

Healthy Blue Dual Advantage (HMO D-SNP)

For the listening benefit of webinar attendees, we have muted all lines and will be starting our presentation shortly

- This helps prevent background noise (e.g., unmuted phones or phones put on hold) during the webinar
- This also means we are unable to hear you during the webinar
- Please submit your questions directly through the webinar platform only



How to submit questions:

- Open the chat feature at the top of your screen to type your question related to today's training webinar
- In the "Send to" field, select "All Panelists"
- Once your question is typed in, hit the "Send" button to send it to the presenter
- We will address submitted questions at the end of the webinar



Lisa Roth
Provider Relations



Healthy Blue

Healthy Blue Dual Advantage (HMO D-SNP)

New provider orientation

Agenda

- About Healthy Blue Dual Advantage (HMO D-SNP)
- Accessing the provider website
- Online resources
- Availity* Portal
- Patient360
- Cultural competency
- Fraud, waste and abuse
- Availability standards
- Identifying and verifying members
- Prior authorizations
- Referrals
- Claims
- Electronic funds transfer
- Payment disputes
- Medical appeals
- Quality
- HEDIS®
- Essential Extras
- Laboratory services
- Pharmacy program
- Contacts

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA)



Healthy Blue



About Healthy Blue Dual Advantage



Healthy Blue

About Healthy Blue Dual Advantage

- Dual special needs plan
- Specialized Medicare Advantage
 - Designed for people with special healthcare needs
- Changes to a current enrollment status can occur quarterly throughout the year
- New enrollment can occur any time the member meets criteria for eligibility
- Statewide with the exceptions of the following parishes:



Concordia
East Carroll
Iberia
Lincoln

Madison
Tangipahoa
Webster
West Carroll



Healthy Blue

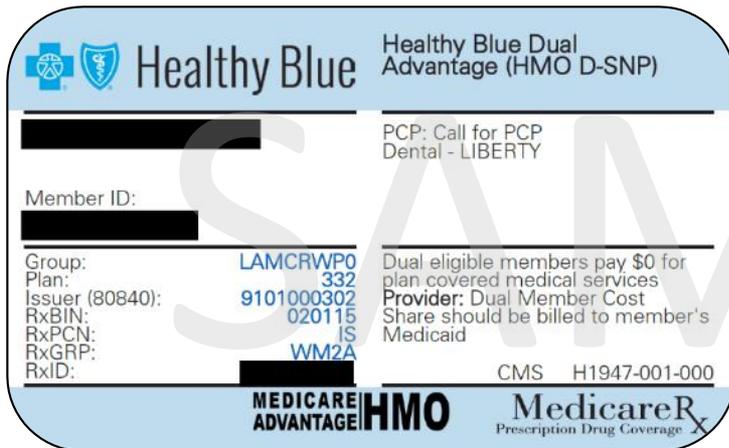


Accessing online resources and verifying member benefits



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Healthy Blue Dual Advantage member ID card



- The three-character prefix for this plan is JLA.
- Providers should submit claims to Healthy Blue, not the local Blue Cross Plan.
- All members must select a PCP. For the member to request a change to their PCP, the member must contact Healthy Blue Dual Advantage Customer Service at **1-844-209-5406**.
- Healthy Blue Dual Advantage member ID card should be presented at each visit.

Healthy Blue Dual Advantage provider website

Visit iLinkBlue at www.BCBSLA.com/ilinkblue.com, then under *Other Sites* select **Healthy Blue**.

The screenshot displays the iLinkBlue website interface. At the top, there is a navigation bar with a home icon and dropdown menus for Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. Below this, a 'Welcome to iLinkBlue' section includes 'Tips to Know' and a 'When submitting an Action Request' box with a list of instructions. To the right, a 'Medical Record Requests' box indicates 'You have 0 new Medical Record Requests that require action.' Below these are several utility icons: Research Claims, BCBSLA Coverage, OOA Coverage, Need an Auth?, Payment Registers, and EFT Notices. The main content area is divided into two columns. The left column contains 'Important Blue Cross Messages' with sections for 'System Outage', 'Newsletter', and 'Informational'. The right column features an 'Other Sites' menu with links to Davis Vision Network, Dental Advantage Plus Network - United Concordia Dental, Blue Advantage, and Healthy Blue. The 'Healthy Blue' link is circled in red.

Google Chrome is the preferred browser



Healthy Blue

Healthy Blue Dual Advantage provider website (cont.)

Contact Us Login

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

News & Announcements

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 offers Medicare Advantage Dual Special Needs product](#)

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
[Healthy Blue functionality on the Availity Portal](#)

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

Healthy Blue Dual Advantage D-SNP View all Communications & Updates Manuals, Directories, & Quick Reference

Resources

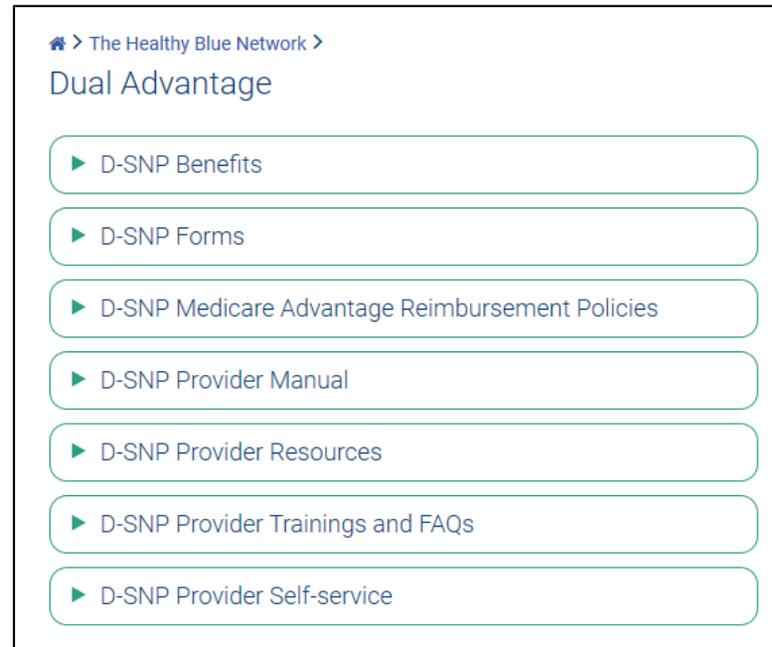
- [Louisiana Department of Health](#)
- [Provider Relations representatives and territories](#)
- [Caring for Children with ADHD: A Resource Toolkit for Clinicians](#)

Tell us of suspected [waste, fraud or abuse](#) of services paid for by Healthy Blue.

