MEDICAID

Billing Guidance for Healthy Blue Providers

NCHFMA Health Insurance Institute Conference

April 2024

BlueCross BlueShield of North Carolina | HealthyBlue

Background: HBNC NC Billing Guide

Purpose:

- Better serve providers and meet compliance
- Developed in fall of 2022 with annual training in Dec. 2022
- Formal guide released in March 2023

Billing Guide Features:

- Available on HBNC website
- Comprehensive and user-friendly
- Updated bi-annually to reflect policy updates and trends

Continuous Education:

- Annual trainings
- Custom presentation with Provider Rep-request by email: NC_provider@healthybluenc.com

AGENDA

- About Us, Medicaid
- Availity Essentials
  - Life cycle of a claim
  - Claims submission, requirement, and reimbursement
  - Common denial reasons
  - Common overpayment reasons
  - Prior authorization
- Vendors
- Electronic claims attachments
- Q&A

ABOUT US

Healthy Blue is a Medicaid plan offered by Blue Cross and Blue Shield of North Carolina (Blue Cross NC).

Visit www.healthybluenc.com to learn more!

MEDICAID TERMS AND SYSTEMS

- **Division of health benefits (DHB):** Division within the North Carolina Department of Health and Human Services (NC DHHS) which governs the North Carolina Medicaid and NC Health Choice programs
- **NCTracks:** Multi-payer Medicaid Management information system. All credentialing and changes to provider data is completed through NCTracks.
- **Standard Plan:** NC DHHS transitioned most Medicaid beneficiaries on Standard Plans to Medicaid Managed Care on July 1, 2021.
- **Tailored Plan:** Medicaid plan for members who have significant mental health needs, severe substance use disorders, intellectual/developmental disabilities (I/DDs) or traumatic brain injuries (TBIs). Auto-enrollment began August 15, 2022, and the plan is scheduled to go live April 1, 2023.
- **Division of Social Services (DSS):** Works to prevent abuse, neglect, dependency, and exploitation of vulnerable individuals, children, and their families.

