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## Healthy Blue e-blasts

Healthy Blue continually seeks to improve the effectiveness and timeliness of communications to our providers.

**Effective January 1, 2020, we will be leveraging e-blasts for the dissemination of various provider notifications, educational opportunities and more.**

### What do we need from you?

To receive future e-blast communications from Healthy Blue (in lieu of fax or mail), please send the following information to [ProviderEmailRequests@healthybluelia.com](mailto:ProviderEmailRequests@healthybluelia.com):

- Email address
- Provider Name
- Full mailing address
- NPI
- TIN

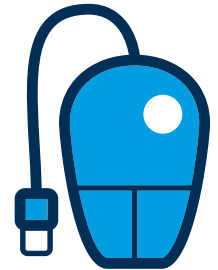


If multiple providers, email addresses, NPIs or TINs exist, you need to submit all of the required fields separately for each individual provider or provider within a group. However, please keep in mind that we can only accept one email address for each unique provider record.

BLAPEC-1464-19\_v2

## Electronic submission is preferred method for requesting pharmacy prior authorization

Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. The online process is faster and easier to complete, and the response is automatic, which helps patients get their medications sooner. You can complete this process through your current electronic health record/electronic medical record (EHR/EMR) system or via the following ePA sites:



- Surescripts®:  
<https://providerportal.surescripts.net/providerportal>
- CoverMyMeds®:  
<https://www.covermymeds.com/main>

Creating an account is free and takes just a few minutes. If you are experiencing any issues or have a question about how the systems operate:

- For questions or issues with accessing the Surescripts portal, call **1-866-797-3239**.
- For questions or issues with accessing the CoverMyMeds portal, call **1-866-452-5017**.

For questions regarding pharmacy benefits, contact your IngenioRx call center 1-844-521-6942.

*IngenioRx, Inc. is an independent company providing pharmacy benefit management services on behalf of Healthy Blue.*

BLA-NL-0169-19

# Caring for Children with ADHD: a provider eLearning experience offered by Healthy Blue

Healthy Blue is pleased to offer *Caring for Children with ADHD*, a compelling life-based learning experience, for Healthy Louisiana providers. The course is based on **Caring for Children with ADHD: A Resource Toolkit for Clinicians**, a collaborative project between the Louisiana Chapter of the American Academy of Pediatrics (LAAAP) and the Louisiana Department of Health. Providers may apply their completion of the course toward continuing medical education (CME) credit certification. See the *About* section of the course for CME details.

## How will this eLearning experience benefit me?

By completing the *Caring for Children with ADHD* course, you will learn how to apply best practices, along with:

- Insight into your role in assessing young patients with a potential ADHD diagnosis and their treatment.
- The benefits of using the toolkit.
- How to integrate the contents of the online toolkit into your electronic medical record and office workflow.
- How to address disparities and reduce ADHD stigma in diverse populations.
- How to apply the most effective and age-appropriate multimodal treatment plan for children with ADHD.
- Proper medical coding for ADHD that will help ensure you are correctly compensated.



## Access the LAAAP Resource Toolkit for clinicians

Before you take the course, access *Caring for Children with ADHD: A Resource Toolkit for Clinicians*:

- **First-time users:** Visit <http://www.laaap.org/adhd-reg> to create a username and password and enter an email address. Once all your information is entered, you will be brought to the toolkit.
- **Returning users:** Visit <http://www.laaap.org/adhd-toolkit> to enter your login information and access the toolkit.

## Access the Healthy Blue provider course

*Caring for Children with ADHD* can be accessed at <https://www.mydiversepatients.com/le/adhd/home.html> using your smartphone, tablet or computer. For tracking purposes, email a copy of your CME certificate to [LAinterPR@HealthyBlueLA.com](mailto:LAinterPR@HealthyBlueLA.com).

BLAPEC-1496-19

## Coding spotlight — provider’s guide to coding behavioral and emotional disorders

### ICD-10-CM coding

Codes within categories F90 through F98 represent behavioral and emotional disorders with onset usually occurring in childhood and adolescence and may be used regardless of the age of the patient.