Healthy Blue Dual Advantage provider website (cont.)

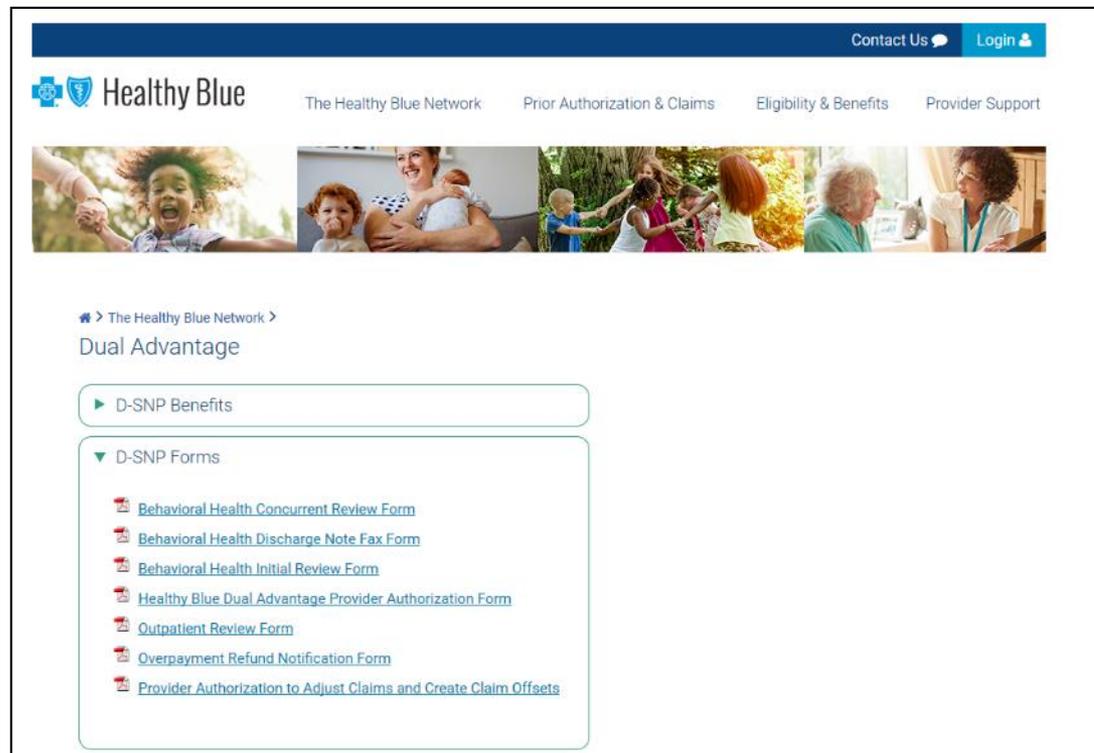
The provider website is available to all providers rendering care to D-SNP members, regardless of participation status

- D-SNP Benefits
- D-SNP Forms
- D-SNP Medicare Advantage Reimbursement Policies
- D-SNP News and Announcements
- D-SNP Newsletter
- D-SNP Provider Manual
- D-SNP Provider Resources
- D-SNP Provider Training and FAQs
- D-SNP Provider Self-service



Forms

www.BCBSLA.com/ilinkblue.com under *Other Sites*, select **Healthy Blue**, then > Healthy Blue Dual Advantage D-SNP > Provider Support > Forms

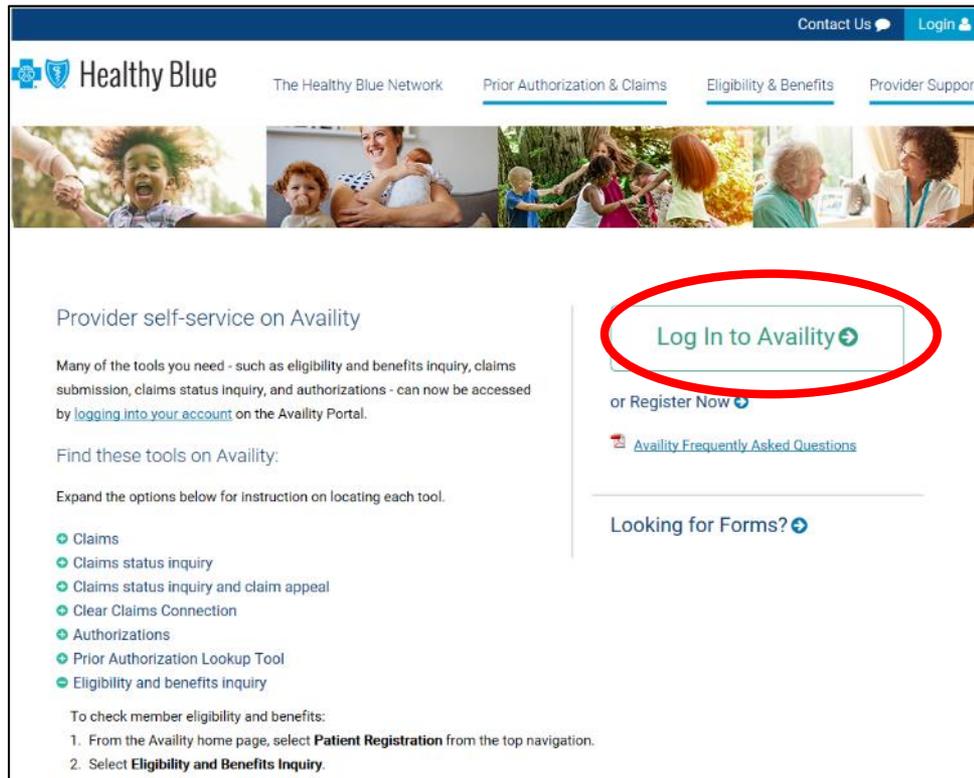


The screenshot shows the Healthy Blue website interface. At the top, there is a dark blue header with "Contact Us" and "Login" buttons. Below the header is the Healthy Blue logo and navigation links: "The Healthy Blue Network", "Prior Authorization & Claims", "Eligibility & Benefits", and "Provider Support". A banner image shows a collage of people. Below the banner, the breadcrumb trail reads: "The Healthy Blue Network > Dual Advantage". Under "Dual Advantage", there is a dropdown menu for "D-SNP Benefits" which is expanded to show "D-SNP Forms". This menu lists several forms with document icons:

- [Behavioral Health Concurrent Review Form](#)
- [Behavioral Health Discharge Note Fax Form](#)
- [Behavioral Health Initial Review Form](#)
- [Healthy Blue Dual Advantage Provider Authorization Form](#)
- [Outpatient Review Form](#)
- [Overpayment Refund Notification Form](#)
- [Provider Authorization to Adjust Claims and Create Claim Offsets](#)

Verify eligibility via Availity

www.BCBSLA.com/ilinkblue.com under *Other Sites*, select **Healthy Blue**, then > Healthy Blue Dual Advantage D-SNP > Eligibility & Benefits > Finding Tools on Availity



The screenshot shows the Healthy Blue website interface. At the top, there is a navigation bar with "Contact Us" and "Login" links. Below this, the main navigation includes "The Healthy Blue Network", "Prior Authorization & Claims", "Eligibility & Benefits", and "Provider Support". A banner image shows a diverse group of people. The main content area is titled "Provider self-service on Availity" and includes a "Log In to Availity" button circled in red. Below this are links for "or Register Now" and "Availity Frequently Asked Questions". A section titled "Find these tools on Availity:" lists various services like Claims, Authorizations, and Eligibility and benefits inquiry. At the bottom, there are instructions on how to check member eligibility and benefits.

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:

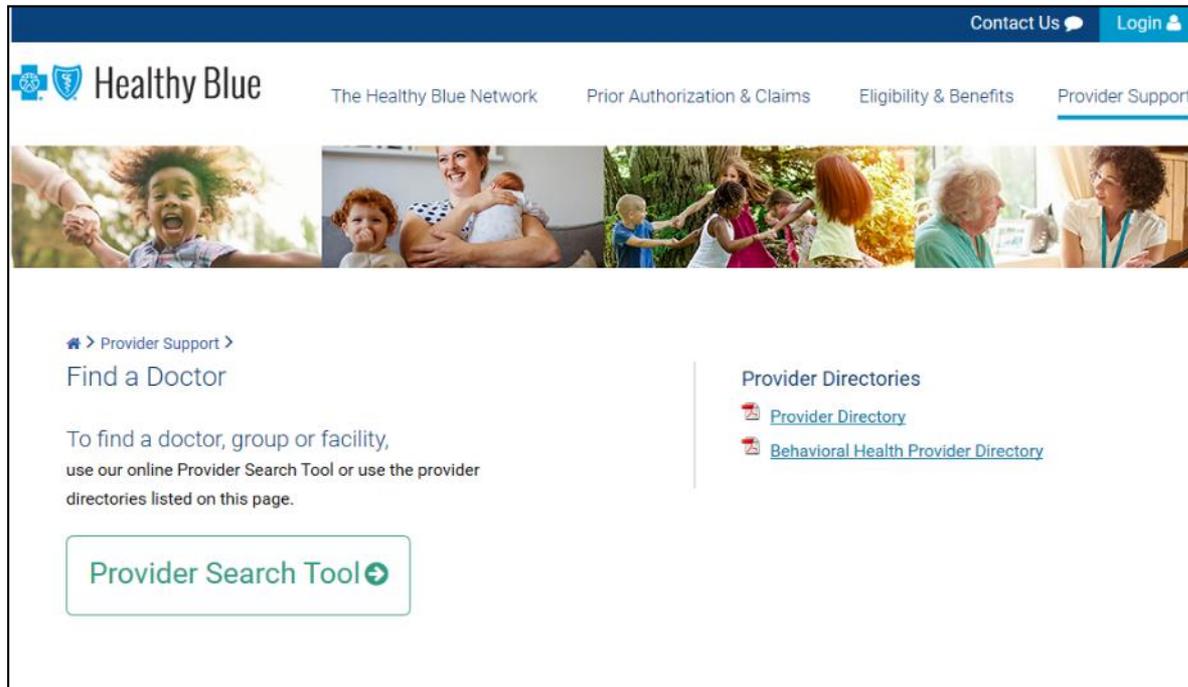
Expand the options below for instruction on locating each tool.

- 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**.

Online provider directories



The screenshot shows the Healthy Blue website interface. At the top, there is a navigation bar with "Contact Us" and "Login" links. Below this is the Healthy Blue logo and a menu with options: "The Healthy Blue Network", "Prior Authorization & Claims", "Eligibility & Benefits", and "Provider Support". A banner image shows a collage of people, including a child, a woman holding a baby, and a group of people. Below the banner, the "Provider Support" section is active, showing a breadcrumb trail: "Home > Provider Support > Find a Doctor". The main content area contains the text: "To find a doctor, group or facility, use our online Provider Search Tool or use the provider directories listed on this page." Below this text is a button labeled "Provider Search Tool" with a right-pointing arrow. To the right, under the heading "Provider Directories", there are two links: "Provider Directory" and "Behavioral Health Provider Directory", each with a small icon.

www.BCBSLA.com/ilinkblue.com under *Other Sites*, select **Healthy Blue**, then > Provider Support > Find a Doctor

Availity Portal

The Availity Portal is an online multi-payer portal that gives physicians, hospitals and other healthcare 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 Dual Advantage provider website for appeals, panel listings and precertification.

For questions pertaining to the Availity Portal, call **1-800-AVAILITY (1-800-282-4548)**.

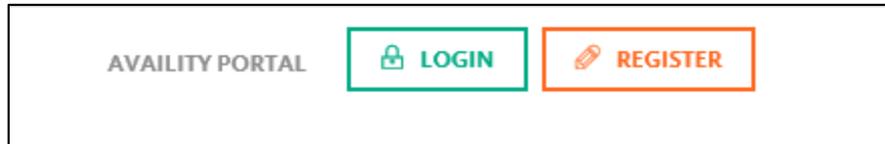


www.BCBSLA.com/ilinkblue.com under *Other Sites*, select **Healthy Blue**, then
> Healthy Blue Dual Advantage
D-SNP > Eligibility & Benefits > Finding
Tools on Availity



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Availity Portal (cont.)



- If you're navigating to the secure Healthy Blue Dual Advantage provider website, you will need to log in or register.
- If you have registered with Availity for your commercial products, you do not need to register again for Healthy Blue Dual Advantage.

