

Provider Newsletter



Table of Contents

Practitioners' rights during credentialing process	Page 2
Pharmacy management information	Page 2
Quarterly pharmacy formulary change notice	Page 2
Transition of Outpatient Rehabilitation Utilization Management Program effective January 1, 2019	Page 3
Remittance Inquiry tool now available	Page 4
Accessing remittance inquiry	Page 4
<i>Medical Policies and Clinical Utilization Management Guidelines</i> updates	Page 5
Prior authorization requirements	Page 6

Practitioners' rights during credentialing process

The credentialing process must be completed before a practitioner begins seeing members and enters into a contractual relationship with a health care insurer. As part of our credentialing process, practitioners have certain rights as briefly outlined below.



Practitioners can request to:

- Review information submitted to support their credentialing application.
- Correct erroneous information regarding a credentialing application.
- Be notified of the status of credentialing or recredentialing applications.

The Council for Affordable Quality Healthcare (CAQH®) universal credentialing process is used for all providers who contract with Healthy Blue. To apply for credentialing with Healthy Blue, go to the [CAQH website](#) and select **CAQH ProView™**. There is no application fee.

We encourage practitioners to begin the credentialing process as soon as possible when new physicians join a practice. Doing so will help minimize any disruptions to the practice and members' claims.

BLA-NL-0032-17

Pharmacy management information

Need up-to-date pharmacy information?

Log in to our [provider website](#) to access our *Formulary*, *Prior Authorization form*, *Preferred Drug List* and process information.



Have questions about the *Formulary* or need a paper copy?

Call Provider Services at **1-844-521-6942**.

Our Member Services representatives serve as advocates for our members. To reach Member Services, please call **1-884-521-6941 (TTY 711)**.

BLA-NL-0032-17

Quarterly pharmacy formulary change notice

At our first quarter 2018 Pharmacy and Therapeutics Committee meeting, formulary changes were reviewed and approved. Effective August 1, 2018, these changes were applied to all Healthy Blue patients.

View the newly applied formulary changes in the full [Provider Update](#).

BLA-NL-0092-18

Transition of Outpatient Rehabilitation Utilization Management Program effective January 1, 2019

Effective January 1, 2019, Healthy Blue will transition its Outpatient Rehabilitation Utilization Management (UM) Program from OrthoNet to Healthy Blue. The Program is a pre-service medical necessity review of physical, occupational and speech therapy services.

Healthy Blue will continue to use criteria documented in Healthy Blue's clinical guidelines GC.REHAB.04, CG.REHAB.05 and CG.REHAB.06 for review of these services. These clinical guidelines can be reviewed online. Log into **Availity**, select **Payer Spaces, Education and Reference Center** application, **Clinical Resources** and then choose **Healthy Blue Medical Policy and Clinical UM Guidelines**.

Pre-service review requirements

For services that are scheduled to be rendered through December 31, 2018, physicians must contact OrthoNet to obtain all prior authorizations for outpatient rehabilitation services. Any authorizations OrthoNet makes prior to the transition date of December 31, 2018, will be honored and claims will process accordingly.

For services that are scheduled to be rendered on or after January 1, 2019, physicians must contact Healthy Blue to obtain prior authorization for outpatient rehabilitation services. Healthy Blue will begin accepting these authorization requests on December 17, 2018. Providers are strongly encouraged to verify that a prior authorization has been obtained before scheduling and performing services.

This program will continue to render prior authorization reviews of rehabilitative and habilitative outpatient and office physical, occupational and speech therapy services for medical necessity. Therapy services to be rendered after the initial evaluation will be reviewed against Healthy Blue. Clinical guidelines services rendered in an inpatient, emergency, observation or home setting will continue to be excluded from this review. In addition, services rendered by a chiropractor, massage therapist, acupuncturist and home health agency will continue to be excluded from this review.

How to place a review request

Availity online services are available 24/7 for receiving authorization requests. Go to <https://www.availity.com> to register. Authorizations will be accepted for outpatient rehabilitation services on December 17, 2018, or providers can call Healthy Blue toll free at **1-844-521-6942**.

You can also authorize these services online through our Interactive Care Reviewer on Availity. Log into Availity, select **Authorizations and Referrals** under the *Patient Registration* menu and choose **Authorizations**.

BLA-NL-0090-18

TIP:

Detailed prior authorization requirements are available online by accessing the Precertification Look-Up Tool under **Payer Spaces**.

You may also call Provider Services for prior authorization requirements.

Remittance Inquiry tool now available

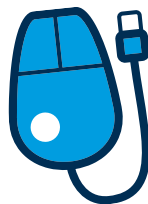
We've made it easy for you to access remittance advices online for all Healthy Blue members using the new Remittance Inquiry tool on the Availity Portal.