Attention deficit hyperactivity disorder (ADHD) is among these common childhood disorders. While ADHD is not a learning disability, it can impact the ability to learn. This disorder is characterized by classic symptoms of inattention, hyperactivity and impulsivity. Three subtypes of ADHD have been identified:

- Hyperactive/impulsive type — The patient does not show significant inattention.
- Inattentive type — The patient does not show significant hyperactive-impulsive behavior.
- Combined type — Patient displays both inattentive and hyperactive-impulsive symptoms.



[Read more online.](#)

BLA-NL-0170-19

## Coding spotlight — provider’s guide to coding respiratory diseases

### ICD-10-CM coding

Respiratory diseases are classified in categories J00 through J99 in Chapter 10, “Diseases of the Respiratory System” of the *ICD-10-CM Official Guidelines for Coding and Reporting*.

### Pneumonia

Pneumonia is coded in several ways in ICD-10-CM. Combination codes that account for both pneumonia and the responsible organism are included in Chapter 1, “Certain Infectious And Parasitic Diseases” and Chapter 10, “Diseases of the Respiratory System.” Examples of appropriate codes for pneumonia include:

- J15.0 — pneumonia due to *Klebsiella*
- J15.211 — pneumonia due to *Staphylococcus aureus*
- J11.08 + J12.9 — viral pneumonia with influenza.



[Read more online.](#)

BLA-NL-0183-19

# Precertification Lookup Tool — easy access to prior authorization guidelines on the Availity Portal

Healthy Blue has an online tool that displays prior authorization guidelines to help you quickly determine whether certain services for Healthy Blue members require a prior authorization.

You can access the Precertification Lookup Tool through the Availity Portal. The Precertification Lookup Tool will let you know if clinical edits apply, information such as the medical necessity criteria used in making the authorization decision, and if a vendor is used — without the need to make a phone call.



## Where is the Precertification Lookup Tool located on Availity?

Navigate to the Precertification Lookup Tool on the Availity Portal by selecting either 1) Payer Spaces or 2) Patient Registration from [Availity's homepage](#). You can also reach Availity via phone at **1-800-AVAILITY (1-800-282-4548)**. Access to the information does not require an Availity role assignment, tax ID or NPI.

### Through Availity Payer Spaces:

- Select **Healthy Blue** from the *Payer Spaces* menu.
- Select the **Applications** tab.
- Select the **Precertification Lookup Tool** tile.

### From the Patient Registration menu:

- Select **Authorizations and Referrals**.
- Select the **Precertification Lookup Tool** link located on the page below *Additional Authorizations & Referrals*.

Once you've accessed the Precertification Lookup Tool, choose a line of business from the menu selection offered, then type the CPT®/HCPCS code or a code description to determine if a prior authorization is required.

## Other ways to access

If you are currently accessing the Precertification Lookup Tool either through your health plan's public or secure provider website, those options are still available for you.

BLA-NL-0176-19



## Dual Advantage

### New Medicare Advantage plan in 2020 — introducing Healthy Blue Dual Advantage (HMO D-SNP)

Healthy Blue Dual Advantage (HMO D-SNP), a new Medicare Advantage plan under Healthy Blue, will be available in Louisiana beginning January 1, 2020. Once members are enrolled in the plan, complete details about the plan will be found in the member's Evidence of Coverage. Visit <https://providers.healthybluela.com> for the most up-to-date information regarding plan benefits and policies or contact Provider Services at the number on the back of the member's ID card.

Some group-sponsored Medicare Advantage plan benefits vary from the Medicare Advantage plans offered to individuals. Please refer to the member's Evidence of Coverage or call Provider Services at the number on the member ID card for more benefit detail.

For an outline of the benefits that will be offered to members enrolled in the Healthy Blue Dual Advantage (HMO D-SNP) plan, read more online.



