

Medicaid Managed Care  
Dual Advantage



Healthy Blue

# New provider orientation

*This communication applies to the Medicaid and Dual Advantage programs for Healthy Blue.*

# 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



# About Healthy Blue

- Began serving members in 2012
- Employs over 200 associates
- Has two locations: Baton Rouge and Monroe
- Serves over 330,000 members
- Contains over 22,000 providers and over 200 hospitals in the provider network
- Processes claims quickly — less than five days
- Pays claims twice a week
- Provides innovative provider quality incentive programs

# Agenda topics

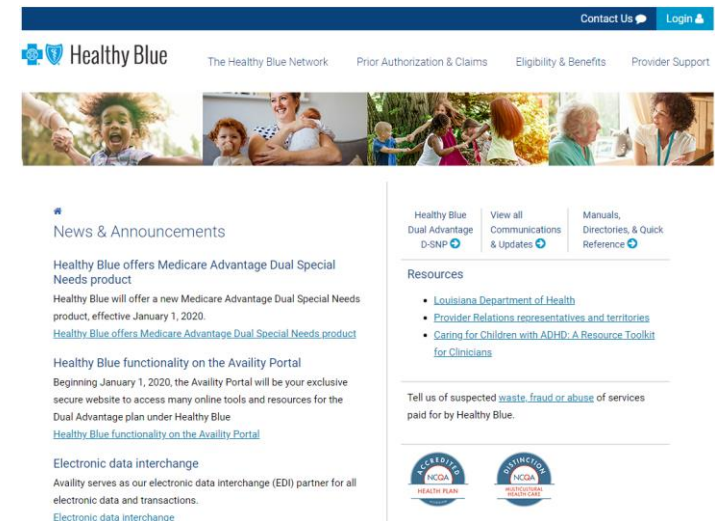
- Provider website/registration
- Ongoing credentialing
- Cultural competency
- Fraud, waste and abuse
- Translation services
- Member rights and responsibilities
- Authorization to release and/or obtain health information
- Member enrollment
- Availability standards
- Member eligibility
- Patient360
- Member value-added benefits
- Physical health (PH) and behavioral health (BH) integration
- Precertification guidelines
- Healthy Blue Dual Advantage (HMO D-SNP)
- Integrated Practice Assessment Tool (IPAT)
- Early and periodic screening, diagnosis and treatment (EPSDT)
- HEDIS® measures
- Nonemergency transportation services

# Agenda topics (cont.)

- Laboratory and radiology services
- Pharmacy program
- Claim submission
- Grievances and appeals
- OB/GYN services
- Provider Relations representatives

# Healthy Blue provider website

- The provider website, <https://providers.healthyblue.com>, is available to all providers, regardless of participation status.
- The tools on the site allow you to perform key transactions.



# Availity Portal

The Availity\* Portal (<https://www.availity.com>), is an online multipayer portal that gives physicians, hospitals and other health care professionals access to multiple payer information with a single, secure login.

Availity services include:

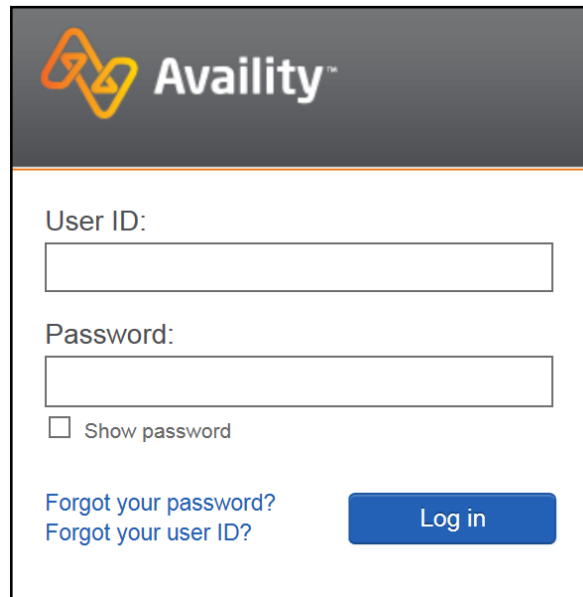
- Eligibility and benefit inquiries.
- Claim submissions and status inquiries.
- A direct link to the Healthy Blue provider website for appeals, panel listings and precertification.

Detailed training on Availity is available.

# Availity Portal (cont.)

If you're navigating to the secure Healthy Blue provider website from <https://www.availity.com>:

- Enter your Availity ID and password.
- Select **Log in**.

A screenshot of the Availity login portal. The top section features the Availity logo, which consists of two interlocking orange and yellow shapes followed by the word "Availity™" in a grey sans-serif font. Below the logo, the form is divided into two main input sections. The first section is labeled "User ID:" and contains a single-line text input field. The second section is labeled "Password:" and contains a single-line text input field. Below the password field, there is a checkbox with the label "Show password". At the bottom left of the form, there are two links: "Forgot your password?" and "Forgot your user ID?". To the right of these links is a blue rectangular button with the text "Log in" in white.



# Ongoing credentialing

- Notify us immediately of any changes in licensure, demographics or participation status by calling **1-504-836-8888** or emailing [LAinterpr@healthybluela.com](mailto:LAinterpr@healthybluela.com).
  - This includes physician additions and deletions to your practice locations.
- Recredentialing occurs every three years or sooner, if required by state law.
- For contracting needs, please email [LANetworkDevelopment@healthybluela.com](mailto:LANetworkDevelopment@healthybluela.com).

# Cultural competency

- We expect providers and staff to gain and continually increase their knowledge and sensitivity to diverse cultures.
- We believe that when providers take into account a patient's values, reality conditions and linguistic needs, it results in effective care and services.
- You can complete cultural competency training online through the provider website at <https://providers.healthybluela.com> > Provider Support > Education & Resources > Manuals, Directories, Training & More > Other Trainings & Tutorials > Cultural Competency Training.

# Evidence-based, promising and emerging best practices

Healthy Blue strongly encourages interventions that have shown consistent scientific evidence of producing preferred client outcomes.

Find evidence-based practices on the following websites:

- Substance use disorders:
  - National Institute on Drug Abuse: [www.drugabuse.gov](http://www.drugabuse.gov)
  - National Institute on Alcohol Abuse and Alcoholism: [www.niaaa.nih.gov](http://www.niaaa.nih.gov)
- Mental illness and co-occurring disorders:
  - Substance Abuse and Mental Health Services Administration: [www.samhsa.gov](http://www.samhsa.gov)
  - National Institute of Mental Health: [www.nimh.nih.gov](http://www.nimh.nih.gov)

# Fraud, waste and abuse

**Help us prevent fraud, waste and abuse. And tell us if you suspect fraud!**

- Steps you can take:
  - Verify each patient's identity.
  - Ensure services are medically necessary.
  - Document medical records completely.
  - Bill accurately.
- You can report your concerns by:
  - Visiting <https://www.fightthehealthcarefraud.com/report-fraud-form>.
  - Calling Provider Services at **1-844-521-6942**.
  - Calling our Medicaid Fraud Hotline at **1-866-847-8247**.