Here's how it works:

After selecting the organization, select the tax ID number from the drop-down menu. You can choose from one of three search options: electronic funds transfer (EFT) number, check number or issue date range. If you choose issue date range, you'll need to select the provider under the Express Entry drop-down or enter the NPI (typically the group NPI). You have the option to sort your results by provider name, issue date, check/EFT number and check/EFT amount.

Do you need an imaged copy of the remittance for your files?

Select the **View Remittance** link associated with each remit and print or save.



Don't see this valuable tool when you log in to the Availity Portal?

Contact your administrator to request **claims status access**, which includes the Remittance Inquiry tool. If you do not know who the administrator for your organization is, log in to Availity, go to your account and select **My Administrators**.

If you have questions about the features on the Availity Portal or need additional registration assistance, contact Availity Client Services at **1-800-282-4548**.

If you have questions about the tools and resources available within Payer Spaces or on the Healthy Blue website, contact Provider Services at **1-844-521-6942** or your local Provider Relations representative.

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Accessing remittance inquiry

To access remittance inquiries, follow the steps below:

1. Log into the Availity Portal.
2. Access the Remittance Inquiry tool via the *Payer Spaces* option from the top navigation.
3. Choose **Healthy Blue** from the *Payer Spaces* drop-down box.
4. Select **Applications**, then select the **Remittance Inquiry** tile.
5. Choose your organization and tax ID from the drop-down box, and search by Check/EFT Number or Issue Date Range. After entering the appropriate information, select **Search**.
6. To search by Issue Date Range: Either select the provider from the *Express Entry* drop down or enter the NPI, indicate the date range, and then select **Search**.
7. From the *Remittance Inquiry Results* page, the results can be sorted by provider name, issue date, check/EFT number or check/EFT amount.

Additional information:

- Remit images are available for all Healthy Blue members.
- Remits of over 50 pages will return the first 50 pages for viewing.
 - To view all pages, download or print the remit.
- Search in span of seven days and up to 15 months back.
- To conduct a remittance inquiry, access to "View Claims Status Inquiry" is needed.

BLA-NL-0028-17

Medical Policies and Clinical Utilization Management Guidelines updates

The *Medical Policies* and *Clinical Utilization Management (UM) Guidelines* below were developed or revised to support clinical coding edits. Note, several policies and guidelines were revised to provide clarification only and are not included. Existing precertification requirements have not changed. For markets with carved-out pharmacy services, the applicable listings below are informational only.



Note:

- Effective November 1, 2018, AIM Specialty Health® (AIM) *Musculoskeletal Level of Care Guidelines*, *Sleep Study Guidelines* and *Radiology Guidelines* are now used for clinical reviews.
- When requesting services for a patient (including medical procedures and medications), the Precertification Look-Up Tool may indicate that precertification is not required, but this does not guarantee payment for services rendered; a *Medical Policy* or *Clinical UM Guideline* may deem the service investigational or not medically necessary. In order to determine if services will qualify for payment, please ensure applicable clinical criteria is reviewed prior to rendering services.

Please share this notice with other members of your practice and office staff.

To search for specific policies or guidelines, visit
http://www.anthem.com/cptsearch_shared.html.

Medical Policies

On July 26, 2018, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Healthy Blue.

Clinical UM Guidelines

On July 26, 2018, the MPTAC approved several Clinical UM Guidelines applicable to Healthy Blue. The update details the guidelines adopted by the medical operations committee for the Government Business Division on August 31, 2018.

View the list of newly approved *Medical Policies* and *Clinical UM Guidelines* in the [July 2018 update](#).

BLA-NL-0089-18

Prior authorization requirements

Subcutaneous Implantable Defibrillator system

Effective March 1, 2019, prior authorization (PA) requirements will change for the Subcutaneous Implantable Defibrillator system to be covered by Healthy Blue.

PA requirements will be added to the following:

- Subcutaneous Implantable Defibrillator system — Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation (33270)

BLA-NL-0088-18

Interferon beta-1a

Effective February 1, 2019, prior authorization (PA) requirements will change for injectable/infusible drug Interferon beta-1a to be covered by Healthy Blue.

PA requirements will be added to the following:

- Interferon beta-1a — injection, 30 mcg (J1826)

BLA-NU-0005-18

Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services guidelines, including definitions and specific contract provisions/exclusions, take precedence over these PA rules and must be considered first when determining coverage. **Noncompliance with new requirements may result in denied claims.**

Please use one of the following methods to request PA:

- **Web:** <https://www.availity.com>
- **Fax:** 1-888-822-5595 (inpatient); 1-888-822-5658 (outpatient)
- **Phone:** 1-844-521-6942

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers through the Availity Portal (<https://www.availity.com>). Providers who are unable to access Availity may call us at **1-844-521-6942** for PA requirements.