

October 2017

Retroactive member enrollment claims processing

A member may be retroactively enrolled with a plan up to 12 months before the member's MCO linkage add date. Providers have up to 12 months from that date to submit claims to the plan for services with dates of service during the retrospective enrollment period. Providers do not have to submit the member's eligibility determination award letter.

What does this mean to me?

Effective January 27, 2017, providers must include medical records when submitting claims for retroactively enrolled members for services that require prior authorization.

Healthy Blue may conduct postservice reviews for medical necessity and deny the claim if we decide the service, admission or individual concurrent hospital days were not medically necessary. Providers have the right to appeal a denial.

What if I need assistance?

If you have questions about this communication, please contact your local Provider Relations representative or call Provider Services toll free at **1-844-521-6942**.

The information in this bulletin may be an update or change to your provider manual. Find the most current manual at:

<https://providers.healthyblueia.com>

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