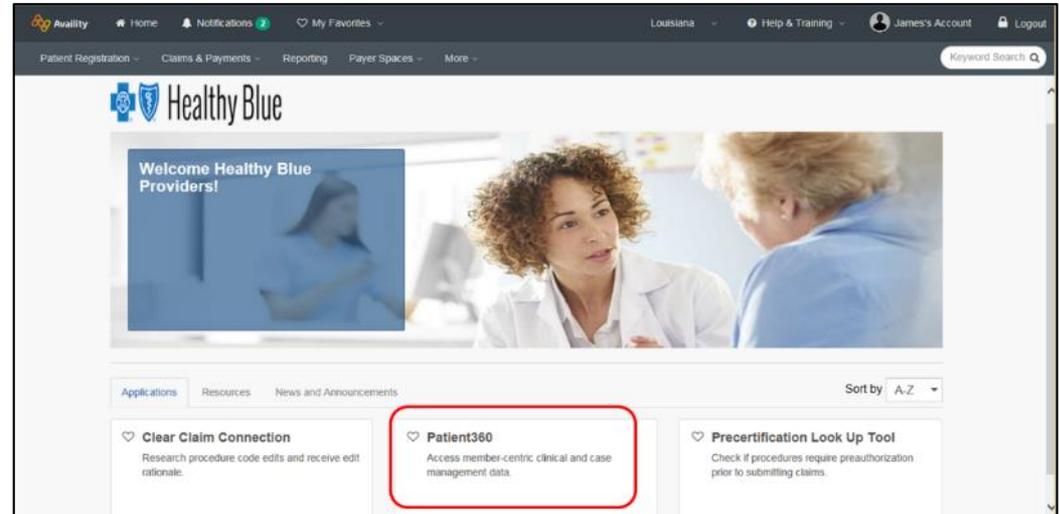
www.BCBSLA.com/ilinkblue.com under *Other Sites*, select **Healthy Blue**, then > Healthy Blue Dual Advantage D-SNP > Eligibility & Benefits > Finding Tools on Availity

A screenshot of the Availity login page. The header features the Availity logo (a stylized orange and yellow 'A') and the word "Availity™". Below the header, there are two input fields: "User ID:" and "Password:". Below the password field is a checkbox labeled "Show password". At the bottom left, there are two links: "Forgot your password?" and "Forgot your user ID?". At the bottom right, there is a blue "Log in" button.

Patient360

Patient360 provides:

- Member demographics
- Care summaries
- Claims history
- Authorization details



www.BCBSLA.com/ilinkblue.com under *Other Sites*, select **Healthy Blue**, then > Healthy Blue Dual Advantage D-SNP > Eligibility & Benefits > Finding Tools on Availity > Patient360





Provider responsibilities



Healthy Blue

Cultural competency

- We expect providers and staff to gain and continually increase their knowledge and sensitivity to diverse cultures.
- We believe when providers take into account a patient's values, reality conditions and linguistic needs, it results in effective care and services.
- Each provider should complete the training.



You can complete cultural competency training online through the provider website: www.BCBSLA.com/ilinkblue.com under *Other Sites*, select **Healthy Blue**, then > Healthy Blue Dual Advantage D-SNP > Provider Support > Education & Resources > Manuals, Directories, Training & More > Other Trainings & Tutorials > Cultural Competency Training

Translation services



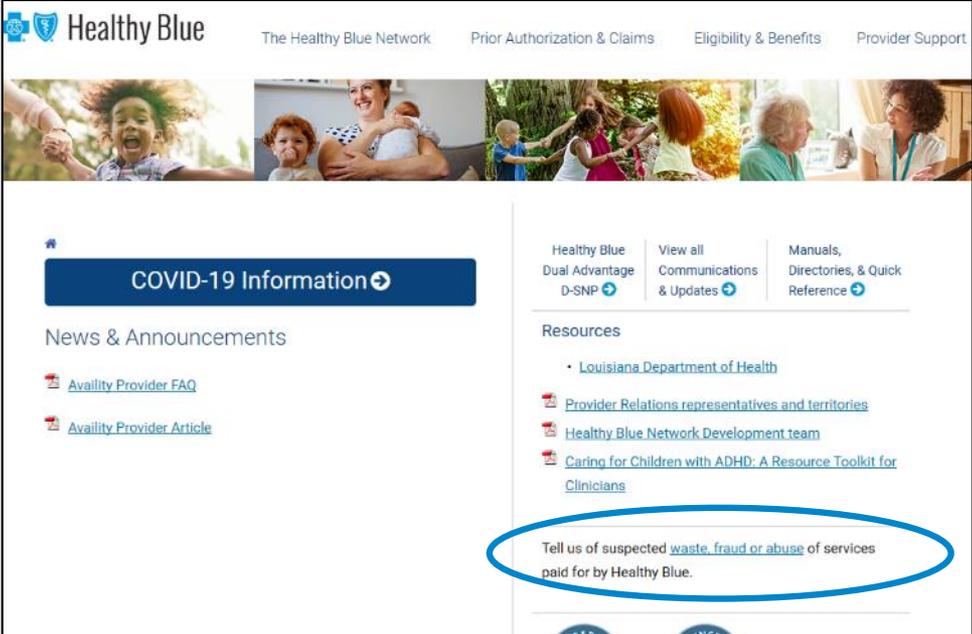
- Translation services are available 24/7 in more than 170 languages.
- To obtain translation services, call Member Services at **1-844-209-5406.**

Fraud, waste and abuse

Help us prevent fraud, waste and abuse.

Steps you can take:

- Verify each patient's identity.
- Ensure services are medically necessary.
- Document medical records completely.
- Bill accurately.
- Tell us if you suspect fraud.



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', 'Eligibility & Benefits', and 'Provider Support'. Below the navigation bar is a banner image featuring several people, including a child and an elderly woman. The main content area includes a prominent blue button for 'COVID-19 Information'. Underneath, there is a 'News & Announcements' section with links to 'Availity Provider FAQ' and 'Availity Provider Article'. To the right, there are sections for 'Resources' and 'Manuals, Directories, & Quick Reference'. A blue circle highlights a link that reads: 'Tell us of suspected waste, fraud or abuse of services paid for by Healthy Blue.'



Availability standards



Healthy Blue

Availability standards

All Healthy Blue Dual Advantage network providers must use their best effort to adhere to the following standards for appointment scheduling and wait times. Please make every effort to see the patient within an average of one hour from the patient's scheduled appointment.

