first year of life. Their neonatologists and pediatricians work with the Healthy Blue clinical team to provide telephonic care coordination for NICU stays. Please continue to contact Healthy Blue for any NICU level of care admissions.

## **Discharge planning**

Discharge planning begins upon admission and is designed to identify the member's post-hospital needs. The attending physician, hospital discharge planner, PCP, ancillary providers, and/or community resources are required to coordinate care and post-discharge services to ensure that the member receives the appropriate level of care. Care managers will be consulted for complex discharges and can assist with ensuring a smooth transition.

# Care management role

- All of our members are eligible to be assigned to one of our care managers. Our care managers work directly with our members and establish relationships with our members to manage their care.
- Our care managers' role is to assist the member in gaining access to consistent quality care and services including the following essential functions: assessment, planning, coordination, monitoring/evaluation, facilitation, and support.



# Care management qualifications



## **Members may qualify for care management services for the following reasons:**

- Complex illnesses that require the coordination of many services
- Had or are going to have a transplant
- High-risk pregnancy
- Children in foster care
- Experienced domestic abuse
- High-risk BH needs
- Major depression
- Asthma
- Multiple chronic illnesses
- Children with special healthcare needs
- NICU CM performed by ProgenyHealth



# New Baby, New Life Maternity program

**We encourage all of our moms-to-be to take part in our New Baby, New Life<sup>SM</sup> program, a comprehensive care management and care coordination program offering:**

- Individualized, one-on-one care management support for women at the highest risk.
- Care coordination for moms who may need a little extra support.
- Educational materials and information on community resources.
- Rewards to keep up with prenatal and postpartum checkups and well-child visits after the baby is born.

Healthy Blue requires notification of pregnancy after the first prenatal visit and notification of delivery following birth. You may choose to complete the notification of pregnancy and delivery in the online ICR or fax the forms to **800-964-3627**.





# Disease management/population health

- Our disease management/population health program provides telephonic coaching and written educational materials to assist members in managing conditions such as asthma, coronary artery disease, congestive heart failure, diabetes, hypertension, smoking cessation, weight management, and depression.
- Additional services will now include bipolar disorder, chronic obstructive pulmonary disease, HIV/AIDS, schizophrenia, and substance use disorder.

Contact the Disease Management department at **888-830-4300 (TTY 711)**.



# Resources

# Community Resource Link — addressing social determinants of health (SDoH)

- In 2021, Healthy Blue will introduce a new web-based platform interconnecting our members, providers and community-based organizations:
  - 24/7 SDoH resource platform availability
  - Electronic community resource referrals
  - Universal member screening of SDoH needs using the PRAPARE assessment tool
- Using Z codes, we identify and assess the member's needs as we connect them to services via the Aunt Bertha\* platform.
- Healthy Blue is broadening our partnership to close social determinant needs, including food, housing, transportation, job training and others.



# LiveHealth Online (LHO) — introducing telehealth



- In 2021, Healthy Blue will introduce a web- and app-based telehealth platform to complement the existing services available from our providers.
- LiveHealth Online\* will increase access to services for our members, particularly in our rural areas where provider availability and transportation are a challenge.
- LiveHealth Online will also serve as an access alternative for urgent care and some emergency department visits in access needs areas.
- Healthy Blue is partnering to expand the quality care you provide for your patient's medical and behavioral health needs.



# Helpful phone numbers

Topic	Phone number	Additional information
PA	<b>833-405-9086</b>	Follow the prompts
Provider Relations	<b>833-405-9086</b>	Follow the prompts
Member Services	<b>833-388-1407</b>	Follow the prompts
MTM Transportation Services	<b>800-695-5791</b>	Contact number for members
24-Hour Nurse Help Line	<b>833-388-1407</b>	For members' questions
DentaQuest*	<b>800-307-6547</b>	Provider Services
March Vision Care*	<b>888-493-4070</b>	Option 2 for members, option 3 for providers
MO HealthNet Eligibility Verification	<b>573-635-8908</b>	Option 1 (or go to <a href="https://eMOMed.com">eMOMed.com</a> )
ProgenyHealth	<b>888-832-2006</b>	

# Your support system and staff

**As you provide care to our members, we support you through many different departments, 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 **833-405-9086** Monday through Friday, from 7 a.m. to 8 p.m. CT.

**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.



# Key takeaways

## Key items to prepare you for doing business with Healthy Blue:

- Sign up for the secure provider website at <https://availability.com>:
  - Use Availity to register for ERA (835)
  - Payer ID **00541**
- Register for EFT payments with CAQH EnrollHub under the payer name Healthy Blue (<https://caqh.org/solutions/enrollhub>).
- Review content on the Healthy Blue provider website at <https://provider.healthybluemo.com>, including the Healthy Blue Training Academy, provider manual, communications and other tools.
- Contact Provider Services Phone: **833-405-9086** Monday through Friday, from 7 a.m. to 8 p.m. CT.

# Thank you

**Thank you for participating in our provider orientation  
and for serving our members.**

**We look forward to supporting you  
so that you improve the health of our Healthy Blue members.**

If you need additional information, please contact your Network Relations  
contacts.

A photograph of a young woman with long blonde hair, smiling broadly while driving a car. She is wearing a white, patterned knit sweater. In the background, a passenger is visible, and the sun is shining brightly through the windshield, creating a warm, golden glow. A large, semi-transparent blue shape, resembling a stylized letter 'A' or a geometric overlay, is positioned on the left side of the image. The word "Appendix" is written in white, sans-serif font within this blue shape.

# Appendix

# Consumer Assessment of Healthcare Providers and Systems (CAHPS)

## What is CAHPS®?

- Annual survey to assess consumers' experience with their health plan and healthcare services
- Asks your patient to rate and evaluate their experience with:
  - Their personal doctor.
  - The specialist they see most often.
  - Their health plan.
  - Their healthcare.

CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

# CAHPS (cont.)

## Why focus on the patient experience?

- There is a strong correlation between patient experience and healthcare outcomes.
- Patients with chronic conditions demonstrate greater self-management skills and quality of life.
- Patient retention is greater when there is a high-quality relationship with the provider.
- Decreased malpractice risk.
- Efforts to improve patient experience have resulted in decreased employee turnover.

## How to improve the patient experience?

- Ensure all office staff are courteous and empathetic.
- Respect cultural differences and beliefs.
- Demonstrate active listening by asking questions and making confirmatory statements.
- Spend enough time with the patient to address all of their concerns.
- Provide clear explanation of treatments and procedures.
- Obtain and review records from hospitals and other providers.

**Additional resource:** What Matters Most: Improving the Patient Experience [patientexptraining.com](http://patientexptraining.com); for a full CAHPS Overview, visit the Provider Training Academy/Provider Education web page



\* 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. Aunt Bertha is an independent company providing social services on behalf of Healthy Blue. Progeny Health is an independent company providing neonatal care coordination services on behalf of Healthy Blue. DentaQuest is an independent company providing dental benefit management services on behalf of Healthy Blue. March Vision Care is an independent company providing vision services on behalf of Healthy Blue. LiveHealth Online is the trade name of Health Management Corporation, an independent company, providing telehealth 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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