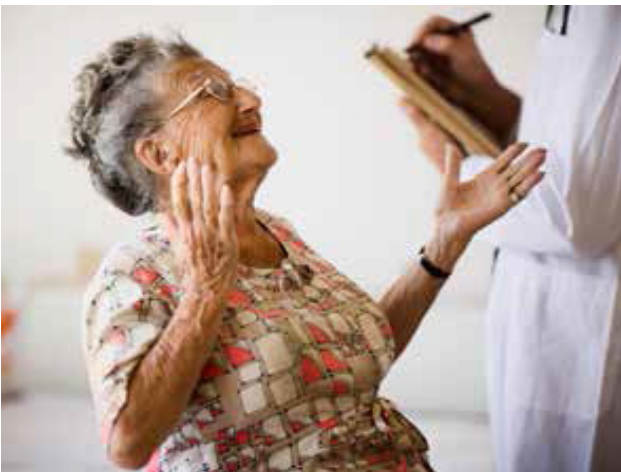


Provider Newsletter



BLA-NL-0010-17

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Amerigroup Louisiana is now Healthy Blue

On September 1, 2017, Amerigroup Louisiana changed its name. We are now Healthy Blue.

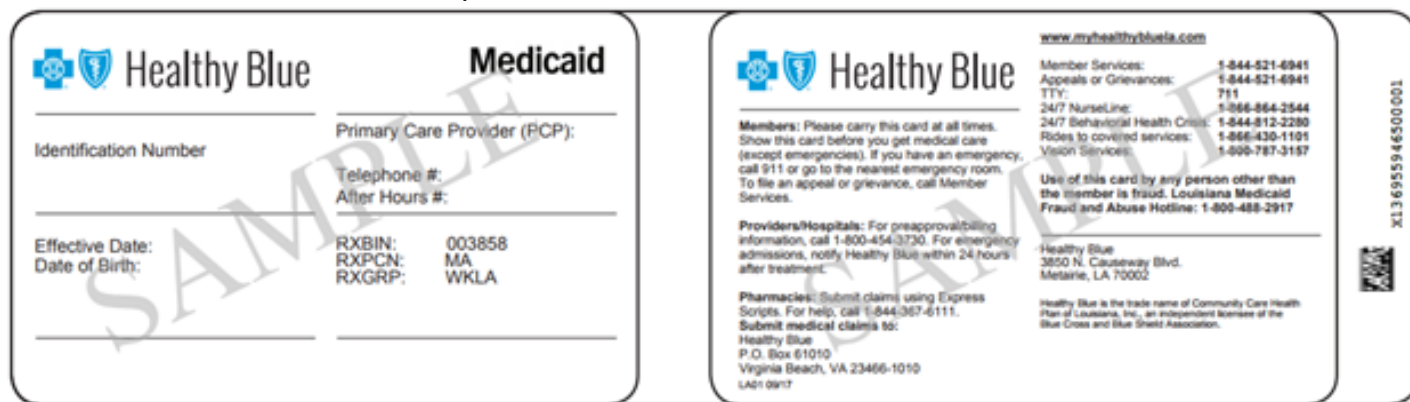
Contract and participation

Your contract and participation status with us are not changing. However, you should have received an *Amendment by Notification* or *Amendment by Mutual Consent* to your contract. These amendments change our company's name and add provisions related to the name change to your agreement.

There is no change to billing procedures, covered services or benefits.

Member IDs

All members have received a new Healthy Blue member ID card. The new Healthy Blue ID cards are effective September 1, 2017. Please ask to see it when members come in for a visit and keep a copy of the card on file. Here is a sample ID card:



Our website

Our provider website has changed. To help you become familiar with our new site, a web tour will be available on the landing page of the current provider website under the *News & Announcements* section.

The new website is located at <https://providers.healthybluea.com>. Please be sure to bookmark this as a favorite.

Submitting claims

Although our name has changed, the method for submitting a claim has not. Please continue to submit claims via:

- The Availity Portal at <https://www.availity.com>.
- The provider website at <https://providers.healthybluea.com> by logging in with your Availity credentials.
- Mail. Please use our new name and address on the following page:
Healthy Blue
P.O. Box 61010
Virginia Beach, VA 23466-1010

Amerigroup Louisiana is now Healthy Blue (cont.)

Electronic data interchange (EDI)

- Your paper claims submission process is not changing with this transition.
- Your clearinghouse may or may not change the payer ID as a part of this process. This would be a change within the clearinghouse system and is beyond our control. If you used a different clearinghouse other than the clearinghouses listed below, please contact your clearinghouse directly to see about a possible change:
 - Availity will be 00661.
 - Change Healthcare will be 58532.
 - SDS will be 16730.
- Under Healthy Blue, we are no longer limited to the three clearinghouses we were using before. Healthy Blue can now work with any vendor, clearinghouse or claims billing service to submit claims directly to us.

