Healthy Blue℠
BlueChoice® HealthPlan of SC

Healthy Connections

2023 Healthy Blue Annual Provider Training

Topics

- Informational Reminders
- Contacts and Resources
- Member Benefits
- Prior Authorization
- Behavioral Health
- Pharmacy and Labs
- Claims
- Provider Incentives
- Provider Enrollment
- Quality
- Marketing
- New 2024 Changes

Informational Reminders

Member Annual Eligibility

Ways to Apply or Renew

- Website: apply.scdhhs.gov
  - Select Apply for Medicaid or Submit Annual Review
- Fax: (888) 820-1204
- Email: 8888201204@faxscdhhs.gov
- Mail:

  SCDHHS Central Mail
  P.O. Box 100101
  Columbia, SC 29202
- In-Person: Visit a local eligibility Office

SCAN ME

Cultural Competency

Fraud, Waste and Abuse

Provider's Role

Comply with statutory, regulatory and Medicaid managed care requirements in South Carolina

Report any law violations and follow the code of conduct for ethical rules of behavior

How to Report

Call Healthy Blue at 877-725-2702 or visit www.fighthealthcarefraud.com

Call the South Carolina Department of Health and Human Services at 888-364-3224 or email fraudres@scdhhs.gov

Access and Availability

The following guidelines are required for our in-network providers.

Primary Care	
Routine visit	Available within four to six weeks
Urgent, non-emergent visit	Available within 48 hours
Emergent visit	Available immediately upon presentation at a service delivery site

Specialist Care	
Routine visit	Available within four weeks; maximum of 12 weeks for unique specialists
Urgent medical condition care	Available within 48 hours of referral or notification from primary care physician
Emergent visit	Available immediately upon referral

Note: Wait times should not exceed 45 minutes for a scheduled appointment of a routine nature.

Contacts and Resources

Contacts and Resources

Website: www.HealthyBlueSC.com

- Provider Manual
- Resources
- BlueBlasts
- Educational Trainings
- And more

Contacts and Resources

Quick Reference Guide

www.HealthyBlueSC.com

Providers>Resources>Manuals and Guides

Provider Customer Care Center

Phone: 866-757-8286

Fax: 912-233-4010 or 912-235-3246

Hours: Monday – Friday, 8 a.m. to 6 p.m. EST

Vision Service Plan* (VSP)

Phone: 800-615-1883

Hours: Monday – Friday, 8 a.m. to 5 p.m. EST

Saturday, 10 a.m. to 3 p.m. EST

Sunday, 10 a.m. to 4 p.m. EST

Cost Containment (Refund/Overpayments)

Phone: 818-234-3289

Hours: Monday – Friday 8 a.m. to 5 p.m. PST

**VSP is an independent company that provides vision services on behalf of BlueChoice HealthPlan.*

Contacts and Resources

24/7 Nurse Line

Phone: 866-577-9710

Case Management (CM) Department

Phone: 866-757-8286

Hours: Monday – Friday, 8 a.m. to 5 p.m. EST

Carelon Medical Benefits Management

Phone: 800-252-2021

Hours: Monday – Friday, 8 a.m. to 5 p.m. CST

Disease Management (DM) Department

Phone: 888-830-4300

Hours: Monday – Friday, 8 a.m. to 5 p.m. EST

Utilization Management (UM) Department

Phone: 866-902-1689

Prior Authorization Fax: 800-823-5520 or 866-993-0147

Inpatient Hospital Continued Stay Review Fax: 866-387-2974

Hours: Monday – Friday, 8 a.m. to 5 p.m. EST

Contacts and Resources

CarelonRx – Prior Authorizations

Retail

Phone: 844-410-6890

Fax: 844-512-9005

Hours: Monday - Friday 8 a.m. to 8 p.m. EST

Saturday 10 a.m. to 2 p.m. EST

Home Delivery/Mail Order

Phone (24/7): 833-203-1737

Fax: 800-207-3118

Medical Injectables

Phone: 833-988-1264

Fax: 844-512-7027

Hours: 7 a.m. to 7 p.m. EST

Specialty Pharmacy

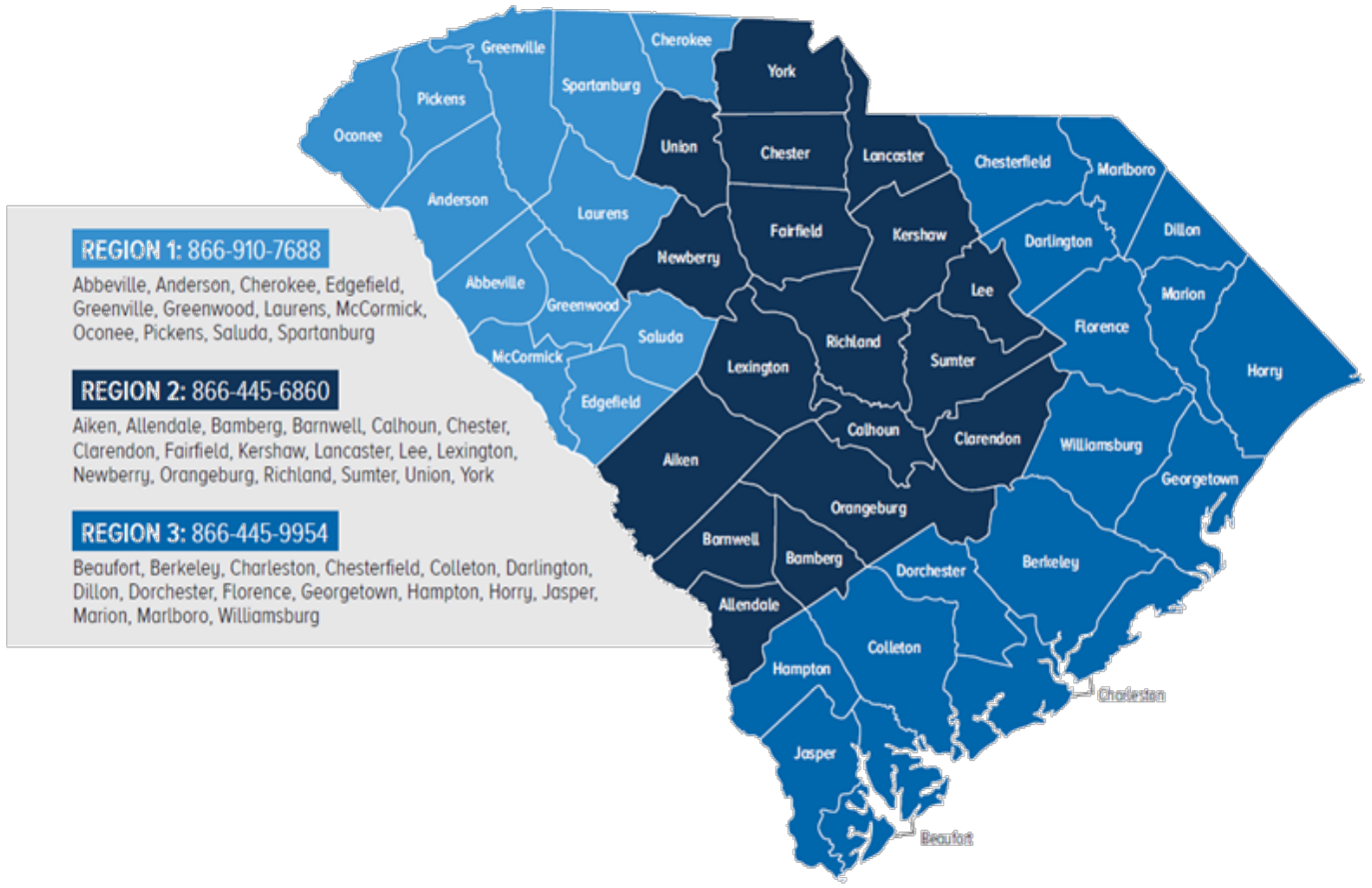
Phone (24/7): 833-255-0646

Fax: 833-263-2871

Contacts and Resources

Modivcare – Transportation Services

- Available Monday – Friday, 8 a.m. to 5 p.m. EST
- Non-emergent medical rides
- Call at least three days before appointment
- Please have member information available when making reservation appointments