**Read more online.**



SABUCR-0023-19

## 2020 Healthy Blue Dual Advantage (HMO D-SNP) contact information, provider manual and benefits



For the January 1, 2020, go-live of Healthy Blue Dual Advantage (HMO D-SNP), the dual-special needs Medicare Advantage plan offered by Healthy Blue, there are several useful links and phone numbers you can use to learn more.

If you would like to view the Healthy Blue Dual Advantage (HMO D-SNP) provider manual, visit <https://bit.ly/2qBaYDa> > Healthy Blue Dual Advantage D-SNP > CARE Provider Manual.

A summary of benefits, evidence of coverage, formulary and other pharmacy information is available at <https://bit.ly/2qBaYDa> > Healthy Blue Dual Advantage D-SNP > CARE 2020 Benefits. You may also access information using the following links:

- Summary of benefits — <https://bit.ly/2MCQ0MH>
- Evidence of coverage — <https://bit.ly/33TBRjW>
- Formulary — <https://bit.ly/32DU0IM>

An overview of notable 2020 benefits will be available at <https://bit.ly/2qBaYDa> > Healthy Blue Dual Advantage D-SNP > CARE News and Announcements.

<b>Healthy Blue Dual Advantage (HMO D-SNP) Provider Services</b>	<b>1-844-895-8160</b> or the number on the back of the member ID card
<b>Case management</b>	<b>1-833-607-6516</b>
<b>Pharmacy</b>	Call the number on the back of the member ID card
<b>Utilization management</b>	Phone: <b>1-800-262-2731</b> Fax: <b>877-423-9972</b>
<b>Peer-to-peer review</b>	<b>1-888-596-0266</b>

Please continue to check the [Healthy Blue Dual Advantage \(HMO D-SNP\) website](#) for the latest Healthy Blue Dual Advantage (HMO D-SNP) information.

If you have questions about this communication or need assistance with any other item, contact the number on the back of your patient's Healthy Blue member ID card.

BLACRNU-0007-19

# Healthy Blue offers Medicare Advantage Dual Special Needs product

Healthy Blue will offer a new Medicare Advantage Dual Special Needs product, effective January 1, 2020.

**Healthy Blue Dual Advantage (HMO D-SNP)** will be available in the following parishes:

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

## 2020 highlights:

- **Essential Extras:** These benefits may help your patients with meals, help at home, mobility and more. Prior authorization and/or recommendation from a licensed clinician may be required for some of these benefits.
- **\$0 labs** for A1c, urine protein, fecal occult blood test and diabetic eye exam
- **Frequently offered supplemental benefits:**
  - \$0 annual exam
  - Preventive dental and annual dental allowance
  - Vision exam and eyewear allowance
  - Hearing aid allowance
  - SilverSneakers — fitness
  - Over-the-counter (OTC) allowances for OTC medications and health-related items at Walmart's 4,700 stores and online
- LiveHealth Online: convenient access to a doctor via live, two-way video on a computer or mobile device — members log in at [www.livehealthonline.com](http://www.livehealthonline.com)
- Nursing hotline
- Chiropractic care
- Post-discharge meals
- Worldwide coverage
- Personal emergency response system (PERS) — intended to help people maintain independence in their own homes who might otherwise need to live in an assisted living facility
  - Monthly monitoring and testing is included.
- Additional benefit details will be available later this year at <https://providers.healthyblue.com/la/pages/medicare-advantage.aspx>.

BLACRNU-0004-19



# Electronic data interchange

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

## Methods to exchange EDI transmissions with the Availity EDI gateway:

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

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

The [Availity Welcome Application](#) is your map to setting up your business for exchanging EDI transactions via the Availity Portal.

## Already registered with Availity?

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

- Use the [EDI Connection Services Startup Guide](#) for detailed instructions.
- Use Availity's [EDI Companion Guide](#).

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

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

## Payer name and ID

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

## Electronic funds transfer registration

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

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

## ERA registration

You can also use the [Availity Portal](#) to register and manage ERA accounts. Navigate to My Providers > Enrollments Center > ERA Enrollment.