# Translation services

- Translation services are available 24/7 in over 170 languages.
- To obtain translation services, call Member Services at **1-844-521-6941**.

# Member rights

Members have the right to:

- Receive information about the organization, its services, its practitioners and providers, and member rights and responsibilities.
- Be treated with respect and recognition of their dignity and their right to privacy.
- Participate with practitioners in making decisions about their health care.
- Discuss, candidly, appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
- Voice complaints or appeals about the organization or the care it provides.
- Make recommendations regarding the organization's member rights and responsibilities policy.

# Member responsibility

Members have the responsibility to:

- Supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care.
- Follow plans and instructions for care that they have agreed to with their practitioners.
- Understand their health problems and participate in developing mutually agreed-upon treatment goals (to the degree possible).

# Member involvement in trainings

- Members and family members will be involved in the development and delivery of trainings through our member advisory council.
- This council promotes a collaborative effort to enhance the service delivery system in local communities while maintaining member focus and allowing participation in providing feedback on policies and programs.



# Authorization to release or obtain health information

Name:	Request Date:
Mailing Address:	Date of Birth:
City/State/Zip:	Medicaid # or Social Security #:
<b>I authorize:</b>	
Name: _____	
Mailing Address: _____	
City, State, Zip Code: _____	
Relationship: _____	Telephone Number: _____
<input type="checkbox"/> <b>RELEASE</b> Information <b>TO</b> or <input type="checkbox"/> <b>OBTAIN</b> Information <b>FROM</b> (Place an "X" in the box that indicates if the information is being released OR requested.)	
Name: _____	
Mailing Address: _____	
City, State, Zip Code: _____	
Relationship: _____	Telephone Number: _____

<b>The Purpose of this Authorization</b> is indicated in the box(es) below. (Place an "X" in the box(es) that apply.)		
<input type="checkbox"/> Further Medical Care	<input type="checkbox"/> Personal	<input type="checkbox"/> Legal Investigation or Action
<input type="checkbox"/> Changing Physicians	<input type="checkbox"/> Research related treatment	
<input type="checkbox"/> Creating health information for disclosure to a third party.		
<input type="checkbox"/> Other: (Specify) _____		
<b>I authorize the release of the following protected health information.</b> (Place an "X" in the box(es) that apply to the information you want released or you want to obtain.)		
<input type="checkbox"/> Entire Record	<input type="checkbox"/> Medical History, Examination, Reports	<input type="checkbox"/> Surgical Reports
<input type="checkbox"/> Prescriptions	<input type="checkbox"/> Immunizations	<input type="checkbox"/> Hospital Records including Reports
<input type="checkbox"/> X-ray Reports	<input type="checkbox"/> MR/DD Records	<input type="checkbox"/> Laboratory Reports
<input type="checkbox"/> Other: _____		
<b>In compliance with state and/or federal laws which require special permission to release otherwise privileged information, please release the following records.</b>		
<input type="checkbox"/> Alcoholism	<input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Sexually Transmitted Diseases	<input type="checkbox"/> Genetics	<input type="checkbox"/> Vocational Rehabilitation
<input type="checkbox"/> Other	<input type="checkbox"/> Psychotherapy Notes	<input type="checkbox"/> HIV (AIDS)
This authorization shall expire on _____ (date or event) and is needed for the period beginning _____ and ending _____.		
I understand that if I do not specify an expiration date, this authorization will expire six (6) months from the date on which it was signed. I acknowledge that I have read both pages 1 and 2 of this form. I authorize a copy (including electronic or faxed copy) of this form for the disclosure of the information described above.		
Signature of Individual or Personal Representative authorized by law _____		Date _____
<b>Please submit medical information to:</b>		
Agency Representative _____	Title _____	Date _____
Telephone _____	Fax _____	Email _____

<https://providers.healthybluelia.com> > Provider Support > Forms > Other Forms > Authorization to Release or Obtain Health Information


# Availability standards

Our members must have access to primary care services for routine, urgent and emergency services, as well as specialty services for complex or chronic care.

# Appointment availability standards


Appointment type	Appointment standard
Emergency visits	Immediately
Urgent visits	Within 24 hours
Nonurgent sick visits	Within 72 hours
Medically necessary specialist visits	Same day (within 24 hours of referral)
Routine specialist visits	Within one month of referral
Lab referrals or X-rays — urgent care	Within 48 hours or as clinically indicated
Lab referrals or X-rays — regular	Not to exceed three weeks
Initial prenatal visit	For first trimester: 14 days For second trimester: seven days For third trimester: three days High risk: within three days or sooner if needed

# Healthy Blue member ID cards

 <b>Healthy Blue</b>		<b>Medicaid</b>	
Identification Number _____		Primary Care Provider (PCP): _____	
Effective Date: _____ Date of Birth: _____		Telephone #: _____ After Hours #: _____	
RXBIN: 003858 RXPCN: MA RXGRP: WKLA		<a href="http://www.myhealthybluea.com">www.myhealthybluea.com</a> Member Services: 1-844-521-6941 Appeals or Grievances: 1-844-521-6941 TTY: 711 24/7 NurseLine: 1-866-364-2544 24/7 Behavioral Health Crisis: 1-844-812-2280 Rides to covered services: 1-866-430-1101 Vision Services: 1-800-787-3157 Use of this card by any person other than the member is fraud. Louisiana Medicaid Fraud and Abuse Hotline: 1-800-488-2917 Healthy Blue 3850 N. Causeway Blvd. Metairie, LA 70002 Healthy Blue is the trade name of Community Care Health Plan of Louisiana, Inc., an independent licensee of the Blue Cross and Blue Shield Association.	