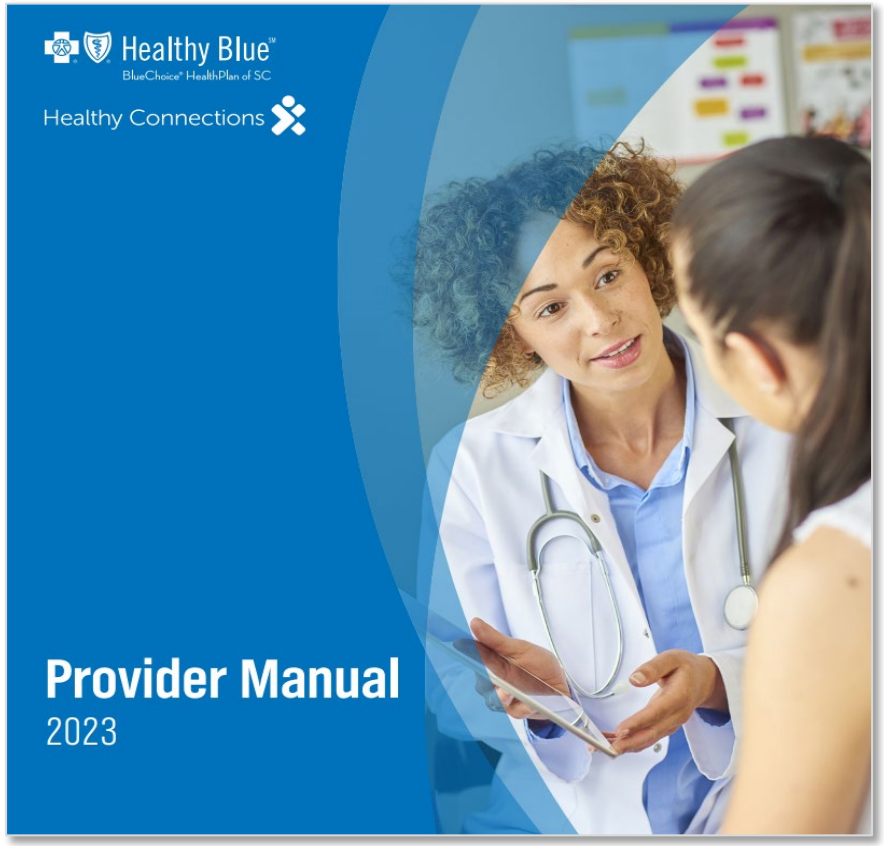


Visit www.Modivcare.com/facilities/sc for more information.

Contacts and Resources

Provider Office Manual

- Administrative Information
- Quality Improvements
- Utilization Management
- Claims Information
- Reimbursement Policies



Note: The manual is updated annually.

Contacts and Resources

BlueBlast – Monthly Newsletter

- Important health updates
- Healthy Connections updates
- Notifications and reminders
- Billing and claims information
- Upcoming events

Member Benefits

Checking Covered Benefits

Fee Schedules

Listed by provider specialty type

Codes listed on fee schedules are covered

Medicaid Manage Care Organization plans must offer the same benefits as Healthy Connections

Manuals

Listed by service type

Includes general information, billing details, claims filing guidelines and more

Visit www.scdhhs.gov/provider for more information.

Copays and Exemptions

Service	Copay
Primary care visits, RHCs and FQHCs	$3.30
Specialist visits (including optometrists)	$3.30
Durable medical equipment	$3.40
Chiropractic care	$1.15
Home health (limited to 50 visits)	$3.30
Prescription drugs (brand and generic)	$3.40
Outpatient hospital	$3.40
Inpatient hospital	$25.00

Member Exemptions	Service Exemptions
Under 19 years of age	Family planning
Pregnant women	End-stage renal disease
Institutionalized individuals	Care at an infusion center
Individuals receiving care in ER	Care at an urgent clinic
Individuals receiving hospice care	Medical equipment and supplies from DHEC

Review the Provider Office Manual for a full list of exemptions.

Durable Medical Equipment and Home Health

Durable Medical Equipment

- Covered when prescribed to preserve bodily functions or prevent disability
- Use modifiers to identify rental or purchase
- Medical documentation is required for both rentals and purchases
- Customized items, some CPT codes, and OON* providers require prior authorization (PA)

Home Health

- Includes intermittent skilled nursing, home health aides, physical, occupational and speech therapy and physician-ordered supplies
- Limit of 50 visits per benefit year (July 1-June 30)
- All home health care services require PA (authorized for a 30-day duration)

Out-of-Network

Therapy Services and BabyNet

Physical, Occupational and Speech Therapy

Members 21 and older have 75 combined visits or 300 units per benefit year

(July 1- June 30)

Members under 21 have 105 combined visits or 420 units per benefit year

(July 1- June 30)

PA is required for codes 97022, 97140, 97150, 97166, 97167 and all other codes beyond the allowed visits

BabyNet

Includes services for ages zero to three

All current Medicaid services are included

Emails for SC Healthy Connections BabyNet program should be sent to BabyNet@scdhhs.gov

Routine Vision

Routine Vision

Covered through VSP

Medically necessary services covered during the 365-day period when approved

Note: Call VSP for prior authorization.

Claims should be submitted directly to VSP (electronically or by mail)

Covered Service	Members under 21	Members 21 and older
Routine eye exam	One, every 12 months	One, every 12 months
Eyeglasses (Frames, lenses and fitting)	One pair, every 12 months	One pair, every 24 months

VSP Covered Codes

Type of Service	CPT Codes
Exams and Office Visits	92002, 92004, 92012, 92014, 92015 (routine only)
Evaluation and Management (E&M) Services	99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215
Online Digital Evaluation and Management (E&M) Services	99421, 99422, 99423
Telephone Evaluation and Management (E&M) Services	99441, 99442, 99443
Consultations	99242, 99243, 99244, 99245
Interprofessional telephone/internet assessment and management services	99446, 99447, 99448, 99449, 99451, 99452
Urgent/Emergency Care	99050, 99051, 99058
Special Ophthalmological Services	92020, 92025, 92060, 92071, 92081, 92082, 92083, 92100, 92132, 92133, 92134, 92136, 92201, 92202, 92227, 92228, 92250, 92260, 92270, 92273, 92274, 92283, 92284, 92285, 92286, 92287, 92499, 95930, 99070
Radiology/Diagnostic Ultrasound	76510, 76511, 76512, 76513 76514, 76516, 76519, 76529
Eye and Ocular Adnexa Services	65205, 65210, 65220, 65222, 65430, 65435, 67820, 67938, 68020, 68040, 68761, 68801, 68810, 68815
Pathology and Laboratory	83516, 83861, 87809

May not be all inclusive and subject to change.

Carelon Medical Benefits Management – Prior Authorization

Advanced Imaging	Cardiology Services	Radiation Oncology Services
Computed Tomography Scans (including cardiac)	Resting Transthoracic Tachocardiography	Brachytherapy
Magnetic Resonance Imaging (including cardiac)	Transesophageal Echocardiography	Intensity Modulated Radiation Therapy
Positron Emission Tomography Scans (including cardiac)	Arterial Ultrasound	Proton Beam Radiation Therapy
Nuclear Cardiology	Cardiac Catheterization	Stereotactic Radiosurgery/Stereotactic Body Radiotherapy
Stress Echocardiography	Percutaneous Coronary Intervention (PCI)	3D conformal therapy[1] (EBRT) for bone metastases and breast cancer
		Hypofractionation for bone metastases and breast cancer when requesting EBRT and intensity modulated radiation therapy (IMRT)
		Special procedures and consultations associated with a treatment plan (CPT codes 77370 and 77470)
		Image Guided Radiation Therapy

[1]Radiation oncology performed as part of an inpatient admission is not part Carelon's program. Radiation oncologists are strongly encouraged to verify that authorization has been obtained before initiating scheduling and performing services.