PCP-new patient	Within 30 days of the patient's effective date on the PCP's panel – to be initiated by the PCP's office
Routine care without symptoms	Within 30 days
Non-routine care with symptoms	Within five business days or one week
Urgent care	Within 24 hours
Emergency	Must be available immediately 24 hours per day, seven days per week via direct access or coverage arrangements
OB/GYN	First and second trimester within one week, third trimester within three days. OB emergency care must be available 24 hours per day, seven days per week.
Phone calls into the provider office from the member	Same day; no later than next business day



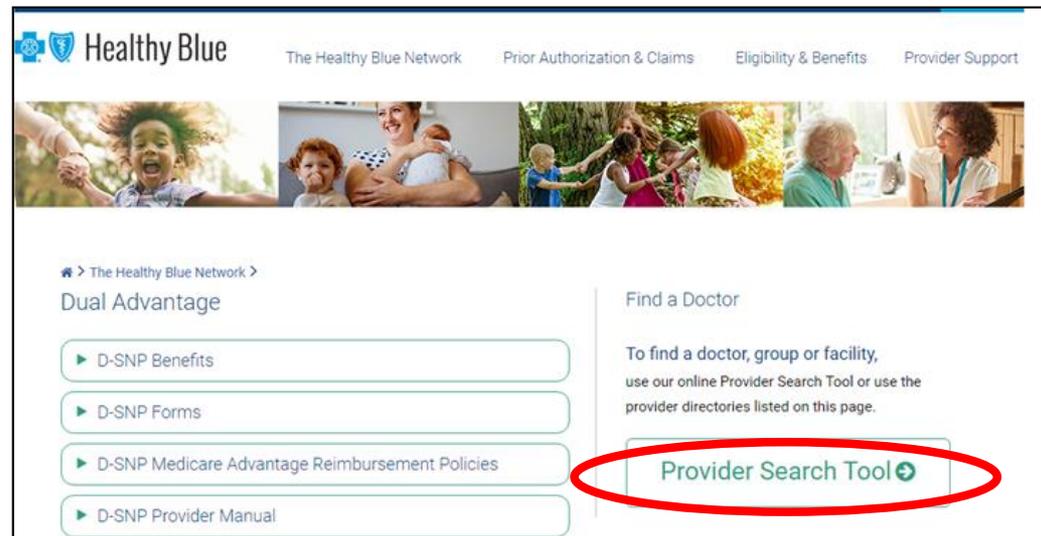
Precertifications/prior authorizations



Healthy Blue

Referrals

- Referrals are not needed for medical or behavioral health services when rendered by a contracted provider.
- Screening and identification of behavioral health conditions begins in the PCP office.



For a complete list of contracted providers, go to www.BCBSLA.com/ilinkblue.com under *Other Sites*, select **Healthy Blue**, then > Healthy Blue Dual Advantage D-SNP > Provider Search Tool.

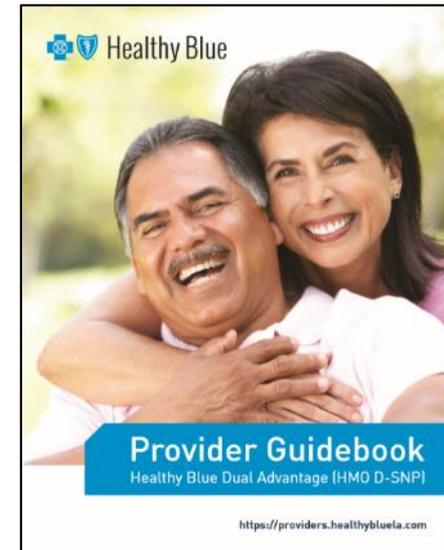
Precertification and notification requests

- **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 Dual Advantage of their intent to render covered medical services to members.

Note: This plan does not provide coverage for services received from out-of-network providers, except for emergency, urgently needed care and end-stage renal disease services.

Precertification requests

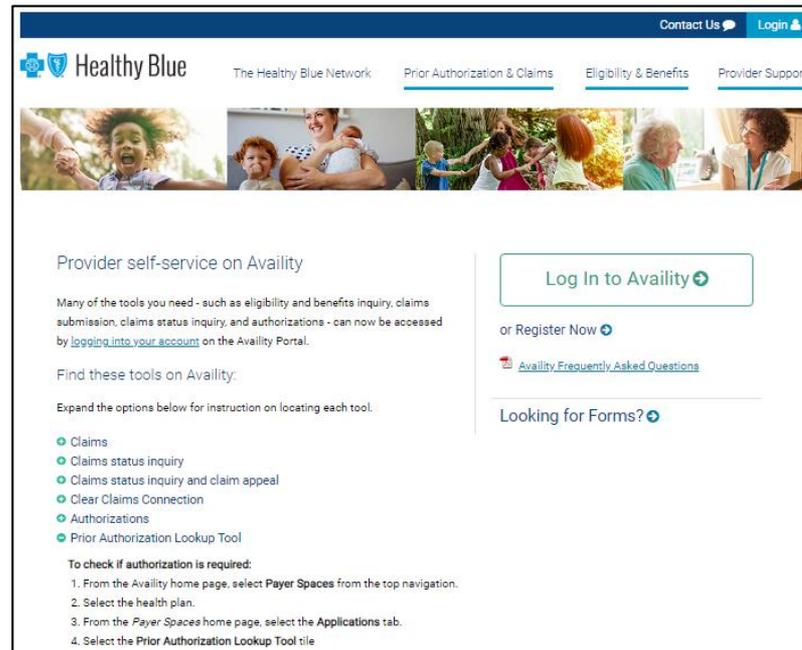
- For emergency or urgent services, notification is needed within 24 hours or the next business day.
- There is no review against medical necessity criteria; however, member eligibility and provider status (network and non-network) are verified.



A complete list of services that need precertification are outlined at www.BCBSLA.com/ilinkblue.com under *Other Sites*, select **Healthy Blue**, then > Healthy Blue Dual Advantage D-SNP > D-SNP Provider Manual.

Precertifications and notification

Services requiring precertifications are listed on Availity.



The screenshot shows the Healthy Blue Availity portal. At the top, there is a navigation bar with "Contact Us" and "Login" buttons. Below the navigation bar, the "Healthy Blue" logo is displayed, followed by the text "The Healthy Blue Network". The main navigation menu includes "Prior Authorization & Claims", "Eligibility & Benefits", and "Provider Support". A banner image shows a group of people, including a child and an elderly person. The main content area is titled "Provider self-service on Availity" and includes a "Log In to Availity" button, a "Register Now" link, and a link to "Availity Frequently Asked Questions". Below this, there is a section titled "Find these tools on Availity:" with a list of tools: Claims, Claims status inquiry, Claims status inquiry and claim appeal, Clear Claims Connection, Authorizations, and Prior Authorization Lookup Tool. A section titled "To check if authorization is required:" provides a four-step process: 1. From the Availity home page, select Payer Spaces from the top navigation. 2. Select the health plan. 3. From the Payer Spaces home page, select the Applications tab. 4. Select the Prior Authorization Lookup Tool tile.

www.BCBSLA.com/ilinkblue.com under *Other Sites*, select **Healthy Blue**, then > **Healthy Blue Dual Advantage D-SNP**

Evidence of Coverage

The *Evidence of Coverage* can be found at www.BCBSLA.com/ilinkblue.com under *Other Sites*, select **Healthy Blue**, then > Healthy Blue Dual Advantage D-SNP > DSNP Benefits.