X13695594650001

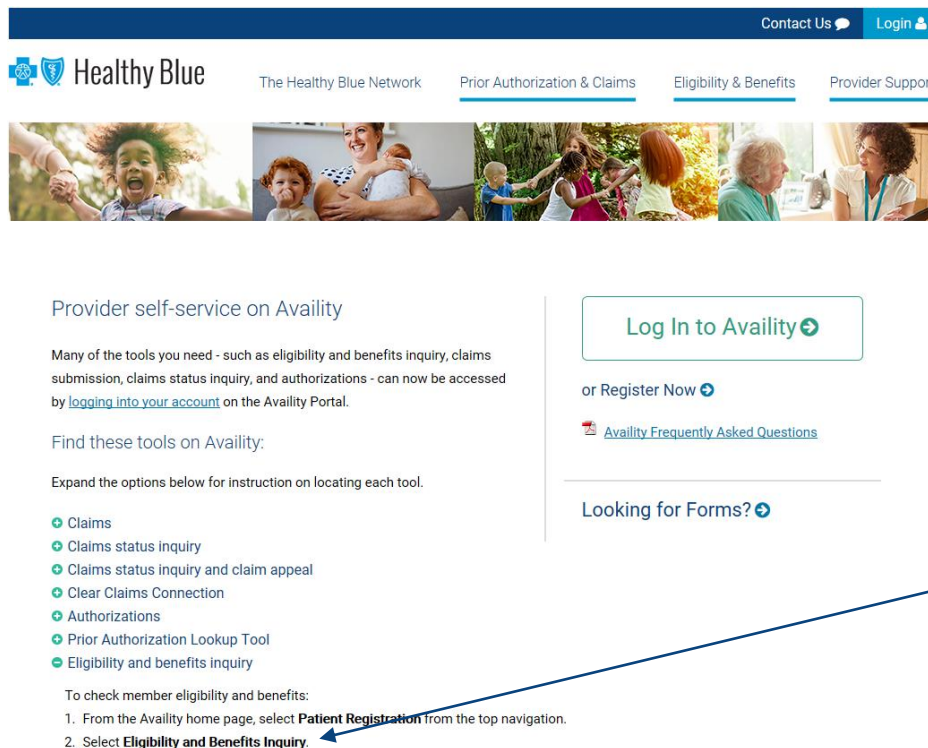
## BH member ID card

 <b>Healthy Blue</b>		<b>Medicaid</b>	
Identification Number _____		Primary Care Provider (PCP): _____	
Effective Date: _____ Date of Birth: _____		Telephone #: _____ After Hours #: _____	
RXBIN: 003858 RXPCN: MA RXGRP: WKLA		<a href="http://www.myhealthybluea.com">www.myhealthybluea.com</a> Member Services: 1-844-227-8350 Appeals or Grievances: 1-844-227-8350 TTY: 711 24/7 Behavioral Health Crisis: 1-844-812-2280 Rides to covered services: 1-866-430-1101 Use of this card by any person other than the member is fraud. Louisiana Medicaid Fraud and Abuse Hotline: 1-800-488-2917 Healthy Blue 3850 N. Causeway Blvd. Metairie, LA 70002 Healthy Blue is the trade name of Community Care Health Plan of Louisiana, Inc., an independent licensee of the Blue Cross and Blue Shield Association.	

X13695658750001

**Please note:** The prefix for Healthy Blue members is XHB.

# Verifying eligibility



The screenshot shows the Healthy Blue website interface. At the top, there's a dark blue header with 'Contact Us' and 'Login' links. Below this is a navigation bar with the Healthy Blue logo and four menu items: 'The Healthy Blue Network', 'Prior Authorization & Claims', 'Eligibility & Benefits' (which is highlighted with a blue underline), and 'Provider Support'. A banner image below the navigation bar shows four photos of diverse people: a child, a woman holding a baby, a group of children, and an elderly couple. The main content area is titled 'Provider self-service on Availity'. It explains that many tools for eligibility and benefits inquiry are available on the Availity Portal. It lists several tools: Claims, Claims status inquiry, Claims status inquiry and claim appeal, Clear Claims Connection, Authorizations, Prior Authorization Lookup Tool, and Eligibility and benefits inquiry. To the right of this list is a sidebar with a 'Log In to Availity' button, a 'Register Now' link, and a link to 'Availity Frequently Asked Questions'. Below the sidebar is a 'Looking for Forms?' link. At the bottom of the main content area, there are instructions on how to check member eligibility and benefits, with a blue arrow pointing to the 'Eligibility and Benefits Inquiry' link in the list above.

Provider self-service on Availity

Many of the tools you need - such as eligibility and benefits inquiry, claims submission, claims status inquiry, and authorizations - can now be accessed by [logging into your account](#) on the Availity Portal.

Find these tools on Availity:

Expand the options below for instruction on locating each tool.

- Claims
- Claims status inquiry
- Claims status inquiry and claim appeal
- Clear Claims Connection
- Authorizations
- Prior Authorization Lookup Tool
- Eligibility and benefits inquiry

To check member eligibility and benefits:

- From the Availity home page, select **Patient Registration** from the top navigation.
- Select **Eligibility and Benefits Inquiry**.

[Log In to Availity](#)

or [Register Now](#)

[Availity Frequently Asked Questions](#)

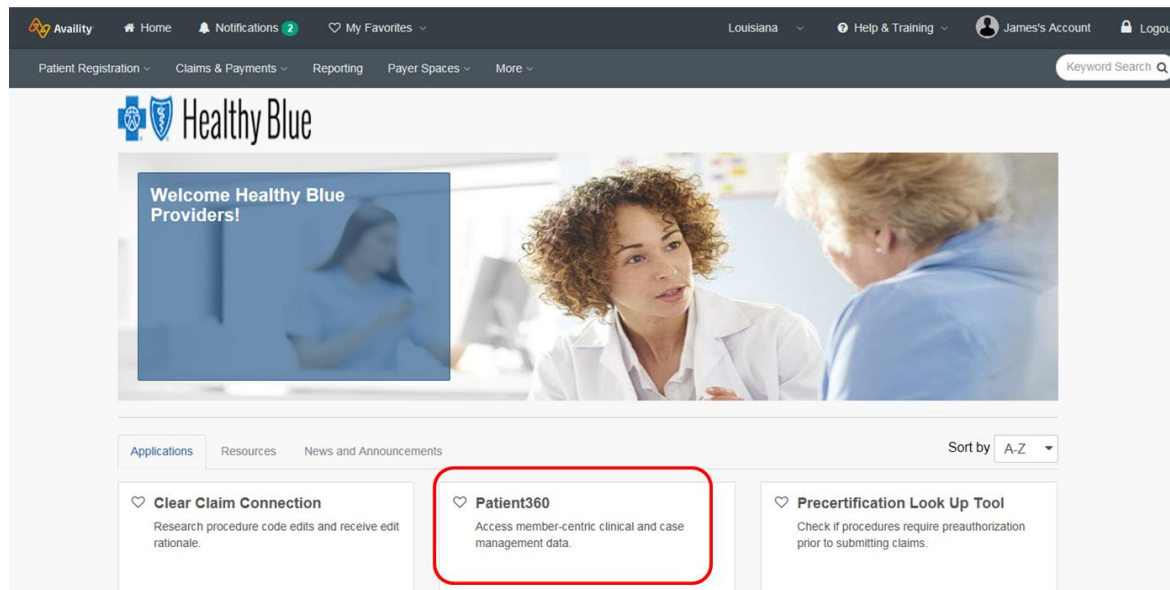
[Looking for Forms?](#)

You can also verify eligibility and the member's plan at the Louisiana Department of Health (LDH) website at [www.lamedicaid.com](http://www.lamedicaid.com).

# Patient360

Patient360 provides:

- Demographics.
- Care summaries details.
- Claims details.
- Authorization details.