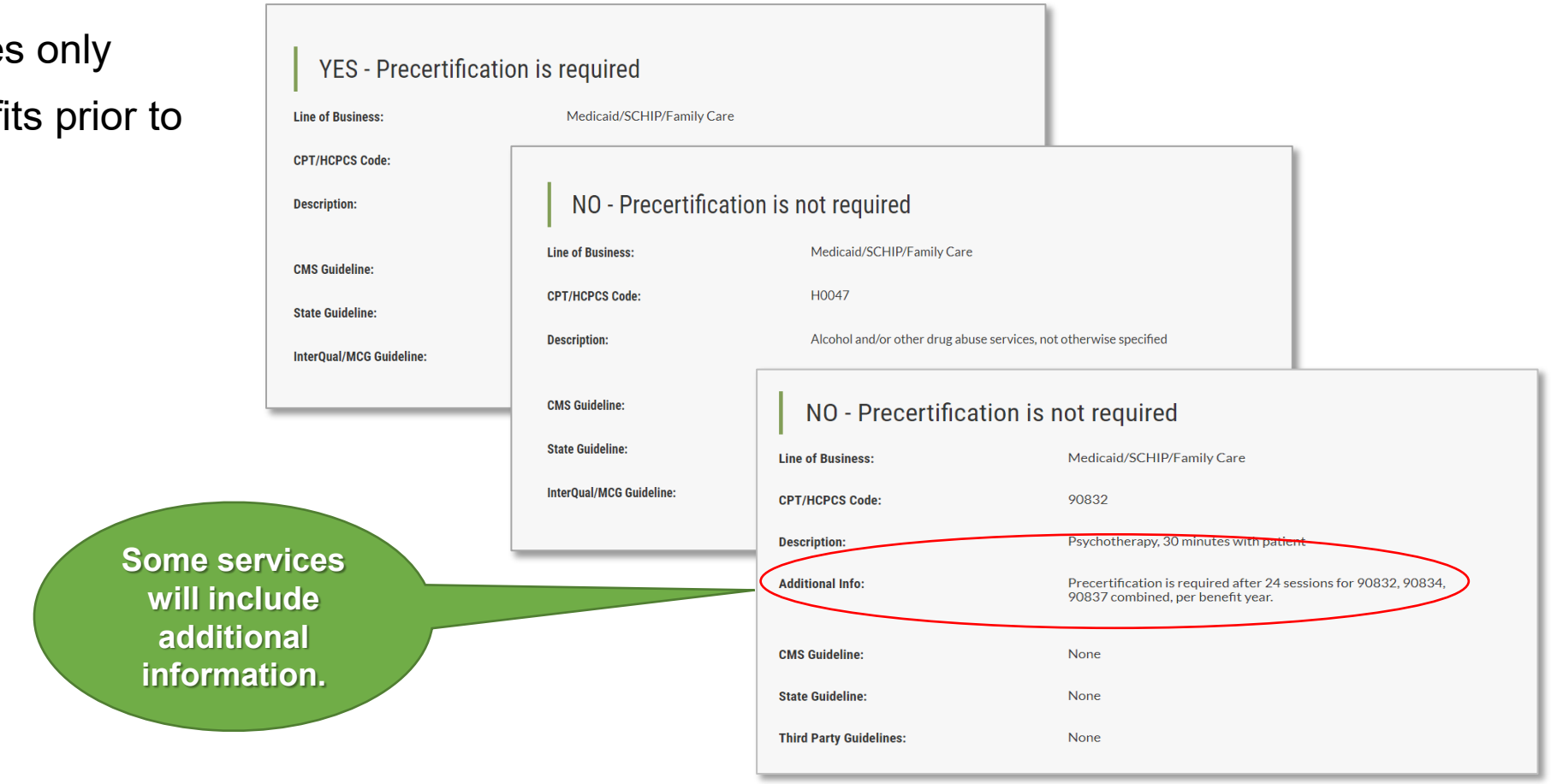
May not be all inclusive and subject to change.

Carelon Medical Benefits Management Inc. is a separate company providing some utilization review services on behalf of BlueChoice® HealthPlan.

Prior Authorization

Prior Authorization Lookup Tool

- Use for outpatient services only
- Verify eligibility and benefits prior to rendering services



Prior Authorization Request Methods

Availity

www.Availity.com

Interactive Care Reviewer

(ICR)-Preferred Method

For additional assistance:

800-282-4548

Phone

866-902-1689

Fax

800-823-5520

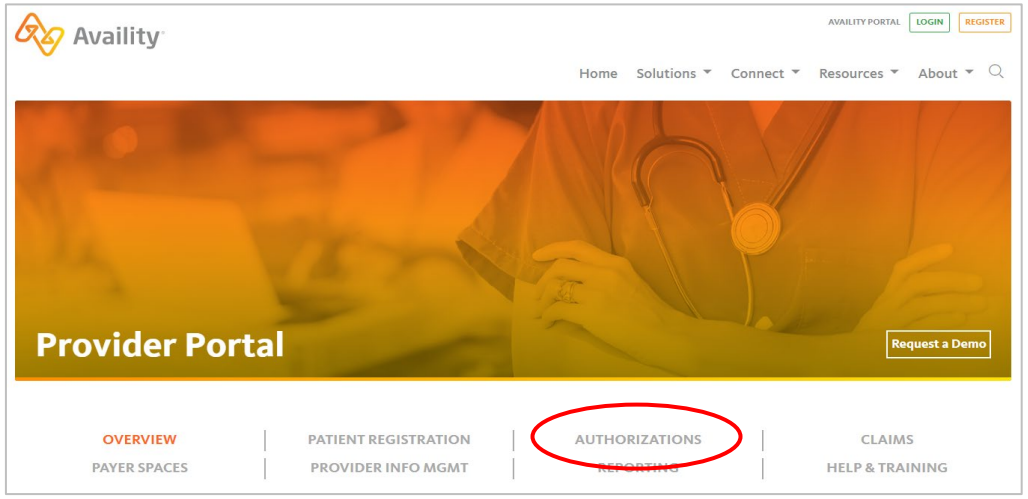
(General requests)

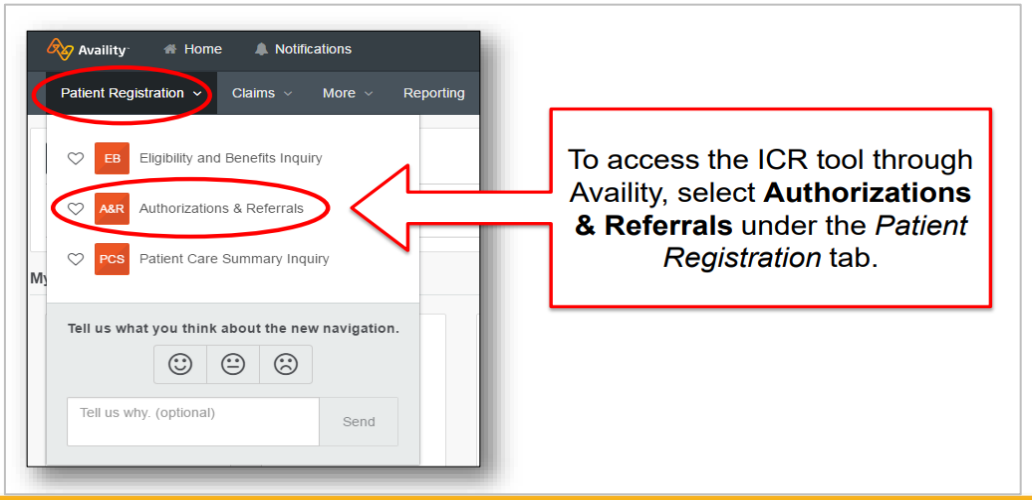
866-387-2974

Inpatient admissions and clinical update

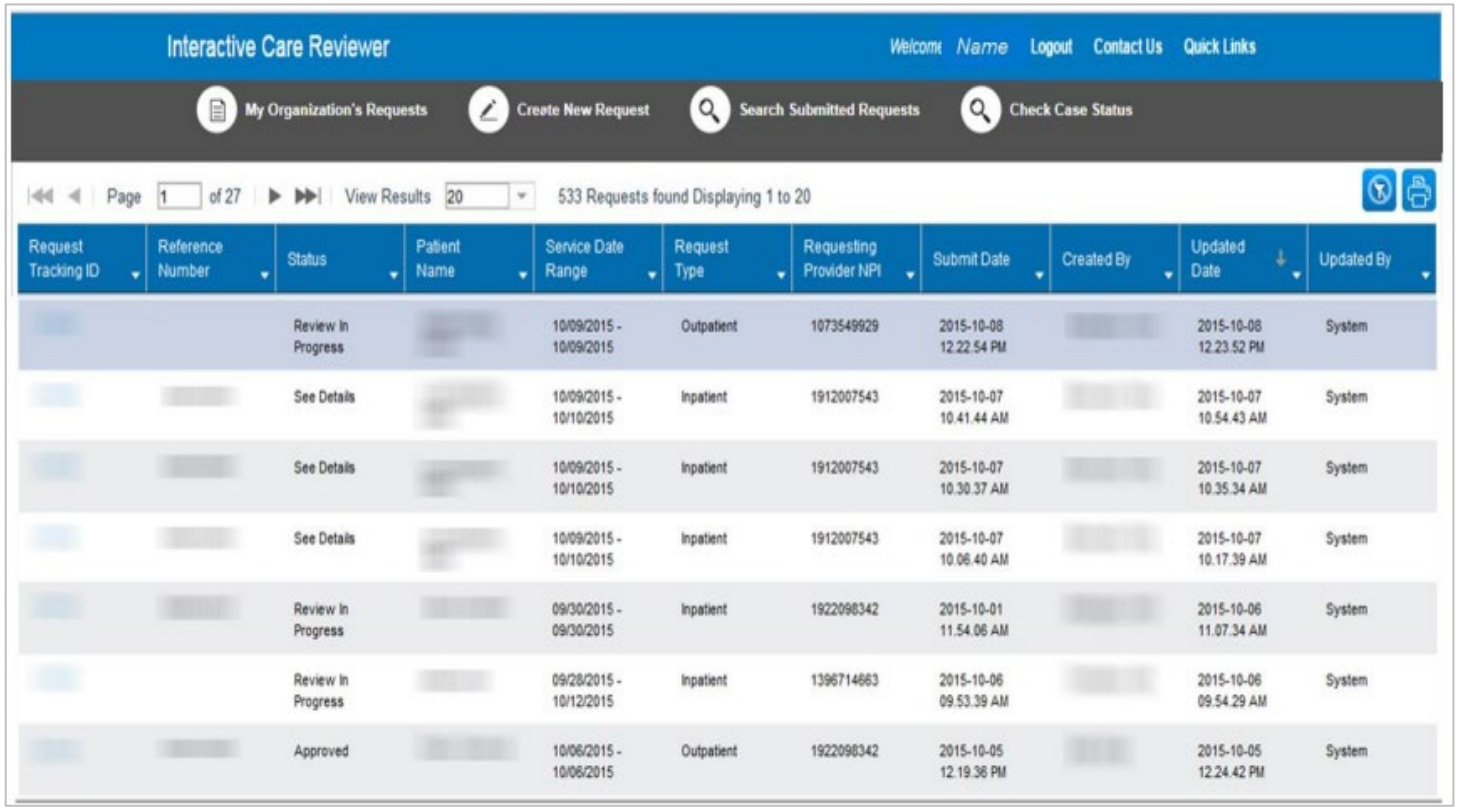
(continued stay review)