🏠 > The Healthy Blue Network >

Dual Advantage

▼ D-SNP Benefits

📄 [Sample Medicare Advantage Member ID cards](#)

- [Pharmacy Information](#)
- [Pharmacy Online Prior Authorizations](#)

📄 [2021 Summary of Benefits](#)

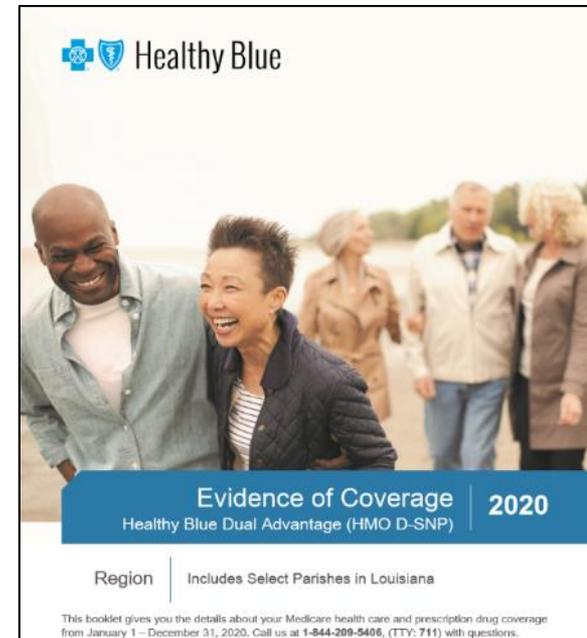
📄 [2021 Evidence of Coverage](#)

📄 [2021 Comprehensive Formulary](#)

📄 [2020 Summary of Benefits](#)

📄 [2020 Evidence of Coverage](#)

📄 [2020 Comprehensive Formulary](#)



Precertification requests

In many cases, out-of-network providers may be required to request precertification for services when network providers do not.

For code-specific requirements for all services, visit our provider self-service website.

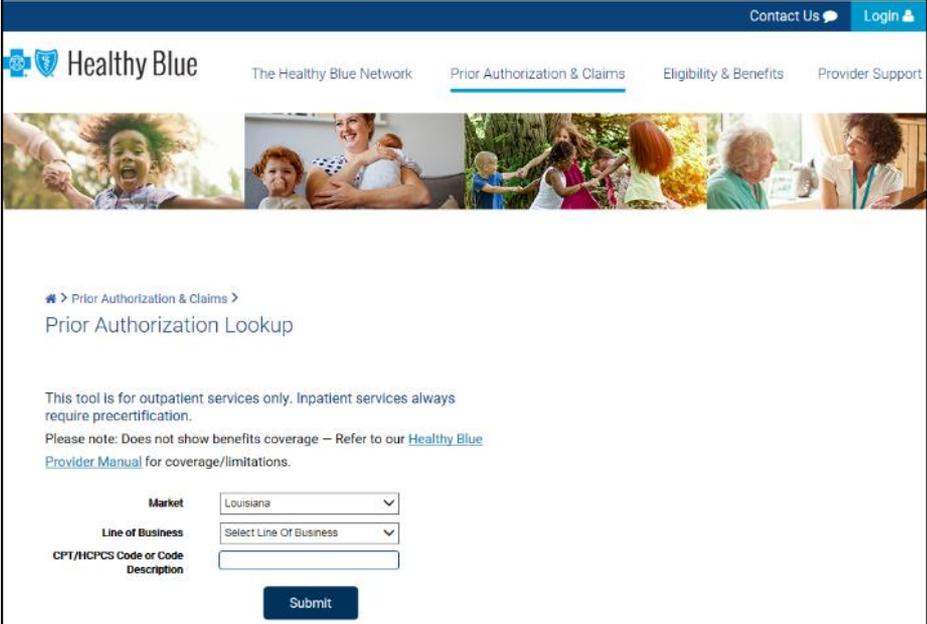


www.BCBSLA.com/ilinkblue.com under *Other Sites*, select **Healthy Blue**, then > Healthy Blue Dual Advantage D-SNP > D-SNP Provider Self-service

Prior Authorization Lookup Tool

The Prior Authorization Lookup Tool helps you search by:

- Market
- Member's product
- CPT code

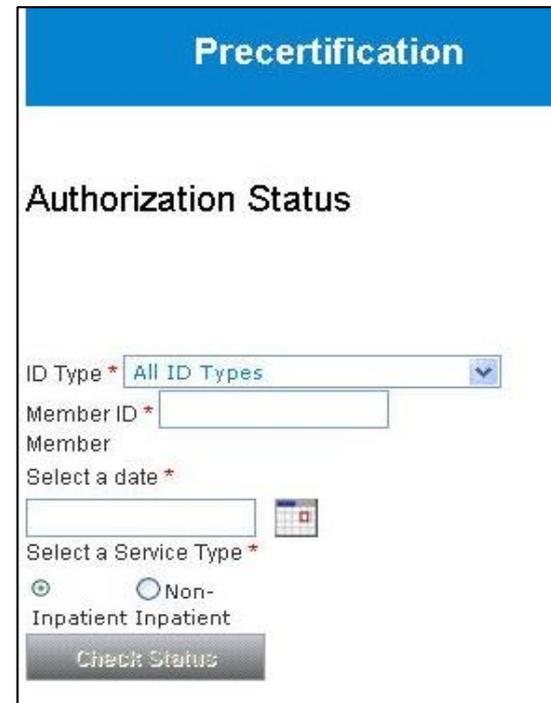


The screenshot shows the Healthy Blue website interface for the Prior Authorization Lookup tool. At the top, there is a navigation bar with the Healthy Blue logo, "The Healthy Blue Network", "Prior Authorization & Claims" (which is underlined), "Eligibility & Benefits", and "Provider Support". There are also "Contact Us" and "Login" links in the top right corner. Below the navigation bar is a banner image showing a collage of people. The main content area has a breadcrumb trail: "Home > Prior Authorization & Claims > Prior Authorization Lookup". Below this, there is a note: "This tool is for outpatient services only. Inpatient services always require precertification." and a disclaimer: "Please note: Does not show benefits coverage – Refer to our [Healthy Blue Provider Manual](#) for coverage/limitations." The form includes three input fields: "Market" with a dropdown menu showing "Louisiana", "Line of Business" with a dropdown menu showing "Select Line Of Business", and "CPT/HCPCS Code or Code Description" with a text input field. A "Submit" button is located at the bottom right of the form.

www.BCBSLA.com/ilinkblue.com under *Other Sites*, select **Healthy Blue**, then > Healthy Blue Dual Advantage D-SNP > Prior Authorization & Claims

Precertification status

You can check the status of your precertification request on the provider website or by contacting Provider Services at **1-844-209-5406**.