# Member value-added benefits

- Adult dental care
- Adult vision care
- Healthy Rewards incentives
- Programs and incentives for pregnant women and new moms
- Healthy lifestyle and weight management programs
- Community outreach and support
- Online resources

Not all value-added benefits (VAB) apply to BH-only members. If the VAB is tied to a medical service that is not covered under BH, BH-only members are not eligible for that benefit.

# PH and BH integration

- Healthy Blue provides both basic and specialized BH services to Healthy Louisiana members.
- Basic BH services are provided in the primary care setting by a PCP.
- Specialized BH services are provided by a licensed mental health provider, psychiatrist, psychologist, medical psychologist or psychiatric nurse practitioner.



# BH-only services

Healthy Blue also provides specialized BH services to:

- Individuals living in nursing homes.
- Dual-eligible members not living in institutions.
- Individuals under 21 years old residing in an intermediate care facility for the developmentally disabled.
- Chisholm class members.
- Members receiving home- and community-based waivers.

Magellan Health\* continues to manage Coordinated System of Care services.

# Precertification and notification

The provider website, as well as the provider manual, lists services requiring precertification and/or notification (for example, first prenatal visit, birth notification and discharge).

[Home](#) > [Prior Authorization & Claims](#) >

## Prior Authorization Information

### Participating Providers

#### Behavioral Health

Fax all requests for services that require prior authorization to:

Inpatient: 1-877-434-7578

Outpatient: 1-866-877-5229

Services billed with the following revenue codes always require prior authorization:

- 0240-0249 – all-inclusive ancillary psychiatric
- 0901, 0905-0907, 0913, 0917 – behavioral health treatment services
- 0944-0945 – other therapeutic services
- 0961 – psychiatric professional fees

#### Pharmacy

Check the Preferred Drug List for Healthy Blue or visit the Formulary page to use our searchable formulary tool.

Services billed with the following revenue codes always require prior authorization:

- 0632 – pharmacy multiple sources

The following always require prior authorization:

- Elective services provided by or arranged at nonparticipating facilities
- All services billed with the following revenue codes:
  - 0023 – home health prospective payment system
  - 0570-0572, 0579 – home health aide
  - 0944-0945 – other therapeutic services
  - 3101-3109 – adult day and foster care

### Nonparticipating providers

All services you render require prior authorization:

- Phone: 1-844-521-6942
- Fax inpatient: 1-844-864-7865
- Fax outpatient: 1-844-487-9291

[▶ Obtain Prior Authorization from our Vendors](#)

### Prior Authorization Tools

To request or check the status of a prior authorization or appeal a prior authorization decision:

[Log In to Availity](#)

or [Register Now](#)

[Finding tools on Availity](#)

[Is Prior Authorization Required?](#)

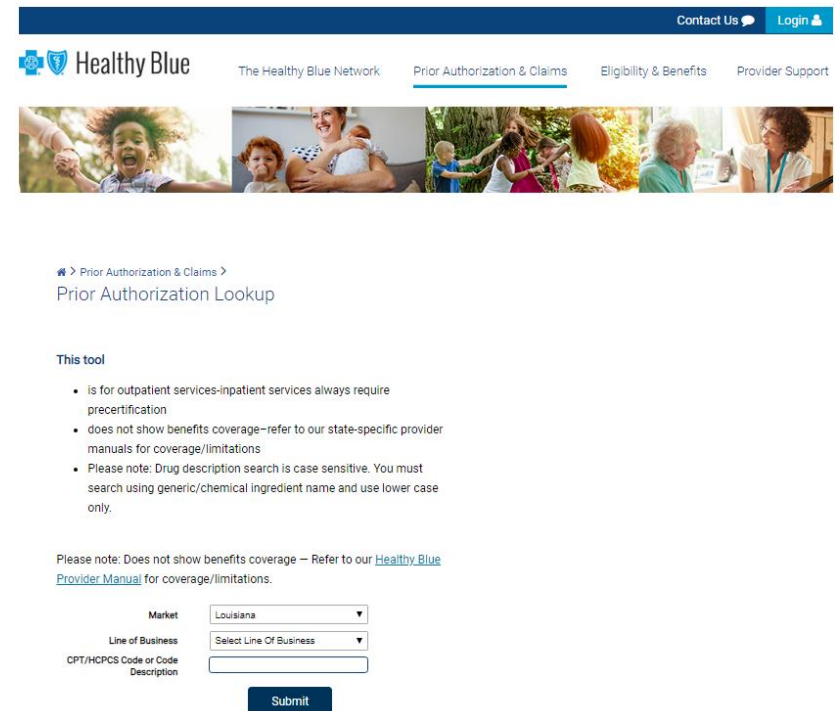
[Looking for Prior Authorization Forms?](#)

# Prior Authorization Lookup Tool

The Prior Authorization Lookup Tool on the provider website helps you search by market, member's product and CPT® code.

To access the Prior Authorization Lookup Tool, visit

<https://providers.healthyblueela.com/la/pa-ges/prior-auth-lookup.aspx>.



The screenshot shows the Healthy Blue website interface. At the top, there is a navigation bar with the Healthy Blue logo and links for 'The Healthy Blue Network', 'Prior Authorization & Claims' (which is highlighted), 'Eligibility & Benefits', and 'Provider Support'. Below the navigation bar is a banner image showing various people. The main content area is titled 'Prior Authorization Lookup' and includes a section 'This tool' with a bulleted list of important information. Below this, there is a 'Please note' section and a search form with dropdown menus for 'Market' (set to Louisiana) and 'Line of Business' (set to Select Line Of Business), a text input for 'CPT/HCPCS Code or Code Description', and a 'Submit' button.

Healthy Blue

The Healthy Blue Network | **Prior Authorization & Claims** | Eligibility & Benefits | Provider Support

> Prior Authorization & Claims >  
Prior Authorization Lookup

**This tool**

- is for outpatient services-inpatient services always require precertification
- does not show benefits coverage—refer to our state-specific provider manuals for coverage/limitations
- Please note: Drug description search is case sensitive. You must search using generic/chemical ingredient name and use lower case only.

Please note: Does not show benefits coverage — Refer to our [Healthy Blue Provider Manual](#) for coverage/limitations.

Market: Louisiana

Line of Business: Select Line Of Business

CPT/HCPCS Code or Code Description

Submit

# Precertification status

You can check the status of your precertification request on the provider website or by contacting Provider Services Monday through Friday, from 7 a.m. to 7 p.m. Central time at **1-844-521-6942**.


## Precertification

### Authorization Status

ID Type \*

Member ID \*

Member

Select a date \*  

Select a Service Type \*

☒ Inpatient ☐ Non-Inpatient

# Interactive Care Reviewer (ICR)

- Physicians and facilities who have an NPI can submit physical and behavioral health outpatient and inpatient prior authorization requests for Healthy Blue members via ICR, which is available on the Availity Portal.
- Ordering and servicing physicians and facilities can use the inquiry feature to find information on any prior authorization affiliated with their tax or organizational ID.
- ICR is also available for prior authorization requests previously submitted via phone, fax, ICR or other online tool.
- ICR is available online 24/7.