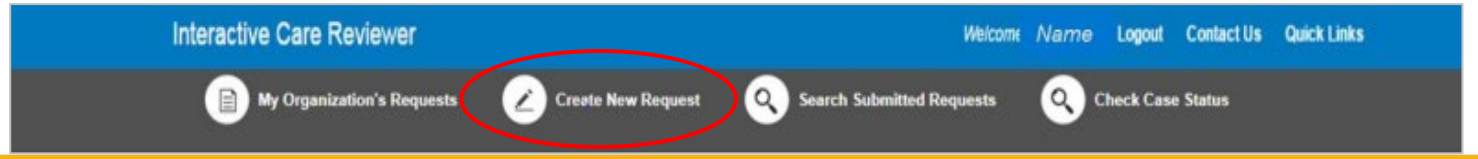
Prior Authorization – Availity Requests





To access the ICR tool through Availity, select **Authorizations & Referrals** under the *Patient Registration* tab.





Prior Authorization – Phone Requests

Items needed for phone request:

- Member's name, date of birth, Medicaid ID number and address
- ICD-10 codes
- CPT or HCPCS codes and unit amounts (when applicable)
- Date(s) of service
- Level of care (when applicable)
- Requesting provider's Tax ID, NPI, address, phone and fax numbers
- Servicing provider's Tax ID, NPI, address, phone and fax numbers
- If NICU*, also include the mother's name, date of birth and Medicaid ID number

Neonatal intensive care unit

Prior Authorization – Fax Requests

Inpatient requests (Include discharge date.)

Note: For skilled nursing, include the CLTC form.*

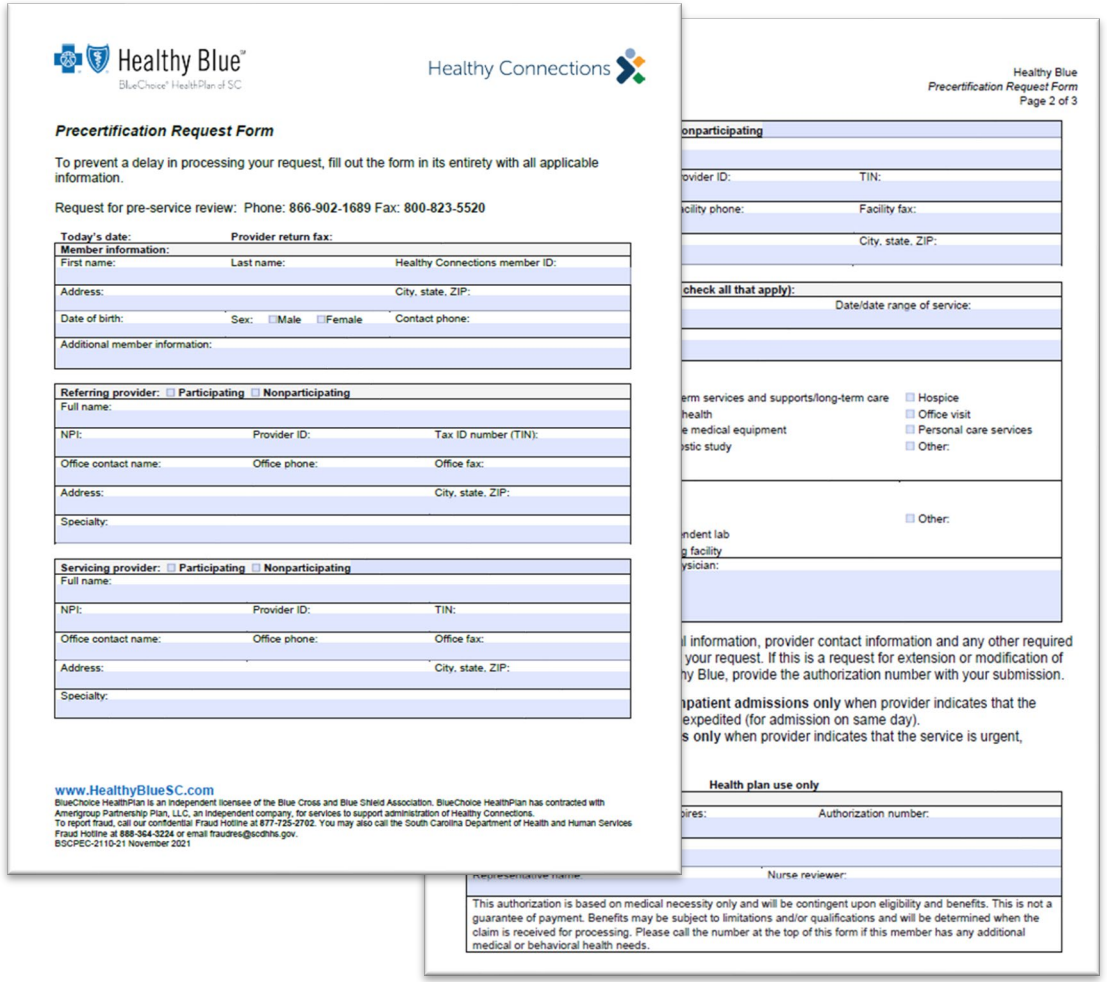
Psychological testing

MCO – BabyNet

MCO – Makena

Universal newborn

Universal Synagis®


Healthy Blue
BlueChoice® HealthPlan of SC
Healthy Connections

Precertification Request Form

To prevent a delay in processing your request, fill out the form in its entirety with all applicable information.

Request for pre-service review: Phone: **866-902-1689** Fax: **800-823-5520**

Today's date: **Provider return fax:**

Member information:
First name: Last name: Healthy Connections member ID:
Address: City, state, ZIP:
Date of birth: Sex: ☐Male ☐Female Contact phone:
Additional member information:

Referring provider: ☐ **Participating** ☐ **Nonparticipating**
Full name:
NPI: Provider ID: Tax ID number (TIN):
Office contact name: Office phone: Office fax:
Address: City, state, ZIP:
Specialty:

Servicing provider: ☐ **Participating** ☐ **Nonparticipating**
Full name:
NPI: Provider ID: TIN:
Office contact name: Office phone: Office fax:
Address: City, state, ZIP:
Specialty:

www.HealthyBlueSC.com

BlueChoice HealthPlan is an independent licensee of the Blue Cross and Blue Shield Association. BlueChoice HealthPlan has contracted with Amerigroup Partnership Plan, LLC, an independent company, for services to support administration of Healthy Connections.
To report fraud, call our confidential Fraud Hotline at **877-725-2702**. You may also call the South Carolina Department of Health and Human Services Fraud Hotline at **888-364-3224** or email fraudres@scdhhs.gov.
BSCPEC-2110-21 November 2021

Healthy Blue
Precertification Request Form
Page 2 of 3

onparticipating
ovider ID: TIN:
cility phone: Facility fax:
City, state, ZIP:

check all that apply):
Date/date range of service:

rm services and supports/long-term care ☐ Hospice
health ☐ Office visit
e medical equipment ☐ Personal care services
stic study ☐ Other:

☐ Other:
ndent lab
g facility
ysician:

l information, provider contact information and any other required your request. If this is a request for extension or modification of hy Blue, provide the authorization number with your submission.

patient admissions only when provider indicates that the expedited (for admission on same day).
s only when provider indicates that the service is urgent,

Health plan use only
ires: Authorization number:
Nurse reviewer:

This authorization is based on medical necessity only and will be contingent upon eligibility and benefits. This is not a guarantee of payment. Benefits may be subject to limitations and/or qualifications and will be determined when the claim is received for processing. Please call the number at the top of this form if this member has any additional medical or behavioral health needs.

Note: Fax numbers are located on each form.

Behavioral Health

Behavioral Health – Covered Benefits for Fee-for-Service

SCDHHS* covers some behavioral health services

SCDHHS is responsible for most waiver services

South Carolina Department of Health and Human Services

Behavioral Health – Covered Benefits Under Healthy Blue

- Inpatient care at a general acute hospital
- Professional psychiatric care
- Outpatient care*
- Substance use treatment services**
- Autism care
- Psychiatric residential treatment facility care
- Rehabilitative behavioral health care
- Opioid treatment program
- Institute for mental diseases
- School- based rehabilitative therapy***
- Assertive Community Treatment ****

***Services must be provided by:**

- Licensed Independent Practitioners (LIPs)
- Group Practices
- Federally Qualified Health Centers (FQHCs)
- Rural Health Clinics (RHCs)
- Psychiatrists
- Advanced Nurse Practitioners
- Community Mental Health Centers(SC DMH & MUSC)

****Services must be provided by:**

- Department of Alcohol and Other Drug Abuse Services (DAODAS)

***Effective July 1, 2022

****Effective July 1, 2023

School-Based Rehabilitative Therapy Services

SCDHHS provides Medicaid reimbursement for medically necessary services provided in the Local Education Agency

Includes, but not limited to, children under the age of 21 who have or are at risk of developing sensory, emotion, behavioral or social impairments, disabilities and more

Visit www.scdhhs.gov/provider for more information.