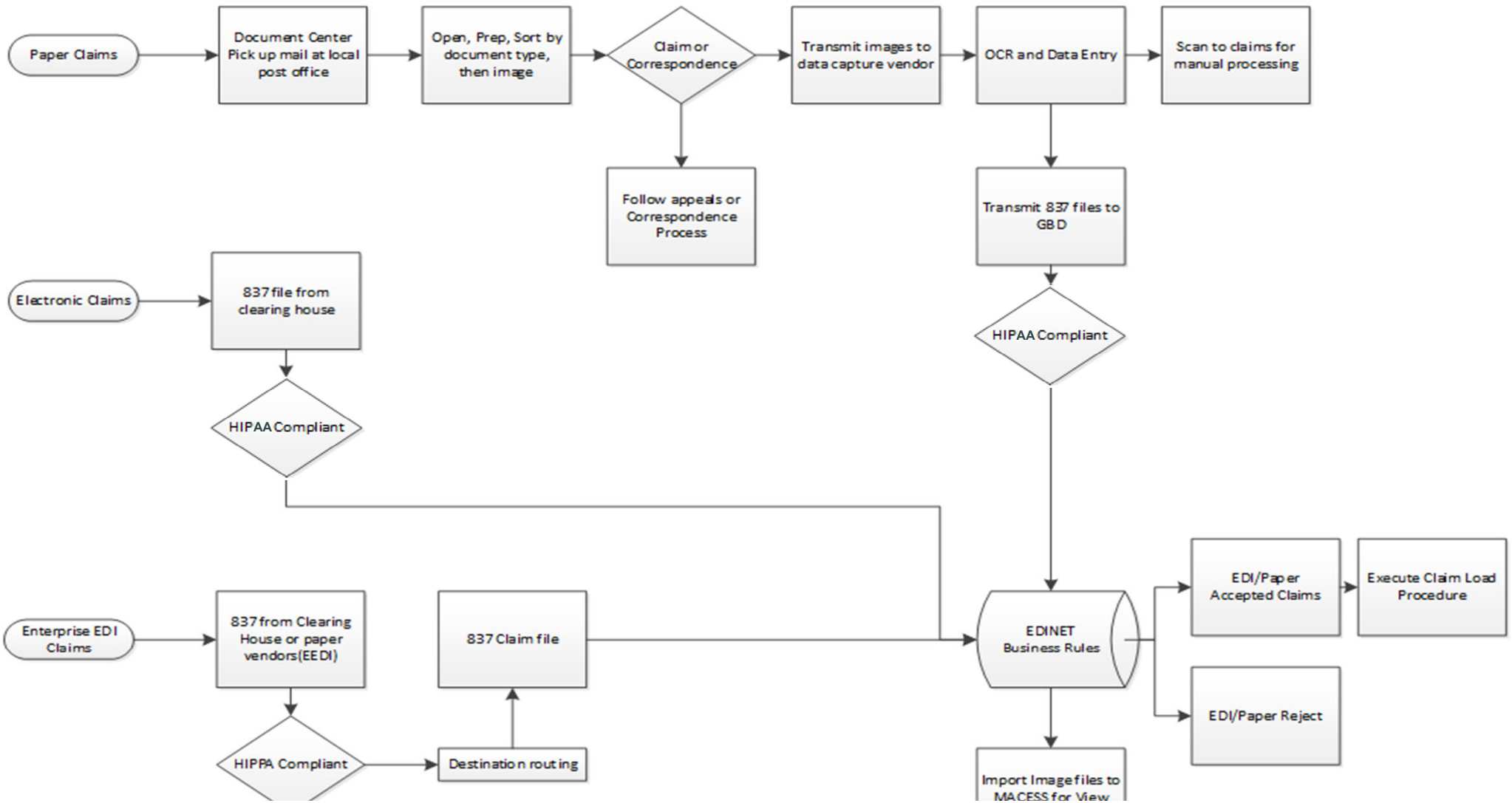
AVAILITY ESSENTIAL PROVIDER PORTAL

- **Availity Essentials** (https://www.availity.com) is used by Healthy Blue providers to securely access patient information such as eligibility, benefits, claim status, authorizations and other proprietary information. If you have questions about Availity registration or navigation or questions on an Availity application, contact Availity Client Services at [**800-282-4548** (Monday through Friday from 8 a.m. to 8 p.m.)] or submit a support ticket via Availity (**availity.com/contact-us**). If you have questions or need assistance with any other item, contact Healthy Blue Provider Services at **844-594-5072**.
- Find these tools on Availity:
  - Claims submission
  - Claims status inquiry and claim dispute
  - Clear Claims Connection™
  - Authorizations
  - Precertification lookup tool
  - Eligibility and benefits inquiry
  - Registration for provider online reporting
  - Patient360

AVAILITY ESSENTIALS

- If you are new to Availity:
  - You can register with Availity at https://www.availity.com.
  - You will need to name an administrator to grant you access to system functions needed for your role.
- If you already use Availity Essentials:
  - No additional registration is needed.
  - The Healthy Blue icon will be an available option from the *Payer Spaces* drop-down menu.
  - To find out who your Availity Essentials administrator is:
    - Select the **My Account** mention option listed in the top right of the *Availity Essentials* home page.
    - Select the **Organization(s)** menu option.
    - Select **Open My Administrators** link.
    - Select **Your Organization.**

LIFE CYCLE OF A CLAIM



CLAIM SUBMISSION

- Options to submit claims:
  - Electronic claim submission
  - Paper claim submission
- Submit electronic claims through electronic data interchange (EDI) using your existing clearinghouse. The clearinghouse must be able to connect to Availity.
- Providers must submit claims within [180] calendar days:
  - From the date of discharge for inpatient services
  - From the date of service for outpatient services
- Because of the importance of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) screenings and the collection of data related to these services, we encourage providers to submit EPSDT claims as soon as possible.

PAPER CLAIM SUBMISSION

- When submitting paper claims, providers must complete the *UB-04* or *CMS-1500* claim form on the original claim form with typed information or computer printed in large dark font.
- The paper claim submission address is:

  Blue Cross NC | Healthy Blue
  Claims Department
  P.O. Box 61010
  Virginia Beach, VA 23466

ELECTRONIC CLAIM SUBMISSION AND EFT

- Electronic claim submission will adhere to specifications for submitting medical claims data in standardized Accredited Standards Committee (ASC) X12N 837 formats. Electronic claims are validated for Compliance Strategic National Implementation Process (SNIP) levels.
- Provider and member data will be verified against state reference data for accuracy and active status. Be sure to validate this data in advance of claims submission. This validation will apply to all provider data submitted including atypical and out-of-state providers.
- Effective November 1, 2021, EnrollSafe replaced CAQH Enrollhub as the electronic funds transfer (EFT) enrollment website for Healthy Blue providers with Blue Cross NC.
- Providers who are registered Availity users can enroll to receive electronic remittance advice (ERA) files from several payers. The ERAs display payment information for all claims, whether submitted electronically or via paper.