# BH precertification requests

- Precertification requests can be submitted through the Availity Portal. (Clinical information can be attached.)
- While the preferred method of precertification requests submission through ICR via the Availity Portal, requests may also be submitted via fax and phone.
- Requests can be submitted by fax for different levels of care, such as:
  - Inpatient requests at **1-844-432-6027**.
  - Outpatient requests at **1-844-432-6028**.
- Requests can be completed on the phone with a clinician 24/7.\*
  - Call **1-844-521-6942** and follow the BH provider's prompting.
  - To determine if a code requires precertification, refer to the Prior Authorization Lookup Tool on the provider website.

*\* Only emergent/acute care requests are accepted via phone, not nonurgent/outpatient care requests.*

# Precertification requests for all other service types

- Physical health precertification and inpatient notification can be done:
  - Online at <https://providers.healthyblueia.com> (preferred method).
  - By phone at **1-844-521-6942**.
  - By fax at **1-877-269-5705**.
- Physical health concurrent inpatient clinical fax: **1-888-822-5595**
- Physical health outpatient fax: **1-888-822-5658**
- Outpatient DME fax: **844-528-3684**
- Find services managed by AIM Specialty Health®:\*
  - Online at [www.aimspecialtyhealth.com](http://www.aimspecialtyhealth.com).
  - By phone at **1-800-714-0040**.
- AIM manages precertification for the following modalities: computed tomography, magnetic resonance, positron emission tomography scans, nuclear cardiology (echocardiography, stress echo, resting transthoracic echo, transesophageal echo), radiation oncology, sleep medicine, cardiology services.

# Precertification requests for all other service types (cont.)

- **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 of their intent to render covered medical services to members
- Providers must provide notification prior to rendering services outlined in this document.
- 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.



# Precertification requests for all other service types (cont.)

- For code-specific requirements for all services, visit our provider self-service website and select **Prior Authorization & Claims** from the top drop-down menu.
- The Prior Authorization Look Up Tool provides requirements for network providers.
- In many cases, out-of-network providers may be required to request precertification for services when network providers do not.

# Screening of BH conditions and referral procedures

- Screening and identification of BH conditions begins in the PCP office.
- No referrals are required for basic BH services provided in a network PCP or medical office.
- No referrals are required for specialist visits including specialized BH consultations.
- For code-specific requirements for all services, you can access the Prior Authorization Look Up Tool on our provider self-service website.

# IPAT

- Healthy Blue does annual assessments of practice integration using the publicly available IPAT on a statistically valid sampling of providers.
- The types of providers include (but are not limited to) BH providers, PCPs, internists, family practitioners, pediatrics, OB/GYNs and any other provider likely to interact with the BH population.
- For more information on IPAT, visit [www.integration.samhsa.gov](http://www.integration.samhsa.gov) and do a search for IPAT.

# EPSDT

## What does it mean?

### Early

Identifying problems early, starting at birth or at onset, to address long-term health concerns

### Periodic

Regular checkups to screen children's health and provide immunizations needed at certain ages

### Screening

Physical, mental, developmental, dental, hearing, vision and other screenings to detect potential problems

### Diagnosis

Performing tests to follow up when a risk is identified

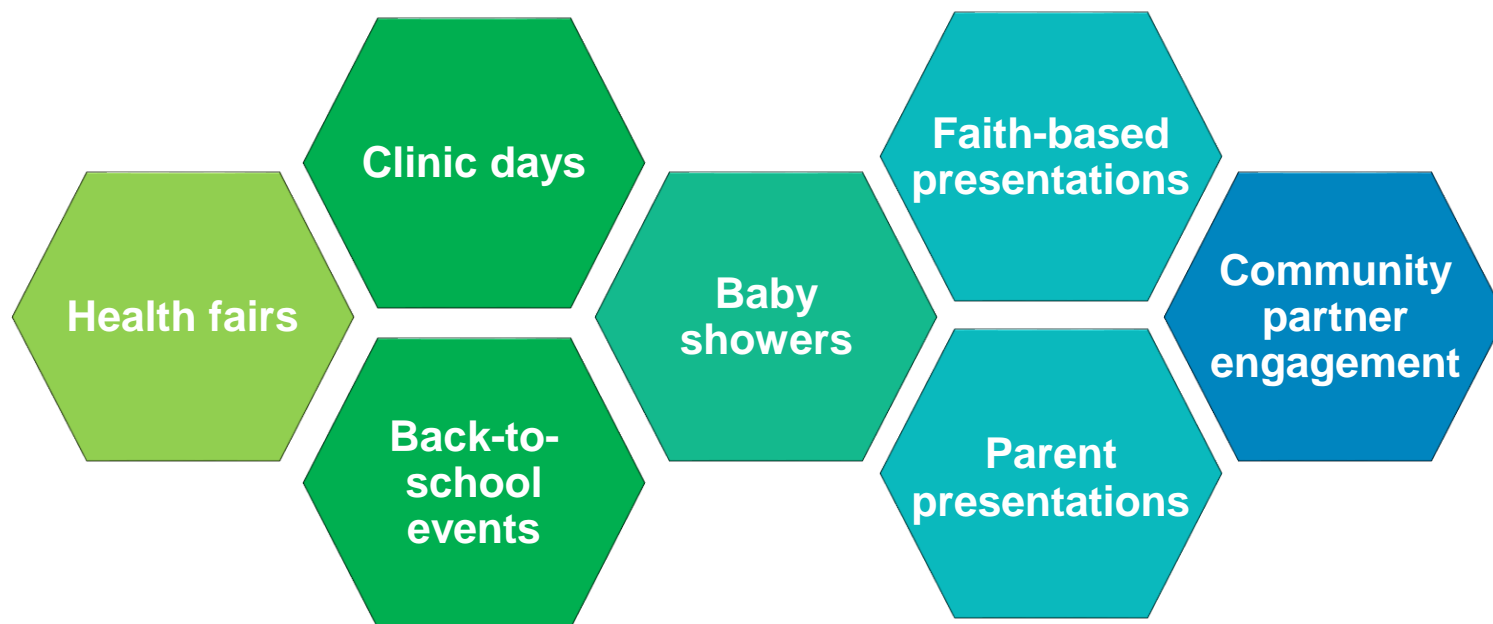
### Treatment

Treating the problems found

# EPSDT: background

- Federal law requires state Medicaid plans ensure children receive physical health, mental health and developmental services.
- EPSDT is designed to address problems early, improve conditions and provide treatment.
- Children under 21 years old who are enrolled in Medicaid are entitled to EPSDT benefits.