The screenshot shows a web form titled "Precertification" with the following fields and options:

- Authorization Status**
- ID Type ***: A dropdown menu currently set to "All ID Types".
- Member ID ***: An empty text input field.
- Member**: A label below the Member ID field.
- Select a date ***: A date selection field with a calendar icon.
- Select a Service Type ***: Two radio button options: "Inpatient" (selected) and "Non-Inpatient".
- Check Status**: A grey button at the bottom of the form.

www.BCBSLA.com/ilinkblue.com under *Other Sites*, select **Healthy Blue**, then > Healthy Blue Dual Advantage D-SNP > Prior Authorization & Claims > Finding Tools on Availability



Physical health and behavioral health integration

- Healthy Blue Dual Advantage provides both basic and specialized behavioral health services to members.
- Basic behavioral health services are provided in the primary care setting by a PCP.
- Specialized behavioral health services are provided by a licensed behavioral health provider such as a psychiatrist, psychologist, medical psychologist or psychiatric nurse practitioner.
- For a full list of specialized behavioral health services, visit www.BCBSLA.com/ilinkblue.com under *Other Sites*, select **Healthy Blue**.



Claims



Healthy Blue

Submitting claims

Claims can be submitted:

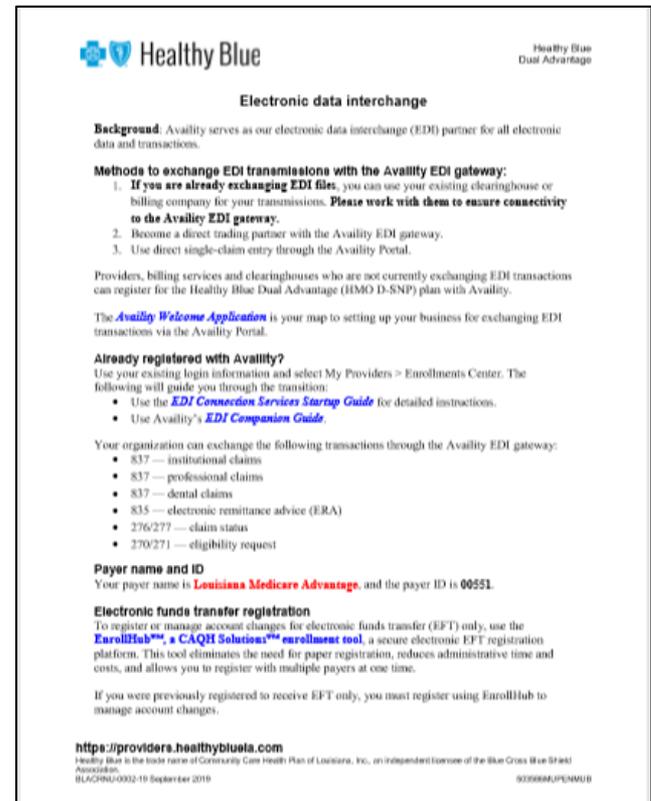
- On the Healthy Blue Dual Advantage provider website
- Electronically through a clearinghouse
 - Your payer name is **Louisiana Medicare Advantage**, and the **payer ID is 00551**
- On paper by mail
 - Healthy Blue
P.O. Box 61010
Virginia Beach, VA
23466-1010



Submitting claims (cont.)

- Timely filing for Healthy Blue Dual Advantage is 12 months from date of service.
- **Electronic Data Interchange (EDI)** instructions can be found on www.BCBSLA.com/ilinkblue.com under *Other Sites*, select **Healthy Blue**, then > Healthy Blue Dual Advantage D-SNP > D-SNP News and Announcements > Electronic Data Interchange.

Note: Healthy Blue Dual Advantage claims cannot be submitted through iLinkBlue.



The screenshot shows a page from the Healthy Blue website. At the top left is the Healthy Blue logo, and at the top right is the text 'Healthy Blue Dual Advantage'. The main heading is 'Electronic data interchange'. Below this, there is a 'Background' section stating that Availity serves as the EDI partner. A 'Methods to exchange EDI transmissions with the Availity EDI gateway' section lists three steps: 1. If already exchanging EDI files, use existing clearinghouse or billing company. 2. Become a direct trading partner with the Availity EDI gateway. 3. Use direct single-claim entry through the Availity Portal. There are sections for 'Providers, billing services and clearinghouses', 'The Availity Welcome Application', and 'Already registered with Availity?'. A list of transaction types is provided: 837 - institutional claims, 837 - professional claims, 837 - dental claims, 835 - electronic remittance advice (ERA), 276/277 - claim status, and 270/271 - eligibility request. The 'Payer name and ID' section states the payer name is Louisiana Medicare Advantage and the payer ID is 00551. The 'Electronic funds transfer registration' section describes the EnrollHub platform. At the bottom, there is a URL 'http://providers.healthybluea.com' and a footer with the text 'Healthy Blue is the trade name of Community Care Health Plan of Louisiana, Inc., an independent licensee of the Blue Cross Blue Shield Association. BLAOPRU-0002-19 September 2019 803999A/PENMU018'.

Claims processing

For members enrolled in Healthy Blue Dual Advantage:

- Claims will be processed under each plan and payment made according to payment rules governing Healthy Louisiana program or your Healthy Blue Dual Advantage contract.
- *Explanation of Payment (EOP)* will provide further guidance on next steps or pending payments.
- The member must be actively enrolled in both plans on the date of service.
- Service(s) must be covered under the respective plan.

EFT information

If you were previously registered to receive electronic funds transfer (EFT) only, you must register using EnrollHub to manage account changes.

To register or manage account changes for 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.