School-Based Rehabilitative Therapy Services

Billing Modifiers

H1 – Licensed Clinician

Refers to licensed or certified professionals allowed to practice at the independent level.

Includes LPC, LMFT, LISW, LPES, Certified School Psychologist II and III

H2 – Unlicensed Clinician

Refers to professionals who require supervision and co-signature on their diagnostic assessment (used to confirm medical necessity).

Includes LMSW, MHP and Certified School Psychologist I

Note: Billing modifiers must match the credentials of the individual rendering the service.

Behavioral Health – Prior Authorization

Core therapy services	• No PA required for participating Behavioral Health Providers
Psychological testing and assessments	• Requires PA • Complete the Outpatient Treatment Request (OTR) form and fax to 877-664-1499
CPT codes: 90832, 90834 and 90837	• Requires PA after 24 sessions or encounters billed in a 12-month period (July 1 – June 30) – This includes sessions that might be held with different providers. • Complete OTR form and fax to 877-664-1499

Rehabilitative Behavioral Health Services

LIPs[1]	LACs[2]
DAODAS[3]	DMH[4]
DOE[5]	DJJ[6]
DSS[7]	COC[8]

Prior authorization requirements	
H0038	H2014
H2017	H2030
H2037	S9482
Note: All out-of-network providers require PA.	

[1]*Licensed Independent Practitioners*
[2]*Licensed Addiction Counselors*
[3]*Department of Alcohol and Other Drug Abuse Services*
[4]*South Carolina Department of Mental Health*
[5]*South Carolina Department of Education*
[6]*South Carolina Department of Juvenile Justice*
[7]*South Carolina Department of Social Services*
[8]*South Carolina Continuum of Care*

Institutes for Mental Disease

Eligible Members	Prior Authorization	Certificate of Need
Ages 0 – 21	Phone: 866-902-1689, select option 3	Fax: 877-664-1499

Opioid Treatment Program

No age restrictions for participation

No PA required

Stigmas and Behavioral Health

What is a stigma?

A mark of disgrace associated with a particular circumstance, quality or person

How are stigmas associated with behavioral health?

Misguided views

Religious reasons

News reports

Types of Stigmas and Its Effects

Public	Systemic	Self
Discrimination by others	*Reduced access to care*	*Internalization of stereotypes*
Loss of employment	Loss of opportunities	Lowered self-esteem

Overcoming and Coping with Stigmas

- Educate yourself and patients
- Have open discussions about mental health
- Be honest about treatment
- Assist patient with getting the proper care they need
- Encourage patients to not be ashamed
- Encourage patients to not isolate themselves
- Encourage patients to Join support groups

Pharmacy and Labs

Pharmacy Benefit Manager – CarelonRx

Prior Authorization	Home Delivery	Specialty Pharmacy
Phone: 844-410-6890	Phone: 833-203-1737	Phone: 833-255-0646
Fax: 844-512-9005	Fax: 800-207-3118	Fax: 833-263-2871

CarelonRx is an independent company providing pharmacy benefit management services on behalf of BlueChoice® HealthPlan.

CarelonRx – Authorization Process

Prescription medications limited to a one-month (31-day max) supply

Prior authorization required for quantities greater than one month

Note: Members can refer to their evidence of coverage for benefit details, exclusions and limitations.

CarelonRx – Mail Order and Home Delivery

Maintenance Medications limited to a 31-day supply (90-day max on certain medications)

Applicable categories of drugs	
Asthma	Oral diabetes
Cholesterol	Hypertension

Laboratory Services

LabCorp is the preferred laboratory.

Prior authorization requirements
Anatomical pathology and cytology specimens do not require PA
Certain labs, such as genetic testing, may require PA

Note: STAT labs can be sent to a contracted hospital, but all others should be directed to LabCorp.

LabCorp is an independent company providing laboratory management services on behalf of BlueChoice® HealthPlan.

Clinical Laboratory Improvement Amendment

To be considered for reimbursement of clinical laboratory services, a valid CLIA certificate identification number must be reported on a 1500 Health Insurance Claim Form (CMS-1500). The CLIA certificate identification number must be submitted in one of the following manners

Claim Format and Elements	CLIA Number Location Options	Referring Provider Name and NPI Location Options	Servicing Laboratory Physical Location
CMS-1500	Must be represented in field 23	Submit the referring provider name and NPI number in fields 17 and 17b, respectively.	Submit the servicing provider name, full physical address and NPI number in fields 32 and 32A, respectively, if the address is not equal to the billing provider address. The servicing provider address must match the address associated with the CLIA ID entered in field 23.
HIPAA 5010 837 Professional	Must be represented in the 2300 loop, REF02 element, with qualifier of X4 in REF01	Submit the referring provider name and NPI number in the 2310A loop, NM1 segment.	Physical address of servicing provider must be represented in the 2310C loop if not equal to the billing provider address and must match the address associated with the CLIA ID submitted in the 2300 loop, REF02.

Claims

Filing Claims

You have 365 days to file original or corrected claims.

Electronically

Payer ID: 00403

E-Solutions: 800-470-9630
(Set-up and information)

Availity

www.availity.com

Hard copy

Healthy Blue
Attn: Medicaid Claims
P.O. Box 100124
Columbia, SC 29202-3124

Availity, LLC and E-solutions are independent companies providing administrative support services on behalf of BlueChoice® HealthPlan.

Overpayment Recovery

Address for overpayment:

Healthy Blue
P.O. Box Central 73651
Cleveland, OH 44193-1177

Overnight Address for Overpayment Recovery:

Healthy Blue – Central 73651
4100 W 150th St.
Cleveland, OH 44135

Claims Payment Disputes

Two steps in the claims dispute process include:

1. Claim Payment Reconsiderations

Initial request to investigate the outcome of a finalized claim

Must be submitted **within 90 calendar days** from the date of the explanation of payment

2. Claim Payment Appeals

Request submitted to investigate the outcome of the claim payment reconsideration

Must be submitted within **30 calendar days** from the date of explanation of payment or reconsideration determination letter

Claims Payment Disputes (Continued)

How to file a claim dispute:

Verbally
(Reconsiderations only)

Call Customer Care Center at
866-757-8286

Online
(Reconsiderations and appeals)

Use Availity

Written
(Reconsiderations and Appeals)

Mail to:

Healthy Blue
Payment Dispute Unit
P.O. Box 100124
Columbia, SC 29202-3124

High Dollar Claim Review

Managed by CERiS

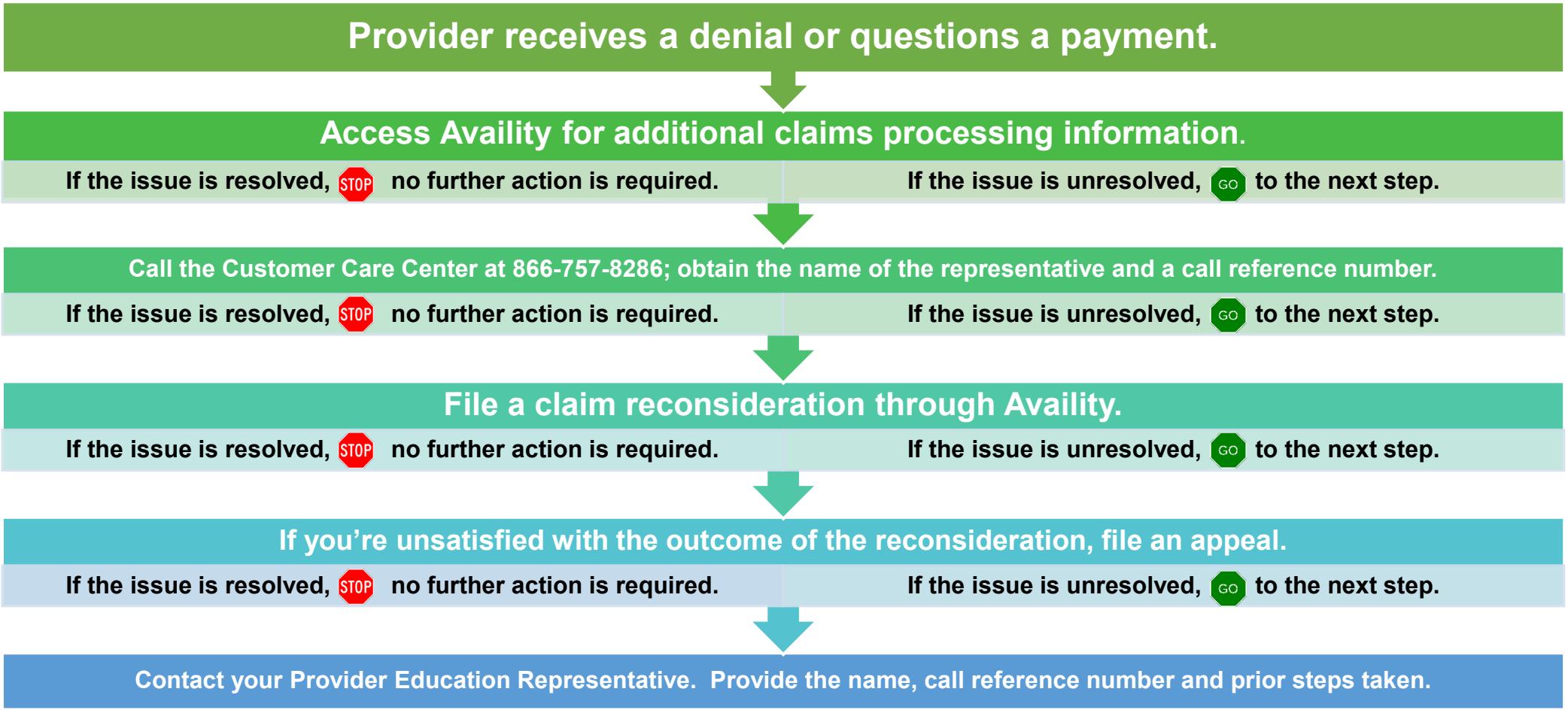
$100,000 threshold

Requires itemized bill

Only submit itemized bill when requested.

CERiS is an independent company providing claims administrative services on behalf of BlueChoice® HealthPlan.

Claims Assistance Workflow



Common Claims Denials

	Possible solutions
Member eligible for health care with another health insurance carrier	Have the member update their information with the State
	Have the member update their information with Healthy Blue

	Possible solutions
Non-par provider	Ensure all necessary enrollment applications and processes have been completed
	Provide updates when necessary to ensure we have the latest details

Common Claims Denials (Continued)

Duplicate charges paid	Possible solutions
	Allow time for claims to complete processing before resubmitting
	Verify claims status to see if it is on file before resubmitting

Miscellaneous denials (Timely filing, Worker's Compensation, etc.)	Possible solutions
	Ensure claims are submitted within the 365-day time frame
	Verify whether services were the result of an accident in which a third-party may be responsible prior to submitting

Balance Billing

What is it?

Billing a member for an amount not reimbursed by Healthy Blue on a claim

What should be done?

Members should be held harmless and not responsible for amounts not paid for contracted services

Provider Incentives

Notification of Pregnancy and CenteringPregnancy

Notification of Pregnancy

- Incentive of $200
- Include date of pregnancy diagnosis, CPT 99080, modifier 32 and billed charges of $200
- Pregnancy Notification Report must be completed and faxed to 866-387-2974 within seven business days from pregnancy diagnosis date

CenteringPregnancy

- Incentive of $475
- **CPT 99078**: Include modifier TH, an E&M code (up to 10 visits), pregnancy diagnosis and billed charges of $30
- **CPT 0502F**: Include modifier TH, an E&M code (billed with or after 5th visit), pregnancy diagnosis and billed charges of $175

Well Child

Well-Child

Incentive of $60

Include date of well-child exam, CPT G9153 and billed charges of $60

Well-infant: Members ages one to 15 months within the current year

CPT/HCPCS	Modifier	ICD-10
99381-99385, 99391-99395, 99461, G0438-G0439	EP	Z00.0X, Z00.1XX, Z00.X, Z02.X, Z02.71, Z02.79, Z02.8X

Well-child: Members ages three to six years old within the current year

CPT/HCPCS	Modifier	ICD-10
99381-99385, 99391-99395, 99461	EP	Z00.0X, Z00.1XX, Z00.X, Z02.X, Z02.71, Z02.79, Z02.8X

Adolescent well-child: Members ages 12 to 20 years old within the current year

CPT/HCPCS	Modifier	ICD-10
99461, 99381-99385, 99391-99395	EP	Z00.0X, Z00.1XX, Z00.X, Z02.X, Z02.71, Z02.79, Z02.8X, Z02.9

Screening, Brief Intervention and Referral to Treatment

Screening

Incentive of $24

Include date of screening, CPT H0002, modifier HD (if positive) and billed charges of $24

Brief Intervention

Incentive of $48

Include date of screening, CPT H0004, modifier HD (if referral given) and billed charges of $48

Sports Physical and CPT® Category II Codes

Sports Physical

- Incentive of $30
- Include date of sports physical, CPT 99212, modifier 8P, diagnosis Z02.5 and billed charges of $30
- Available for members six to 18.
- Can be billed with well-child exam if the member has not received a well-child in the current benefit year

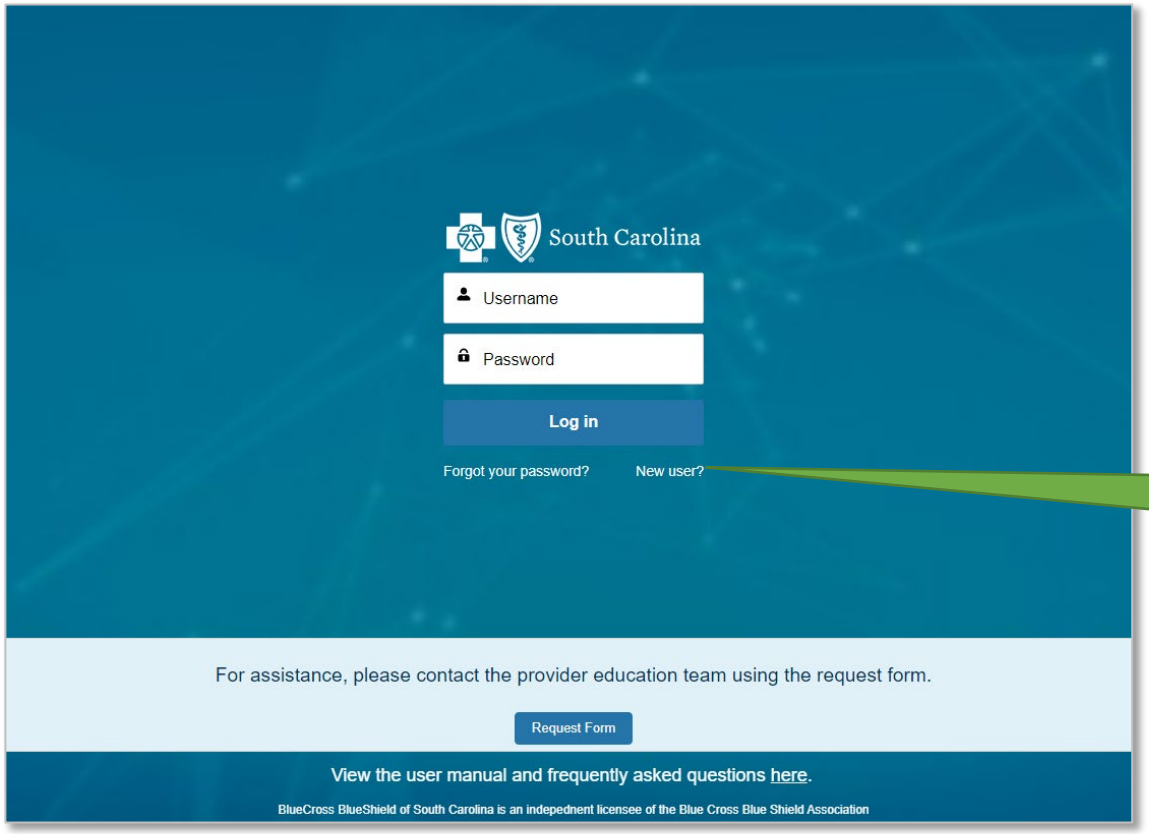
CPT Category II Codes

- Incentive varies per code
- Each code has diagnosis, age and criteria requirements
- List of codes available on www.HealthyBlueSC.com