# Collective strategies



# HEDIS

## **What is HEDIS?**

- It is a performance measurement tool coordinated and administered by the NCQA.
- 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.

# HEDIS (cont.)

## **When does record collection start and end?**

Quality staff collects 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.



# HEDIS measures – P4P

1. ADHD Continuation
2. ADHD Initiation
3. Initial of Injectable Progesterone Therapy (17-P)
4. Ambulatory ED
5. Follow up After Hospitalization for Mental Illness Within 30 Days of Discharge
6. Well Child — 1st 15 months of life (H)
7. Well Child — 3 to 6 years of life (H)
8. Well Child — Adolescent (H)
9. Prenatal Care (H)
10. Postnatal Care (H)
11. Diabetes — Medical Attention for Nephropathy (H)
12. Diabetes — Eye Exam (H)
13. Diabetes — A1C Testing (H)
14. Controlling High Blood Pressure (H)
15. CAHPS Health Plan Rating — Adult
16. CAHPS Health Plan Rating — Child

\* Hybrid measures denoted with H.

# HEDIS measures – accreditation

1. Childhood Immunization — Combo 10
2. Immunizations for Adolescents — Combo 2
3. Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
4. Breast Cancer Screening
5. Cervical Cancer Screening
6. Adult BMI
7. Chlamydia Screening in Women
8. Adult Flu Vaccinations
9. Asthma Medication Ration
10. Medication Management for People with Asthma
11. Diabetes — Blood Pressure Control
12. Diabetes — A1C Control
13. Statin Therapy for Patients with Diabetes — Received
14. Statin Therapy for Patients with Diabetes — Statin Adherence
15. Medical Assistance with Smoking and Tobacco Use Cessation
16. Antidepressant Medication Management — Continuation Phase

# HEDIS measures – accreditation (cont.)

17. Follow up After Hospitalization for Mental Illness — 7 days
18. Follow Up After ER Visit for Mental Illness — 7 days
19. Follow Up After ER Visit for Alcohol and other Drug Abuse — 7 days
20. Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence — Engagement
21. Diabetes Screening for Schizophrenia or Bipolar
22. Adherence to Antipsychotic Medications for Individuals with Schizophrenia
23. Metabolic Monitoring for Children and Adolescents on Antipsychotics
24. Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics
25. Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis
26. Appropriate Testing for Pharyngitis
27. Use of Imaging Studies for Low Back Pain
28. Appropriate Treatment for Upper Respiratory Infection
29. Use of Opioids at High Dosage
30. Use of Opioids from Multiple Providers — Multiple Prescribers and Multiple Pharmacies
31. Pharmacotherapy Management of COPD Exacerbation — Systemic Corticosteroid
32. Pharmacotherapy Management of COPD Exacerbation — Bronchodilator

# Performance Improvement Projects

**Improving Rates for (1) Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment, (2) Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence, and (3) Pharmacotherapy for Opioid Use Disorder**

***Rationale:*** Alcohol and drug misuse can lead to serious health, relationship, employment, and other social economic problems. Problematic alcohol or drug use can also lead to substance use disorders (SUD). Addiction services focused on helping individuals achieve recovery goals, addressing major lifestyle goals, and preventing reoccurrence/readmits to emergency facilities is essential to successful outcomes for improving rates of initiation and engagement of our SUD members.

***Aim:*** Improve the rate of Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment and to improve the rates for Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence, as well as Pharmacotherapy for Opioid Use Disorder by implementing enhanced interventions to test the change concepts to achieve the following objectives:

# Performance Improvement Projects (cont'd)

## Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation

***Rationale:*** Hepatitis C (HCV) is a significant health problem in the U.S where millions of Americans are believed to be chronically infected. Louisiana has one of the highest rates of HCV in the country. Eradicating HCV in Louisiana and with our member population is critical to improve health inequities within our state.

***Aim:*** Improve the Healthy Louisiana HCV screening rate and initiation of HCV pharmaceutical treatment rate by ten percentage points by implementing a robust set of interventions to address the following key intervention objectives

# Performance Improvement Projects (cont'd)

## Improving Receipt of Global Developmental Screening in the First Three Years of Life

***Rationale:*** *The American Academy of Pediatrics recommends developmental surveillance at most pediatric well-child visits, and formal developmental screening using a standardized screening tool at a minimum once during each of the 1st, 2nd, and 3rd years of life, to occur at pediatric well-child visits with appropriate follow-up for children with concerning screening results (Lipkin et al., 2020).*

***Aim:*** Increase the percentage of children screened for risk of developmental, behavioral and social delays using a standardized global developmental screening tool in the 12 months preceding or on their first, second or third birthday.

# Performance Improvement Projects (cont'd)

**Ensuring access to the COVID-19 vaccine among Healthy Louisiana vaccine-eligible enrollees: Persons 18 years of age or older (or 16 years and up for Pfizer vaccine only)**

***Rationale:*** The Advisory Committee on Immunization Practices (ACIP) issued interim recommendations on the use of available COVID-19 vaccines to prevent COVID-19 (Oliver et al., 2020b). The State of Louisiana COVID-19 Vaccination Playbook's rationale for prioritizing persons with these conditions is to protect the most vulnerable, and cites the current CDC guidelines (CDC, 2020). Effective Tuesday, March 9, 2021, the State of Louisiana expanded eligibility for COVID-19 vaccines to include people who have health conditions that may result in a higher risk of disease (<https://ldh.la.gov/index.cfm/page/4137>, 2021).

***Aim:*** Ensure access to COVID-19 vaccination for Healthy Louisiana enrollees.

# NEMT/NEAT

- Healthy Blue provides nonemergency medical transportation (NEMT)/nonemergency ambulance transportation (NEAT) services, including both ambulance and nonambulance, for members.
- NEMT/NEAT services are provided to and from all medically necessary Medicaid services (including carved out services) for members who lack viable alternate means of transportation.
- MediTrans\* is the Healthy Blue NEMT vendor.
  - To arrange transportation for your patients, call the facility assistance line at **1-844-349-4324**.



# Laboratory services

Notification or precertification 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:

- LabCorp\*
- Quest Diagnostics, Inc.\*

# Radiology services

No precertification is required for:

- Two routine prenatal ultrasounds.
- CPT codes: 76801, 76802, 76805 and 76810.

Computed tomography scans, echocardiograms and magnetic resonance imaging are all approved through AIM:

- Online: <http://aimspecialtyhealth.com/goweb>
- Phone: **1-800-714-0040**
- Note: Fax requests not accepted

# Pharmacy program

The *Preferred Drug List (PDL)* and formulary are available on our website at <https://providers.healthyblueia.com>.

**A prior authorization is required for:**

- High-cost injectable and specialty drugs.
- Any other drugs identified on the *PDL* as needing prior authorization.

To view the *Louisiana Medicaid Single PDL*, please visit: <http://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf>.