Register for EnrollHub

www.caqh.org/solutions/enrollhub

The screenshot shows the CAQH website interface. At the top left is the CAQH logo. Navigation links for 'EVENTS', 'NEWS', and 'CONTACT' are visible, along with a search bar and social media icons for Twitter and LinkedIn. A main navigation menu on the left includes 'Solutions', 'About', 'CORE', and 'Explorations'. The 'Solutions' dropdown menu is open, listing various services like 'CAQH ProView', 'VeriFide', and 'EnrollHub'. The 'EnrollHub' link is highlighted with a red circle. The main content area features a section for 'EnrollHub' with a message about increased call volumes and a 'Request Product Demo' button. A 'COVID-19' notice is also present, along with contact information for the EnrollHub Support Desk.



Healthy Blue

Rejected vs 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.

If you have questions about how your claim was processed, please call our Provider Services representatives at **1-844-209-5406**.

Always request a reference/tracking number before ending your call.



Healthy Blue

Resolving claims issues

Contact Healthy Blue Customer Service at **1-844-209-5406**:

- Request a review for correct processing.
- Be specific and detailed.
- Allow 10 to 15 working days for first request.
- Check current remittance advice to see if claim reprocessed.
 - If not, submit a second request for a review.
- Allow 10 to 15 working days for second request.
- Always remember to get a reference number when speaking to a Customer Service representative.

When to contact Provider Relations for claims help

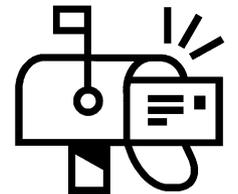
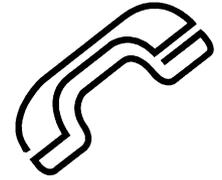
You may email an overview of the issue along with your two reference numbers to provider.relations@bcbsla.com if one of the following applies:

- You have made **at least two attempts** to have your claims reprocessed and have been issued two separate call reference numbers by Provider Services.
- It is a system issue affecting multiple claims.

Payment disputes

There are several options when filing a claim payment dispute:

- Call **1-844-209-5406** and speak with a Provider Services representative.
- Supporting documentation can be uploaded via the Availity Payment Appeal Tool at <https://www.availity.com>.
 - You will receive immediate acknowledgement of your web submission.
- Mail a *Claim Payment Appeal Form* or the *Reconsideration Form* to:
 - Provider Payment Disputes
P.O. Box 61010
Virginia Beach, VA 23466-1599

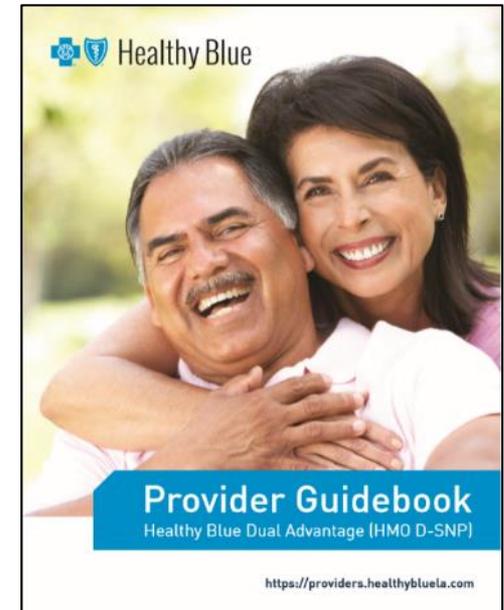


Healthy Blue

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.



For more information, refer to the *Provider Guidebook* at www.BCBSLA.com/ilinkblue.com under *Other Sites*, select **Healthy Blue**, then > Healthy Blue Dual Advantage D-SNP.



Quality



Healthy Blue

HEDIS

What is HEDIS?

It is a performance measurement tool coordinated and administered by the National Committee for Quality Assurance. 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 collect 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



Healthy Blue

Other performance and health outcome measurements

We have a model of care program in place for members of our Special Needs Plans (SNPs):

- Performance and health outcome measurements are collected, analyzed and reported to ensure the effectiveness of the model of care
- These measurements are used by our Quality Management Program and include the following measures:
 - HEDIS
 - Health Outcomes
 - CMS Part C Reporting Elements
 - Medication therapy measurement
 - Clinical and administrative/service quality improvement projects



Other benefits/services



Healthy Blue

Essential Extras

- Essential Extras benefits may help members with meals, mobility and more.
- Prior authorization and/or recommendation from a licensed clinician may be required.
- Members may choose Essential Extras benefits at enrollment or throughout the plan year.

www.BCBSLA.com/ilinkblue.com under *Other Sites*, select **Healthy Blue**, then > Healthy Blue Dual Advantage D-SNP > D-SNP Benefits

Laboratory services



Notification or prior authorization 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:

- CPL
- LabCorp
- Quest Diagnostics, Inc.

Pharmacy program

Pharmacy benefit management is handled by IngenioRx.* The member ID card has pharmacy contact information on the back.

- Mail order — Send your mail order prescriptions to IngenioRx:
 - IngenioRx Mail Order Pharmacy new prescriptions:
 - Phone: **1-833-203-1742**
 - Fax: **1-800-378-0323**
- Specialty pharmacy — Send your specialty pharmacy prescriptions to the members' specialty pharmacy provider. If member has opted to use IngenioRx Specialty Pharmacy, send your specialty pharmacy prescription to IngenioRx:
 - IngenioRx Specialty Pharmacy:
 - Phone: **1-833-262-1726**
 - Fax: **1-833-263-2871**



Contacts



Healthy Blue

Provider Services contacts

Call **1-844-209-5406** for our Healthy Blue Dual Advantage Provider Services. Our representatives are trained and specialized in our D-SNP programs.

Our provider website will also provide you all resources and tools needed under Provider Self Service:

- www.BCBSLA.com/ilinkblue.com under *Other Sites*, select **Healthy Blue**, then > Healthy Blue Dual Advantage D-SNP > D-SNP Provider Self-service

The Provider Manual can also be found on the website:

- www.BCBSLA.com/ilinkblue.com under *Other Sites*, select **Healthy Blue**, then > Healthy Blue Dual Advantage D-SNP > D-SNP Provider Manual

Provider Credentialing & Data Management

Provider network setup, credentialing and demographic changes

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Mary Reising, Manager — mary.reising@bcbsla.com

Anne Monroe, Provider Information Supervisor — anne.monroe@bcbsla.com

Rhonda Dyer, Provider Information Supervisor — rhonda.dyer@bcbsla.com

If you would like to check the status on your Credentialing Application or Provider Data change or update, please contact the Provider Credentialing & Data Management department by emailing PCDMstatus@bcbsla.com or by calling **1-800-716-2299**.

1-800-716-2299 | option 2 — credentialing
option 3 — provider data management
pcdmstatus@bcbsla.com



Healthy Blue



<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 Blue Shield Association.

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