Providers>Education and Training>CPT Category II Codes

Provider Enrollment

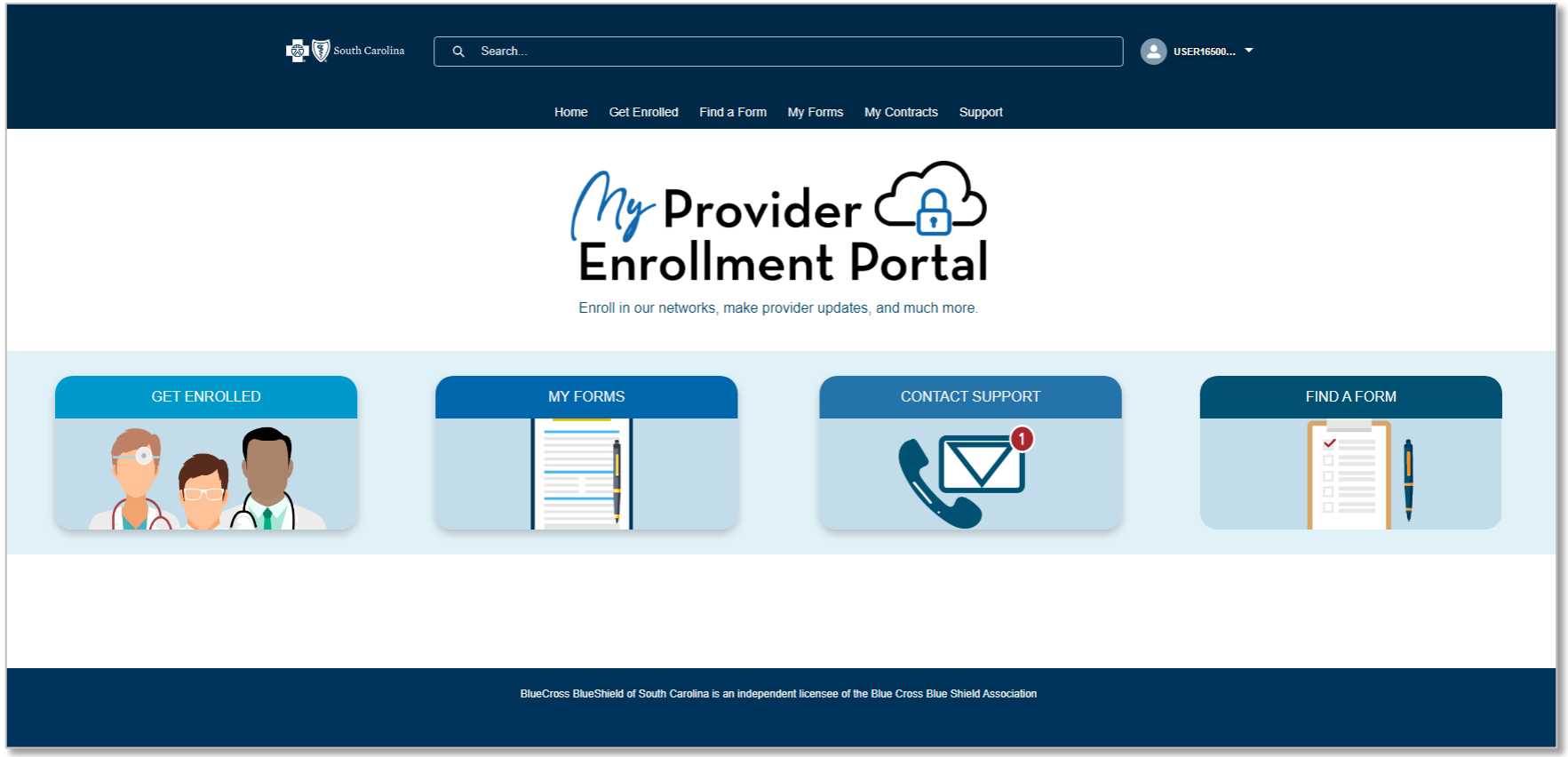
Joining the Healthy Blue Network



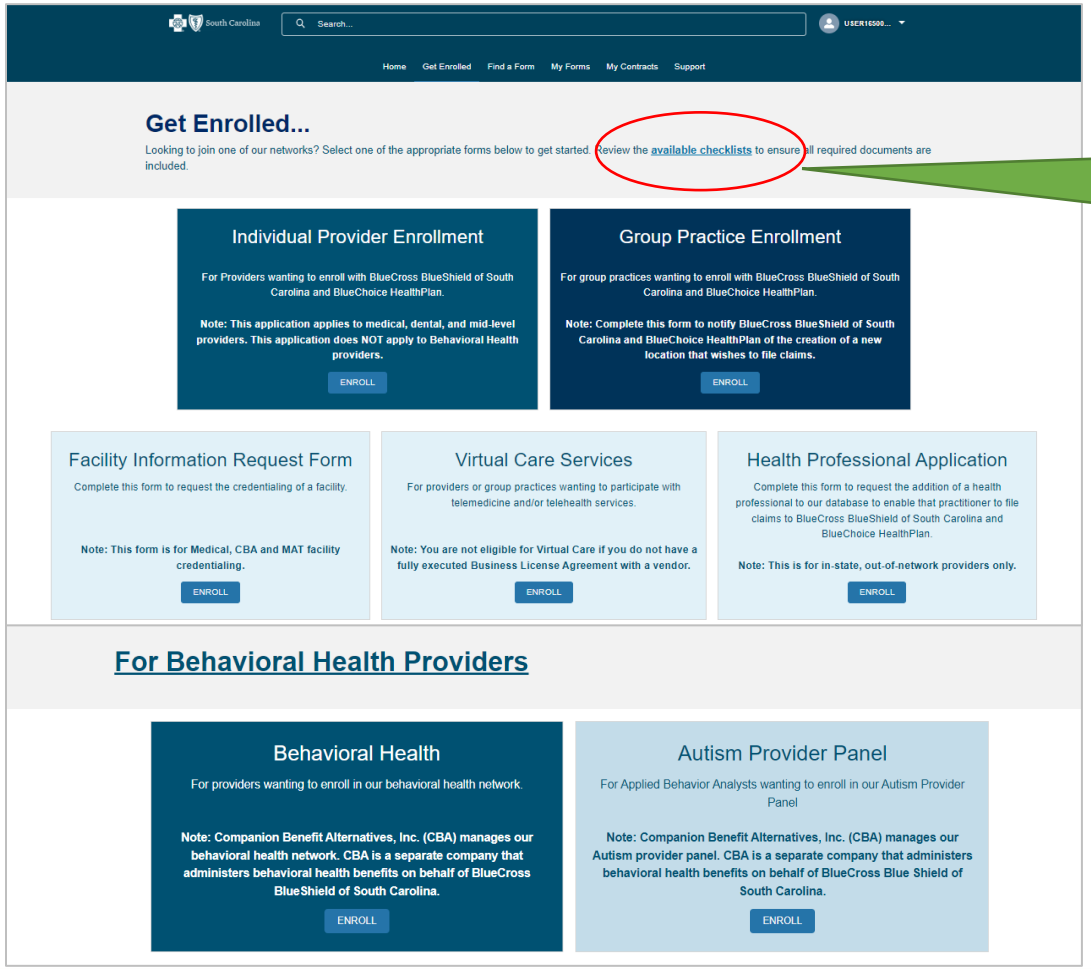
My Provider Enrollment Portal

Select New user if you've never signed up!

My Provider Enrollment Portal



Getting Enrolled



Review the available checklists prior to completing an application.

Individual Enrollment Checklist

Checklist Items	Mid-Level	Physician	DDS*	DMD**	Ancillary	Chiro	Pharmacist
Provider Enrollment Application							
Copy of SC Medical or Practice License							
Drug Enforcement Administration (DEA) Certification			Footnote 1				
Current Copy of Malpractice (Min. $1M/$3M)							
Authorization to Bill for Services							
Clinical Lab Improvement Amendments (CLIA)				Footnote 2			
Nurse Practitioner Preceptor Form							
Signed Contracts							
Hold Harmless – BlueChoice HealthPlan							
Appendix D – BlueChoice HealthPlan							
Professional Training		Footnote 3					
Additional Items for Medicaid							
Medicaid ID Number				Footnote 2			
Protocols (Written Agreement)	Footnote 4						

[1]Only needed if applicable.

[2]Only needed if the DMD is applying for medical networks.

[3]DOs, DPMs and MDs require at minimum, residency.

[4]Only needed for nurse practitioners and physician assistants.

*Doctor of Dental Surgery (DDS)

**Doctor of Medicine in Dentistry (DMD)

Group Practice Enrollment Checklist

Checklist Items	Physician's Office	Ambulance	DME	Home Health, Hospice, Dialysis, Hospitals, Skilled Nursing, ASC*	Pharmacy	Dental
Group Practice Application						
IRS Verification of Tax ID (No W9s)						
Electronic Funds Transfer Enrollment						
Application for Satellite Location (if applicable)						
Clinical Lab Improvement Amendments (CLIA)						
Signed Contracts						
Copy of CMS Letter						
Copy of Medicare PTAN Letter						
Copy of Business License						
Copy of DHEC License						
Additional Items for Medicaid						
Medicaid ID Number						

*Ambulatory Surgery Center (ASC)

Behavioral Health Enrollment Checklist

Checklist Items
Behavioral Health or Autism Panel Application
IRS Verification of Tax ID (or W9)
CBA* Professional Agreements (Signed Contracts)
Hold Harmless Agreement
Appendix C
Copy of SC State License
Copy of DEA License (if applicable)
Copy of Board Certification (if applicable)
Nurse Protocols (NPs only)
Current Copy of Malpractice (Min. $1M/$3M)

*Companion Benefit Alternatives

Electronic vs. Wet Signatures

Medical	Allowed Signature	Behavioral Health	Allowed Signature
Provider Enrollment	**Electronic or wet**	Behavioral Health	**Electronic or wet**
Recredentialing	**Electronic or wet**	Autism Panel	**Electronic or wet**
Facility Information Request	**Electronic or wet**	Facility Information Request	**Electronic or wet**
Health Professional	**Electronic or wet**	Authorization to Bill	**Electronic or wet**
Doing Business As (DBA)	**Electronic or wet**	All Contracts	**Electronic or wet**
Change of Address (COA)	**Electronic or wet**		
Add/Term Practitioner	**Electronic or wet**		
Authorization to Bill	**Electronic or wet**		
Electronic Funds Transfer (EFT)	**Wet**		
Appendix D (BlueChoice only)	**Wet**		
Hold Harmless (BlueChoice only)	**Wet**		
All Contracts	**Wet**		

Provider Validation – M.D. Checkup

As of Jan. 1, 2022, provider validations are required at least **every 90 days**, per the No Surprises Act

If more than 90 days has passed since the last validation, providers will be suppressed from the directory

Quality

National Committee for Quality Assurance

Consumer Satisfaction

Assesses patient's feedback ranking the health plan

Prevention

Gauges patient's ranking of annual visits, vaccines, etc.