# Pharmacy program (cont.)

- Requests for nonformulary or nonpreferred drugs will require prior authorization from the Healthy Blue Pharmacy department:
  - By phone: **1-844-521-6942**
  - By fax: **1-844-864-7865**
  - By fax – medical injectables: **1-844-487-9291**
- Pharmacy providers who need to check pharmacy eligibility can call Provider Services at **1-844-521-6942**.
- Members can call Member Services at **1-844-521-6941**.
- IngenioRx\* is a separate company that manages pharmacy services and benefits on behalf of health plan members.

# Prescription Monitoring Program

- Network prescribers must use and conduct patient-specific queries in the Prescription Monitoring Program (PMP) for patients:
  - Upon first visit to that prescriber.
  - During subsequent visits on all BH patients as deemed necessary by the specific member's medical history, diagnosis and/or suspicious behavior.
- Additional PMP queries should be conducted at the prescriber's discretion or at the request of LDH.
- PMP is a Healthy Louisiana contractual requirement that is subject to chart review.

# Submitting claims

Claims can be submitted:

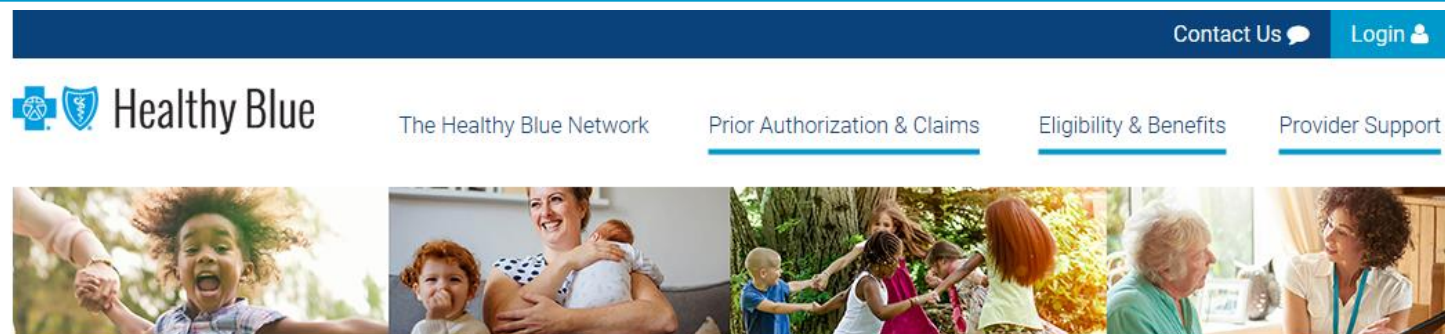
- On the Healthy Blue provider website.
- Through batch 837.
- Through a clearinghouse.
- By mail.

EDI submissions:

- Healthy Blue can work with any vendor, clearinghouse or claims billing service.
- Below is a list of payer IDs for frequently used clearinghouses:
  - Availity payer ID for Healthy Blue: 00661
  - SDS payer ID for Healthy Blue: 16730
  - Change Healthcare payer ID for Healthy Blue: 58532

Additional questions about submitting claims through EDI can be answered by our E-Solutions team at **1-800-470-9630** or by contacting your clearinghouse directly.

# Submitting claims (cont.)



## Provider self-service on Availity

Many of the tools you need - such as eligibility and benefits inquiry, claims submission, claims status inquiry, and authorizations - can now be accessed by [logging into your account](#) on the Availity Portal.

Find these tools on Availity:

Expand the options below for instruction on locating each tool.

### Claims

To submit a claim:

1. From the Availity home page, choose **Claims & Payments** from the top navigation.
2. Select **Type of claim** from the drop-down menu.

[Log In to Availity](#)

or [Register Now](#)

[Availity Frequently Asked Questions](#)

[Looking for Forms?](#)

# Electronic payment services

If you sign up for electronic remittance advice (ERA)/electronic funds transfer (EFT), you can:

- Start receiving ERAs and import the information directly into your patient management or patient accounting system.
- Route EFTs to the bank account of your choice.
- Create your own custom reports within your office.
- Access reports 24/7.

Additional information:

- Electronic Data Interchange hotline: **1-800-590-5745**
- Emdeon\* 27514, Availity 2637, Capario\* 28804



# Clear Claim Connection™

The Clear Claim Connection tool is available on our website to help you determine if procedure codes and modifiers will likely pay for your patient's diagnosis.

The screenshot shows the Clear Claim Connection web application. At the top is a blue header with the title "Clear Claim Connection™". Below the header is a red navigation bar with links: "McKesson Edit Development", "Glossary", "About", "Help", and "Logoff". The main content area is light beige. It contains a "Gender:" label with radio buttons for "Male" and "Female". Below that is a "Date of Birth:" label followed by three input boxes for month, day, and year, with the text "(mm/dd/yyyy)" to the right. A link "Click Grid to enter information:" is positioned above a table. The table has six columns: "Procedure", "Mod 1", "Mod 2", "Mod 3", "Mod 4", and "Date of Service". The "Date of Service" column is divided into three sub-columns for month, day, and year. There are five empty rows in the table. Below the table is a link "Add More Procedures>>". At the bottom of the form are two buttons: "Review Claim Audit Results" and "Clear".

**Clear Claim Connection™**

McKesson Edit Development Glossary About Help Logoff

Gender: ☐ Male ☐ Female

Date of Birth: / /  (mm/dd/yyyy)

[Click Grid to enter information:](#)

Procedure	Mod 1	Mod 2	Mod 3	Mod 4	Date of Service
					<input type="text"/> / <input type="text"/> / <input type="text"/>
					<input type="text"/> / <input type="text"/> / <input type="text"/>
					<input type="text"/> / <input type="text"/> / <input type="text"/>
					<input type="text"/> / <input type="text"/> / <input type="text"/>
					<input type="text"/> / <input type="text"/> / <input type="text"/>

[Add More Procedures>>](#)

[Review Claim Audit Results](#) [Clear](#)

# Rejected versus 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.

# Routine claim inquiries

- Our provider experience program ensures provider claim inquiries are handled efficiently and in a timely manner.
- Claim inquiry calls are handled by specially trained Provider Services representatives by calling **1-844-521-6942**.

# Grievances

- We track all provider grievances until resolved.
- The provider manual details filing and escalation processes and contact information.

# Payment disputes

Providers can submit claim payment reconsiderations verbally, in writing or electronically. We encourage providers to submit claim reconsideration requests through the Availity Portal.

For you, this means an enhanced experience when:

- Filing a claim payment reconsideration.
- Sending supporting documentation.
- Checking the status of your claim payment reconsideration.
- Viewing your claim payment reconsideration history.

# Payment disputes

Availity Portal functionality includes:

- Acknowledgement of submission at the time of submission.
- Email notification when a reconsideration has been finalized by Healthy Blue.
- A worklist of open submissions to check a reconsideration status.