Note: if you were previously registered to receive ERA, you must register with Availity to manage ERA account changes.

Choose to suppress (or enable) paper remittances through our [Provider Paper Suppression Form](#).

## Contacting Availity

If you have any questions, contact Availity Client Services at **1-800-Availity (1-800-282-4548)** Monday through Friday 8 a.m. to 7:30 p.m. ET.

BLACRNU-0002-19

## Healthy Blue functionality on the Availity Portal

Beginning January 1, 2020, the **Availity Portal** will be your exclusive secure website to access many online tools and resources for the Dual Advantage plan under Healthy Blue. You may also access the Availity site from within <https://ilinkblue.bcbsla.com> under the "Other Sites" section or the Healthy Blue Dual Advantage link at <https://providers.healthybluela.com>.

The use of Availity for these functions provides you with access to real-time information and instant responses in a consistent format regardless of the payer. Start exploring how you can use the Availity Portal during your patient check-in, check-out or billing, or whenever you might benefit from easy, instant access to health plan information.

### Here are the functions that will be available to you on the Availity Portal:

- Eligibility and benefits
- Claims status inquiry
- Claims submission
- Claim dispute submission
- Medical attachments
- Authorization requests and inquiries (via the Interactive Care Reviewer)
- Precertification Look-Up Tool
- Digital member ID card

### Applications located on Availity Payer Spaces:

- Remittance Inquiry
- Provider Online Reporting
- Claims Status Listing
- Clear Claim Connection
- Patient360
- Precertification Look-Up Tool

To access these online tools, you need to have the appropriate role assignment on Availity. Your Availity administrator can grant you access.

### Don't know whom your Availity administrator is?

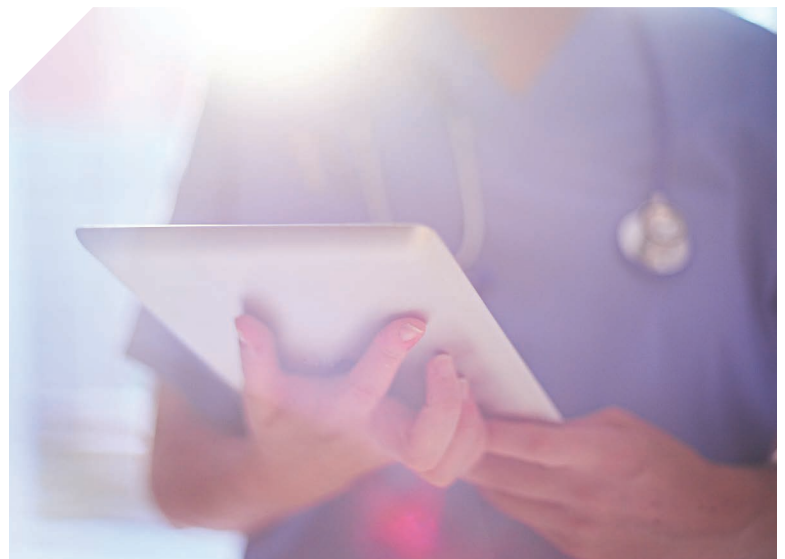
From Availity's homepage, select **My Account Dashboard | My Administrators**.

### Not registered on the Availity Portal yet?

Visit <https://www.availity.com> to register today. If you already use Availity, no additional registration is needed. Healthy Blue will appear as one of your options in the payer drop-down lists starting January 1, 2020.

### Need training?

If you would like more information on navigating in Availity, select **Help & Training | My Learning Plan** from the top navigation menu on the Availity home page. Availity also offers onboarding modules for new administrators and users. Search the keyword **onboarding** to locate and enroll in these modules in the Availity Learning Center.



BLACRNU-0001-19

# Introducing Interactive Care Reviewer

After January 11, 2020, your practice can initiate online prior authorization (PA) requests for Healthy Blue members enrolled in Healthy Blue Dual Advantage (HMO D-SNP) efficiently and conveniently with our Interactive Care Reviewer (ICR) tool available through the Availity Portal. The ICR offers a streamlined process to request inpatient and outpatient procedures for medical and behavioral health services. Registered users have access to onboarding and on-demand training.

