

August 2019

Healthy Blue Provider Manual Addendum

Summary: This addendum outlines updates to information in the *Healthy Blue Provider Manual*. Please note: Updates are denoted as an **update** in information or **new** information. Updates outlined in this addendum include:

- **Update — 1.4 Quick reference information**
- **New — Member PCP linkage analysis and reassignment**
- **New — 2.25 Healthy Louisiana benefits**
- **Update — 4.13 Member records and treatment planning**
- **New/Update — 5.6 Precertification/notification coverage guidelines**
- **Update — 6.6 Clinical criteria**

Update — 1.4 Quick reference information

Contact information

AIM Specialty Health® <ul style="list-style-type: none"> • Musculoskeletal (spine therapy) 	1-800-714-0040
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New — Member PCP linkage analysis and reassignment*

The Healthy Blue *Member PCP Linkage Analysis and Reassignment* policy ensures the member's assigned primary care physician (PCP) is the one most involved with treatment of the member, which will promote health outcomes and access to care for members.

Policy criteria

On a quarterly basis, Healthy Blue will initiate an analysis of PCP panel data to identify members eligible for PCP reassignment and prospectively reassign members as outlined below.

- **First-quarter cycle:**
 - By January 15: Initiate claim analysis to identify members eligible for reassignment.
 - By February 1: Distribute panel analysis results to providers for review with 15-business-day deadline to respond.
 - By February 22: Review provider responses and begin reassignment process.
 - By March 1: Complete processing of reassignments.
 - By March 15: Send notification letter to impacted members and update provider panel data on web.
- **Second-quarter cycle:**
 - By April 15: Initiate claim analysis to identify members eligible for reassignment.
 - By May 1: Distribute panel analysis results to providers for review with 15-business-day deadline to respond.
 - By May 22: Review provider responses and begin reassignment process.
 - By June 1: Complete processing of reassignments.
 - By June 15: Send notification letter to impacted members and update provider panel data on web.
- **Third-quarter cycle:**
 - By July 15: Initiate claim analysis to identify members eligible for reassignment.
 - By August 1: Distribute panel analysis results to providers for review with 15-business-day deadline to respond.
 - By August 22: Review provider responses and begin reassignment process.

<https://providers.healthybluelouisiana.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. IngenioRx, Inc. is an independent company providing pharmacy benefit management services on behalf of Healthy Blue.

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- By September 1: Complete processing of reassignments.
- By September 15: Send notification letter to impacted members and update provider panel data on web.
- Fourth-quarter cycle:
 - By October 15: Initiate claim analysis to identify members eligible for reassignment.
 - By November 1: Distribute panel analysis results to providers for review with 15-business-day deadline to respond.
 - By November 22: Review provider responses and begin reassignment process.
 - By December 1: Complete processing of reassignments.
 - By December 15: Send notification letter to impacted members and update provider panel data on web.

This policy applies to:

- All in-network PCPs.
- All members who have been assigned to their current PCP for at least 90 days.
- Members who have not seen their assigned PCP within a 12-month lookback period.

A member will only be eligible for PCP reassignment if they meet the policy criteria outlined above and have visited an unassigned PCP at least once within the previous 12 months.

If the member has an established relationship with an unassigned PCP, the member will be prospectively reassigned to that PCP if they are in-network with a valid primary care specialty. Unassigned PCPs meeting these specifications with closed panels will have panel status overridden to complete member reassignment.

Please note: If the member has seen an unassigned PCP with the same Tax ID Number (TIN) as their assigned PCP, the member will **not** be reassigned.

Disputing a reassignment

Providers identified as having members who are eligible for PCP reassignment have the right to dispute.

To dispute a reassignment:

- Submit valid documentation such as a medical record, proof of billed claim or third-party liability demonstrating you have seen the member within the 12-month lookback period. This documentation should be sent to LAinterPR@HealthyBlueLA.com.
- Documentation must be provided within the communicated 15-business-day deadline.

** The above information will be added to the Healthy Blue Provider Manual as a new section following 2.12 PCP Automatic Assignment Process for Members.*

New — 2.25 Healthy Louisiana benefits

Covered service	Limitations/notes
Federally Qualified Health Centers (FQHCs)/ Rural Health Clinics (RHCs)	<ul style="list-style-type: none"> ● FQHCs and RHCs are eligible for an add-on reimbursement for long-acting, reversible contraception (LARC)
Immunizations	In accordance with Healthy Louisiana guidelines, Healthy Blue covers hepatitis B adult, two-dose vaccine.

Covered service	Limitations/notes
Lynch syndrome and familial adenomatous polyposis (FAP) genetic testing	In accordance with Healthy Louisiana guidelines, Healthy Blue will reimburse genetic testing for Lynch syndrome and FAP once in a recipient’s lifetime.
Noninvasive prenatal testing (NIPT)	In accordance with Healthy Louisiana guidelines, Healthy Blue will cover NIPT for the detection of fetal chromosomal abnormalities in pregnant women.

Update — 4.13 Member records and treatment planning

Personalized support and care plan

Treatment plans must be updated at least every **365** days or more frequently as necessary based on the member’s progress toward goals, a significant change in psychiatric symptoms, medical condition and/or community functioning, as well as the level of care where the member is receiving treatment. Additionally, the development of a crisis prevention plan is required for those members with multiple hospitalizations or more than three visits to the emergency room for urgent or nonemergent care.

New/update — 5.6 Precertification/notification coverage guidelines

Durable medical equipment (DME)	Precertification is required for: <ul style="list-style-type: none"> • New — Continuous glucose monitoring devices • New — Electric breast pumps • Change — Enteral and parenteral nutrition pumps
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Update — 6.6 Clinical criteria

The program includes outpatient hospital and office settings only. Included settings are hospital (outpatient only), free-standing imaging centers and physician offices. Excluded settings are inpatient hospital, emergency room, observation, and ambulatory surgery centers.

What if I need assistance?

If you have questions about this communication or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at **1-844-521-6942**.