Additionally, payment disputes may be submitted with a copy of the *Explanation of Payment*, supporting documentation and a letter of explanation to:

Healthy Blue

Payment Disputes

P.O. Box 61599

Virginia Beach, VA 23466-1599

# 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.

# OB/GYN services

- No precertification is required for sterilization, tubal ligation or vasectomy.
- Sterilization consent forms are required.
  - Form can be found at:  
[http://ldh.la.gov/assets/docs/Making\\_Medicaid\\_Better/RequestsforProposals/CCNPAppendices/AppendixM\\_SterilizationConsentForm.pdf](http://ldh.la.gov/assets/docs/Making_Medicaid_Better/RequestsforProposals/CCNPAppendices/AppendixM_SterilizationConsentForm.pdf).

Form Approved: OMB No. 0937-0166  
Expiration date: 12/31/2012

### CONSENT FOR STERILIZATION

**NOTICE: YOUR DECISION AT ANY TIME NOT TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS.**

■ **CONSENT TO STERILIZATION** ■

I have asked for and received information about sterilization from \_\_\_\_\_ When I first asked \_\_\_\_\_ Doctor or Clinic \_\_\_\_\_

for the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as Temporary Assistance for Needy Families (TANF) or Medicaid that I am now getting or for which I may become eligible.

I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED PERMANENT AND NOT REVERSIBLE. I HAVE DECIDED THAT I DO NOT WANT TO BECOME PREGNANT, BEAR CHILDREN OR FATHER CHILDREN.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will be sterilized by an operation known as a \_\_\_\_\_ . The discomforts, risks and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least thirty days after I sign this form. I understand that I can change my mind at any time.

Specify Type of Operation \_\_\_\_\_

■ **STATEMENT OF PERSON OBTAINING CONSENT** ■

Before \_\_\_\_\_ signed the \_\_\_\_\_ Name of individual consent form, I explained to him/her the nature of sterilization operation \_\_\_\_\_, the fact that it is \_\_\_\_\_ Specify Type of Operation \_\_\_\_\_ intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent. I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure.

Signature of Person Obtaining Consent \_\_\_\_\_ Date \_\_\_\_\_

Facility \_\_\_\_\_

Address \_\_\_\_\_



# Prior Preterm Pregnancy Program (P4)

- Providers receive listings of potential candidates from their panel for progestin therapy.
- Delivery and administration options are available:
  - For office administration of 17P by contacting a participating pharmacy to have the medication delivered to your office.
  - For office administration of Makena® by completing the Accredo specialty pharmacy prescription and enrollment form and faxing it to **1-888-302-1028**.
    - If you have questions, call them at **1-888-608-9010**.

# Obstetrical notifications

We require notification for:

- First prenatal visit.
- Inpatient confinement, including:
  - Vaginal delivery that exceeds 48 hours.
  - Cesarean delivery that exceeds 96 hours.
- Delivery discharges.
  - Fax maternal discharge notification to **1-888-822-5595** within one business day of discharge.

You can notify Provider Services by phone at **1-844-521-6942**, or fax Healthy Blue at **1-877-269-5705**.

The *Notification of Pregnancy* form can be found at:

[http://new.dhh.louisiana.gov/assets/docs/BayouHealth/NOP\\_Form.pdf](http://new.dhh.louisiana.gov/assets/docs/BayouHealth/NOP_Form.pdf).

# Newborn birth notifications

Newborn birth requires notification. You can use any form, but the following clinical information must be provided:

- Newborn's birth weight
- Gender
- Gestational age at birth
- Single/multiple birth
- Delivery type (vaginal or cesarean)
- Indicate whether it was a live birth
- Gravida/Para/Ab for mother
- Date of birth
- Estimated date of delivery and if neonatal intensive care unit admission was required
- Disposition at birth
- Apgar score

# 39 weeks initiative

Effective March 1, 2015, the Louisiana Department of Health (LDH) no longer pays for non-medically necessary elective deliveries prior to 39 weeks of gestation.

This initiative restricts births **not** medically necessary prior to 39 weeks.

- This is done through the use of:
  - Louisiana Electronic Event Registration System.
  - Singleton births below 39 weeks' gestation worksheet.
- Professional delivery claims use maternity modifiers such as:
  - GB (delivery 39 weeks or more).
  - AT (delivery less than 39 weeks and medically necessary).
  - GZ (delivery less than 39 weeks and not medically necessary).
- Claims will be processed and paid but will be reviewed retroactively with the exclusion of modifier GZ (claims with GZ will be denied).

# Healthy Blue Dual Advantage

- New dual special needs plan (D-SNP) Healthy Blue Dual Advantage offered in 2020
- Serves dual-eligible members who are eligible for both Medicaid and Medicare
- Enrollment occurs quarterly throughout the year
- For more information:
  - Visit the Healthy Blue Dual Advantage website:  
<https://providers.healthybluela.com/la/pages/medicare-advantage.aspx>
  - Call the Healthy Blue Dual Advantage Provider Services line:  
**1-844-895-8160**

Note: Contacts for Healthy Blue Dual Advantage are not the same as the contacts for Medicaid offered by Healthy Blue.

# Healthy Blue Dual Advantage (cont.)

Serves 27 parishes:

- Acadia
- Ascension
- Assumption
- Bossier
- Caddo
- De Soto
- East Baton Rouge
- East Feliciana
- Iberville
- Jefferson
- Lafayette
- Lafourche
- Livingston
- Orleans
- Pointe Coupee
- St Bernard
- St Charles
- St Helena
- St James
- St John Baptist
- St Martin
- St Mary
- St Tammany
- Terrebonne
- Washington
- West Baton Rouge
- West Feliciana

# Provider Relations contact info

- Provider Relations Hotline: **1-504-836-8888**
- Provider Relations Inbox: LAinterPR@HealthyBlueLA.com
- Provider Relations Representatives territories and contact information:
  - [https://providers.healthybluela.com/Documents/LALA\\_CAID\\_ProviderRelationsRepsMapRebrand.pdf](https://providers.healthybluela.com/Documents/LALA_CAID_ProviderRelationsRepsMapRebrand.pdf)



\* 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. Magellan Health is an independent company providing coordinated system of care services on behalf of Healthy Blue. LabCorp and Quest Diagnostics, Inc. are independent companies providing laboratory services on behalf of Healthy Blue. IngenioRx, Inc. is an independent company providing pharmacy benefit management services and some utilization review services on behalf of Healthy Blue. Emdeon and Capario are independent companies providing payment services on behalf of Healthy Blue. MediTrans is an independent company providing transportation services on behalf of Healthy Blue.

**<https://providers.healthybluelo.com>**

Healthy Blue is the trade name of Community Care Health Plan of Louisiana, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

BLAPEC-2379-21April 2021

507983LAPENHBL