COMMON DENIAL REASONS

- Submitted after plan filing limit
- Disallow – not allowed under the provider's contract
- Serum available at no cost through vaccines for children (VFC)
- Duplicate claim
- Not a covered service
- PEGA – *Explanation of benefits* (*EOB*) required from primary carrier
- Incidental to a current procedure
- Not separately reimbursable
- Preauthorization not obtained
- No Medicaid number and/or disclosure form

Also check the ***Known Issues List*** each Friday on the Healthy Blue provider website home page: www.provider.healthybluenc.com

COMMON OVERPAYMENT REASONS

- Anesthesia modifier AA
- Duplicate professional/independent lab claims
- Global obstetrics (OB) procedures overpayments
- Initial versus subsequent hospital Evaluation/Management (E/M) codes
- Multiple surgery reduction professional

PROVIDER CLAIM PAYMENT DISPUTES

If you disagree with a claim payment, you may begin the claim payment dispute process.

- The simplest way to define a claim payment dispute is when the claim is *finalized,* but you disagree with the outcome.
  - Examples include (but are not limited to):
    - Contractual payment issues
    - Claim code editing
    - Retro-eligibility
    - Claim data
    - Timely filing
- The claim payment dispute process consists of two steps:
  - Reconsideration
  - Claim payment appeal

SUBMITTING CLAIM PAYMENT DISPUTES

You have several options to file a claim payment dispute:

- **Online** (reconsiderations and claim payment appeals): This is the most efficient way to submit a claim payment dispute. You can submit a dispute with attachments, get status and receive documentation through the secure portal Claims Management Tool. You can access the online tool at https://www.availity.com > Select Claims Status & Payments > Appeals
- **By mail** (reconsiderations and claim payment appeals): The reconsideration form is located at https://provider.healthybluenc.com. Mail all required documentation to:

  Blue Cross NC | Healthy Blue
  Payment Disputes
  P.O. Box 61599
  Virginia Beach, VA 23466-1599

- **Over the phone** (reconsiderations only): Call Provider Services at **1-844-594-5072, follow prompt 3.**

PRIOR AUTHORIZATION

- What is a prior authorization (PA):
  - A PA, sometimes referred to as a *pre-authorization* or *pre-certification*, is a Healthy Blue requirement that a provider must obtain approval from the member's plan before it will cover the costs of a specific medicine, medical device, or procedure.
- How to submit a PA request:
  - The **preferred** way to submit and manage PA requests is by using the interactive care reviewer (ICR) on Availity Essentials.
  - Providers can call Healthy Blue Provider Services at **844-594-5072** to start a PA request including an **urgent** authorization request.
  - Use the PA fax (**855-817-5788)** number if you would like to fax a paper request:
    - For behavioral health inpatient, fax to **844-439-3574**
    - For behavioral health outpatient, fax to **844-429-9636**

PRIOR AUTHORIZATION (CONT.)

- How are the authorizations sent to the providers?
  - Approvals are auto generated, sent electronically, and mailed out.
  - The utilization management manual letter team sends out a denial notification via fax, which is followed up by a denial letter in the mail.
  - If the PA request is reduced, UM auto generates an approval letter for the approved portion and follow the manual letter process for reduced portion.

- What information is displayed on the authorization? Does it specify the CPT® codes the provider requested?
  - If the CPT code is submitted correctly, UM can see the code on the request.
  - UM utilizes the service group for the CPT code and lists it on the approval.
  - Patient360 allows the user to see the CPT code and other details on the request.

UTILIZATION SERVICE REVIEW VENDOR

- **AIM Specialty Health (AIM)** provides review of radiology, cardiology, and musculoskeletal services for Healthy Blue members:
  - AIM will follow clinical hierarchy established by Blue Cross NC for medical necessity determination. When existing guidance does not provide sufficient clinical detail, AIM will determine medical necessity using an objective, evidence-based process.
  - Detailed prior authorization requirements are available online at [https://www.availity.com] through the Precertification Lookup Tool accessed under Payer Spaces | Applications or on the Healthy Blue website.
  - Providers are strongly encouraged to verify they have obtained prior authorization before scheduling and performing services.

ELECTRONIC CLAIMS ATTACHMENTS

- Healthy Blue accepts electronic claim attachments via Availity Essentials or EDI 275 transaction.
- Attachment examples include:
  - *Sterilization Consent Forms*
  - Hysterectomy statements
  - Abortion statements

WRAP UP

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QUESTIONS & ANSWERS

HealthyBlue

THANK YOU!

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Notes: Availity is an independent company providing administrative support services for Healthy Blue providers on behalf of Blue Cross and Blue Shield of North Carolina. Patient360 is an independent company providing CMS registry reporting services on behalf of Blue Cross and Blue Shield of North Carolina. EnrollSafe is a toll developed by Zelle Payments, an independent company providing electronic fund transfer services on behalf of Blue Cross and Blue Shield of North Carolina. EyeMed is an independent company providing vision services for Healthy Blue [members/providers] on behalf of Blue Cross and Blue Shield of North Carolina. MotiveCare is an independent company providing transportation services on behalf of Blue Cross and Blue Shield of North Carolina.

[https://provider.healthybluenc.com]

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