Please visit the EDI area of our website at <https://providers.healthyblue.com> for information about EDI transactions.

Our e-Solutions team can be reached at **1-800-470-9630** should you have questions. If you submit claims to one of the above listed clearinghouses, please use the new payer ID listed. Otherwise, please contact your clearinghouse for further instructions.

How to contact Healthy Blue

Our Provider Services phone number has changed to **1-844-521-6942**.

BLAPEC-0490-17

Important notice for Healthy Blue providers

Fresenius dialysis facilities will no longer be participating Healthy Blue providers as of November 1, 2017.

Healthy Louisiana members receiving care at a Fresenius dialysis facility will be notified of this network change. Providers are asked to support members' transitions of care to participating dialysis facilities.

All participating dialysis facility information may be found in the online directory. Visit <https://providers.healthybluela.com> or contact Provider Services at **1-844-521-6942** for more information. Case managers are available to assist with the transition.

What if I need assistance?

If you have questions or know of members who need assistance during this transition, please call Provider Services or our case managers at **1-844-521-6942**. We will be happy to help you.

LAPEC-1372-17

New pharmacy prior authorization fax number

Healthy Blue is streamlining the Pharmacy intake and prior authorization (PA) process. Effective September 1, 2017, please use the fax numbers below when submitting PA requests:

- PA for prescription drugs: **1-844-864-7868**
- PA for medical injectables: **1-844-487-9291**

To ensure a seamless transition, please update your records immediately and discontinue the use of all previous pharmacy PA fax numbers.

For more information, call Provider Services at **1-844-521-6942**.

WEBPBLA-0014-17

Access to Disease Management — helping you care for patients with chronic health care needs

Healthy Blue Disease Management programs are designed to assist PCPs and specialists in managing the care of members with chronic health care needs. Members are provided with care management and education by a team of highly qualified disease management professionals whose goal is to create a system of coordinated health care interventions and communications for enrolled members.

Case managers provide support to members with:

- Behavioral health conditions.
- Diabetes.
- Heart conditions.
- HIV/AIDS.
- Pulmonary conditions.
- Substance use disorder.

In order to improve condition-specific outcomes, case managers use motivational interviewing to identify and address health risks such as tobacco use and obesity.

Licensed nurse case managers are available Monday through Friday from 8:30 a.m. to 5:30 p.m. local time, and our confidential voicemail is available 24/7. To contact our Disease Management team, call **1-888-830-4300**.

Additional information about our Disease Management programs can be found on our provider website (<https://providers.healthybluela.com>).

LA-NL-0055-17

Starting October 1, 2017: electronic prior authorization available

What is electronic prior authorization (ePA)?

- ePA offers providers the ability to complete prior authorization requests for medications via a web portal.

How do ePA cases differ from phone/fax cases?

- ePA cases are simply initiated differently from other PA cases. Once an ePA case is submitted, it follows the same process as phone/fax cases.
- This electronic alternative allows providers a self-service option for initiating and managing PA requests.
- If the necessary information to meet clinical criteria is submitted during the ePA process, an immediate approval decision can be completed and communicated back to the provider.

Why ePA?

- ePA is speedy, simple and smart.
- It saves time; submitting ePA requests is faster than phone/fax requests, and there is no paperwork to manage.
- It is easy to use; a good number of physicians already ePrescribe, and ePA is the next step.
- The ability to receive automatic approvals with ePA expedites the process and, subsequently, fosters a positive member experience.
- ePA is currently available for Healthy Blue providers through CoverMyMeds® for commercial and health care exchange members in all states, Medicare members in all states, and Medicaid members in California, Indiana, Kansas, Louisiana and South Carolina and Texas.

How do I submit an ePA?

- Visit the CoverMyMeds website (<https://www.covermymeds.com>).
- Through your electronic medical records tool, utilize the ePA functionality if it exists.

If I have issues or questions about ePA through CoverMyMeds, how do I receive assistance?

For assistance, reach out to CoverMyMeds via one of the following methods:

- Online: <https://www.covermymeds.com/main/help>
- Phone: **1-866-452-5017**
- Chat: Select the **Click to Chat with CoverMyMeds** box in the bottom, right hand corner of the CoverMyMeds website. Note, you don't need to be logged in to access this feature

BLA-NL-0001-17

Interactive Care Reviewer tool: Register and start using today!

Beginning June 17, 2017, your practice can submit online preauthorization requests from Healthy Blue for Healthy Louisiana members more efficiently and conveniently with our Interactive Care Reviewer (ICR) tool available through the Availity Portal. The ICR offers a streamlined process to request inpatient/outpatient procedures as well as locate information on submitted requests.

What benefits/efficiencies does the ICR tool provide?