## What benefits/efficiencies does the ICR provide?

ICR:

- **Can determine if PA is needed.** For most requests, when you enter patient, service and provider details, you will receive a message indicating whether review is required.
- **Provides inquiry capability.** Ordering and servicing physicians and facilities can locate information on PA requests for those they are affiliated with; this includes requests previously submitted via phone, fax and ICR.
- **Reduces the need to fax.** The ICR allows text detail and images to be submitted along with the request. Therefore, you can submit requests online and reduce the need to fax medical records.
- **Is available with no additional cost to you.** The ICR is a no-cost solution that's easy to learn and even easier to use.
- **Is accessible from almost anywhere.** You can submit your requests from any computer with internet access. (Note: We recommend you use Internet Explorer 11, Chrome, Firefox or Safari for optimal viewing.)
- **Provides a comprehensive view of all of your PA requests.** You have a complete view of all the utilization management requests you submitted online, including the status of your requests and specific views that provide case updates and a copy of associated letters.

## How do I gain access to the ICR?

You can access our ICR tool via the Availity Portal. If your organization has not yet registered for Availity, go to [www.availity.com](http://www.availity.com) and select **Register** in the upper right-hand corner of the page.

If your organization already has access to Availity, your Availity administrator can grant you access to the *Authorization and Referral Request* for submission capability and *Authorization and Referral Inquiry* for inquiry capability. You can then find our tool under Patient Registration > Authorizations & Referrals. From this area, you can select the *Authorizations* or *Authorization/Referral Inquiry* option as appropriate.

## Whom can I contact with questions?

For questions on accessing our tool via Availity, call Availity Client Services at **1-800-AVAILITY**. Availity Client Services is available Monday through Friday from 8 a.m. to 7 p.m. ET (excluding holidays) to answer your registration questions. **Register** and attend one of the ICR monthly webinars.

BLACRNU-0003-19

### Healthy Blue Dual Advantage (HMO D-SNP) reimbursement policies

Effective January 1, 2020, reimbursement policies will become effective and located on the Healthy Blue provider website. Healthy Blue Dual Advantage (HMO D-SNP) reimbursement policies apply to providers who serve Medicare Advantage members enrolled in Healthy Blue Dual Advantage (HMO D-SNP). Healthy Blue Dual Advantage (HMO D-SNP) reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Healthy Blue Dual Advantage (HMO D-SNP) strives to minimize these variations. To view the updated reimbursement policies, visit the [provider self-service website](#).

#### What does this mean to me?

Please refer to the reimbursement policy website, your provider manual and/or your provider contract as a guide for reimbursement criteria. Reimbursement policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement if the service is covered by a member's benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis, as well as to the member's state of residence. Proper billing and submission guidelines are required along with the use of industry-standard, compliant codes on all claim submissions.

We reserve the right to review and revise our policies when necessary. Reimbursement policies go through a review every two years for updates to state, federal or CMS contracts and/or requirements. When there is an update, we will publish the most current policy at <https://providers.healthybluel.com>.

#### Code and clinical editing

Healthy Blue Dual Advantage (HMO D-SNP) applies code and clinical editing guidelines to evaluate claims for accuracy and adherence to accepted national industry standards and plan benefits. We use sophisticated software products to ensure compliance with standard code edits and rules. These products increase consistency of payment for providers by ensuring correct coding and billing practices. Editing sources include but are not limited to CMS National Correct Coding Initiative, *Medical Policies* and *Clinical Utilization Management Guidelines*. Healthy Blue Dual Advantage (HMO D-SNP) is committed to working with you to ensure timely processing and payment of claims.

#### What if I need assistance?

The complete set of policies is available at <https://providers.healthybluel.com>. If you have questions, please visit the provider self-service website or call the number on the back of the member's ID card.

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