- **You are automatically routed to our ICR tool.** Once the ICR tool is available, when you go to Authorizations in Availity, you are automatically routed to the ICR tool in order to begin your preauthorization request.
- **You can determine if preauthorization is needed.** For most requests, when you enter patient, service and provider details, you will receive a message indicating whether or not review is required.
- **You have inquiry capability.** Ordering and servicing physicians and facilities can locate information on preauthorization requests for those they are affiliated with; this includes requests previously submitted via phone, fax or the ICR tool.
- **The ICR tool reduces the need to fax.** The ICR tool allows text detail as well as images to be submitted along with the request. Therefore, you can submit requests online and reduce the need to fax medical records.
- **There is no additional cost to you.** The ICR tool is a no-cost solution that's easy to learn and even easier to use.
- **You can access the ICR tool 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.)
- **You receive a comprehensive view of all your preauthorization requests.** You have a complete view of all the utilization management requests you submit 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 tool?

If your organization has not yet registered for Availity:

- Go to <https://www.availity.com>.
- Select **Register** in the upper right-hand corner of the page.
- Then, select **PORTAL REGISTRATION Let's get started!** and follow the prompts of the online registration wizard.

If your organization already has access:

- Your Availity administrator can grant you access to "authorization and referral request" for submission capability and "eligibility and benefits inquiry" for inquiry capability.
- You can then find our tool in Availity under *Patient Registration* and *Authorizations & Referrals*.

Whom can I contact with questions?

- For help using our ICR tool, please contact your local Network Relations representative.
- For help accessing our tool via Availity, call Availity Client Services at **1-800-AVAILITY (1-800-282-4548)**. Availity Client Services is available Monday through Friday from 8 a.m. to 7 p.m. ET (excluding holidays) to answer your registration questions.

Note: ICR is not currently available for requests involving transplant services or services administered by AIM Specialty Health® or OrthoNet LLC. For these requests, follow the same preauthorization process you use today.

LAPEC-1321-17/ LA-NL-0056-17

Wheelchair component or accessory, not otherwise specified to require prior authorization

Effective October 1, 2017, Healthy Blue requires prior authorization (PA) for wheelchair components or accessories, not otherwise specified (NOS) — K0108. Federal and state law as well as state contract language 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.**

PA requirements will be added to the following code:

- K0108 — wheelchair component or accessory, NOS

To request PA, you may use one of the following methods:

- Phone: **1-844-521-6942**
- Web: Interactive Care Reviewer tool via <https://www.availity.com>

For detailed PA requirements, please refer to the provider website (<https://providers.healthyblue.com>) or call Provider Services at **1-844-521-6942**.

LA-NL-0050-17

Hemophilia factor injections to require prior authorization

Effective September 1, 2017, Healthy Blue requires prior authorization (PA) for hemophilia factor injections. Federal and state law as well as state contract language 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.**

PA requirements will be added to the following codes:

- J7175 — injection of factor x (human), 1 international unit (IU)
- J7179 — injection of von willebrand factor (recombinant), vonvendi, 1 IU
- J7202 — injection of factor ix (albumin fusion protein, recombinant), idelvion, 1 IU
- J7207 — injection of factor viii, (antihemophilic factor, recombinant), pegylated, 1 IU
- J7209 — injection of factor viii, (antihemophilic factor, recombinant), nuwiq, 1 IU

To request PA, you may use one of the following methods:

- Phone: **1-844-521-6942**
- Web: Interactive Care Reviewer tool via <https://www.availity.com>

For detailed PA requirements, please refer to the provider website (<https://providers.healthyblue.com>) or call Provider Services at **1-844-521-6942**.

LA-NL-0054-17

Reimbursement Policy

Policy Update

Multiple Delivery Services

(Policy 06-044, effective 03/01/18)

Healthy Blue allows reimbursement for multiple births by a same-delivery or combined-delivery method. For vaginal or cesarean deliveries involved in multiple births and performed using a same-delivery or combined-delivery method, professional reimbursement is based on the following rules:

- **Vaginal Deliveries** — Vaginal deliveries involved in multiple births should be billed with Modifier 51 when performed using a combined-delivery method. Multiple procedure guidelines will apply. Please see Multiple and Bilateral Surgery Reimbursement Policy for more information. When using the same-delivery method (vaginal-only delivery), use Modifier 22. Please see Modifier 22 Reimbursement Policy for more information. Multiple procedure guidelines will not apply.
- **Cesarean Deliveries** — Cesarean deliveries involved in multiple births should be billed with Modifier 22. Please see Modifier 22 Reimbursement Policy for more information. Multiple procedure guidelines will not apply.

For market-specific information, refer to Multiple Delivery Services Reimbursement Policy at <https://providers.healthyblue.com>.

LA-NL-0044-17