Treatment

Measures the plan's consistency in providing recommended care

Standards & Guidelines + **Quality Measures** + **Member Experience**

Consumer Assessment of Healthcare Providers and Systems

Opportunities	Possible Solutions
Q22 – Rating of Specialist seen most often	❑ Listen to patient concerns and spend adequate time with them ❑ Engage the patient in discussions about medications ❑ Avoid using medical jargon and technical language
Q24 – Customer Service provided need information or help	❑ Ensure that representative are friendly and polite ❑ Resolve issues completely and follow up with members ❑ Ensure that representatives listen carefully and avoid interrupting
Q18 – Rating of personal doctor	❑ Ensure that providers are informed about the patient's relevant medical and person background ❑ Remain up-to-date on medical advancements ❑ Connect with the patient on a personal level ❑ Reduce wait times in the office
Q9 – Ease of getting care, tests, or treatment	❑ Conduct a thorough assessment of the patient's needs ❑ Treat patients with urgent issues promptly ❑ Provider care and service quickly ❑ Minimize wait times and communicate reasons for delays
Q5 – Made appointments for routine care at office or clinic	❑ Schedule appointments within sufficient time frame ❑ Treat patients with great urgent issues promptly
Q4 – Got an appointment for urgent care as soon as needed	❑ Schedule appointments within sufficient time frame ❑ Treat patients with great urgent issues promptly

Healthcare Effectiveness Data and Information Set

Evaluates performance in terms of clinical quality

Administered by NCQA and used by CMS* for monitoring

Subset of HEDIS measures are collected for Marketplace plans

HEDIS is a retrospective review of services and care performance

Centers for Medicare & Medicaid Services

HEDIS Measures – Prevention and Treatment

Well Care for Children

- Well visits
  - **W30**
    - 0-15 months; 6 visits
    - 16-30 months; 2 visits
  - **WCV**
    - 3-21 years of age; one visit per year
- **CIS/IMA**-Childhood and adolescent immunization
- Lead Screening
- **WCC**-Weight Assessment and Counseling for Nutrition and Physical Activity Children/Adolescent

Comprehensive Diabetic Care

- **HBD**-Hemoglobin A1c
- **EED**-Diabetic Eye Exam
- **BPD**-Blood Pressure
- **KED**-Kidney Evaluation
  - One eGFR (Estimated Glomerular Filtration Rate Lab Test
  - One UACR (Quantitative Urine Albumin Lab Test
  - One Urine Creatinine Test

Women's Health

- **PPC**-Prenatal and Postpartum Care
- **CHL**-Chlamydia screening
- **BCS**-Breast and cervical cancer screening
- **CCS**-Cervical Cancer screening

Behavioral Health

- **AMM**-Antidepressant Medication Management
- **ADD**-Follow-Up for Children Prescribed ADHD Medication
- **FUH**-Follow-Up After Hospitalization for Mental Illness
- **APP**-Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics
- **APM**-Metabolic Monitoring for Children and Adolescents on Antipsychotics
- **IET**-Initiation & Engagement of Alcohol and Other Drug Dependence Treatment

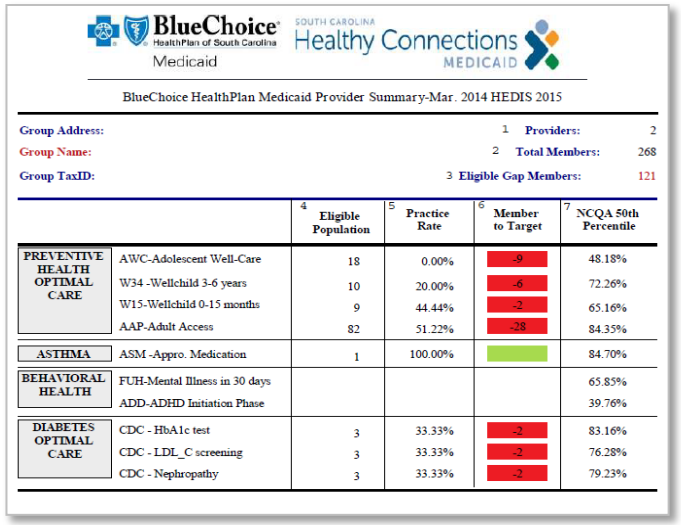
Provider Report Cards and Care Opportunity Reports

Provider report cards identify:

- Number of providers in the practice
- Total membership (current)
- Total care opportunities in the eligible population
- Number of target members needed to be seen to meet the NCQA percentile
- Practice rate for the NCQA HEDIS measure

Care opportunity reports include:

- Members who have not had any visits in the prior year
- Members who need preventive services
- Current demographic information (Healthy Connection)
- Legend for each measure on the *Care Opportunity* report



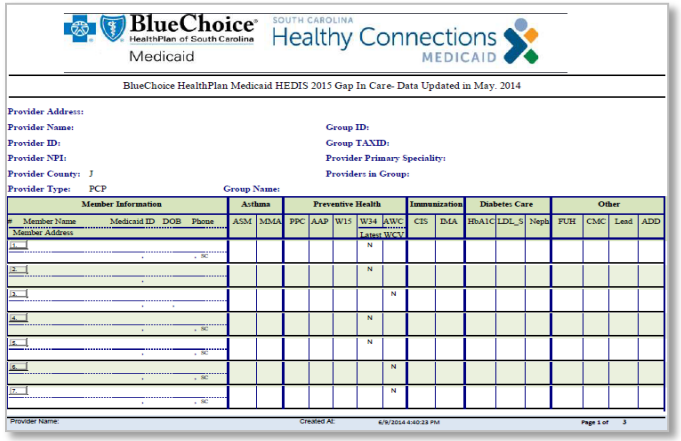
BlueChoice HealthPlan of South Carolina Medicaid — South Carolina Healthy Connections Medicaid

BlueChoice HealthPlan Medicaid Provider Summary-Mar. 2014 HEDIS 2015

Group Address:
Group Name:
Group TaxID:

1 Providers: 2
2 Total Members: 268
3 Eligible Gap Members: 121

		4 Eligible Population	5 Practice Rate	6 Member to Target	7 NCQA 50th Percentile
PREVENTIVE HEALTH OPTIMAL CARE	AWC-Adolescent Well-Care	18	0.00%	-9	48.18%
	W34 -Wellchild 3-6 years	10	20.00%	-6	72.26%
	W15-Wellchild 0-15 months	9	44.44%	-2	65.16%
	AAP-Adult Access	82	51.22%	-28	84.35%
ASTHMA	ASM -Appro. Medication	1	100.00%		84.70%
BEHAVIORAL HEALTH	FUH-Mental Illness in 30 days				65.85%
	ADD-ADHD Initiation Phase				39.76%
DIABETES OPTIMAL CARE	CDC - HbA1c test	3	33.33%	-2	83.16%
	CDC - LDL_C screening	3	33.33%	-2	76.28%
	CDC - Nephropathy	3	33.33%	-2	79.23%



BlueChoice HealthPlan of South Carolina Medicaid — South Carolina Healthy Connections Medicaid

BlueChoice HealthPlan Medicaid HEDIS 2015 Gap In Care- Data Updated in May. 2014

Provider Address:
Provider Name:
Provider ID:
Provider NPI:
Provider County: J
Provider Type: PCP
Group Name:
Group ID:
Group TAXID:
Provider Primary Speciality:
Providers in Group:

Member Information				Asthma		Preventive Health					Immunization		Diabetes Care			Other			
# Member Name / Member Address	Medicaid ID	DOB	Phone	ASM	MMA	PPC	AAP	W15	W34	AWC Latest WCV	CIS	IMA	HbA1C	LDL_S	Neph	FUH	CMC	Lead	ADD
1									N										
2									N										
3										N									
4									N										
5									N										
6										N									
7										N									

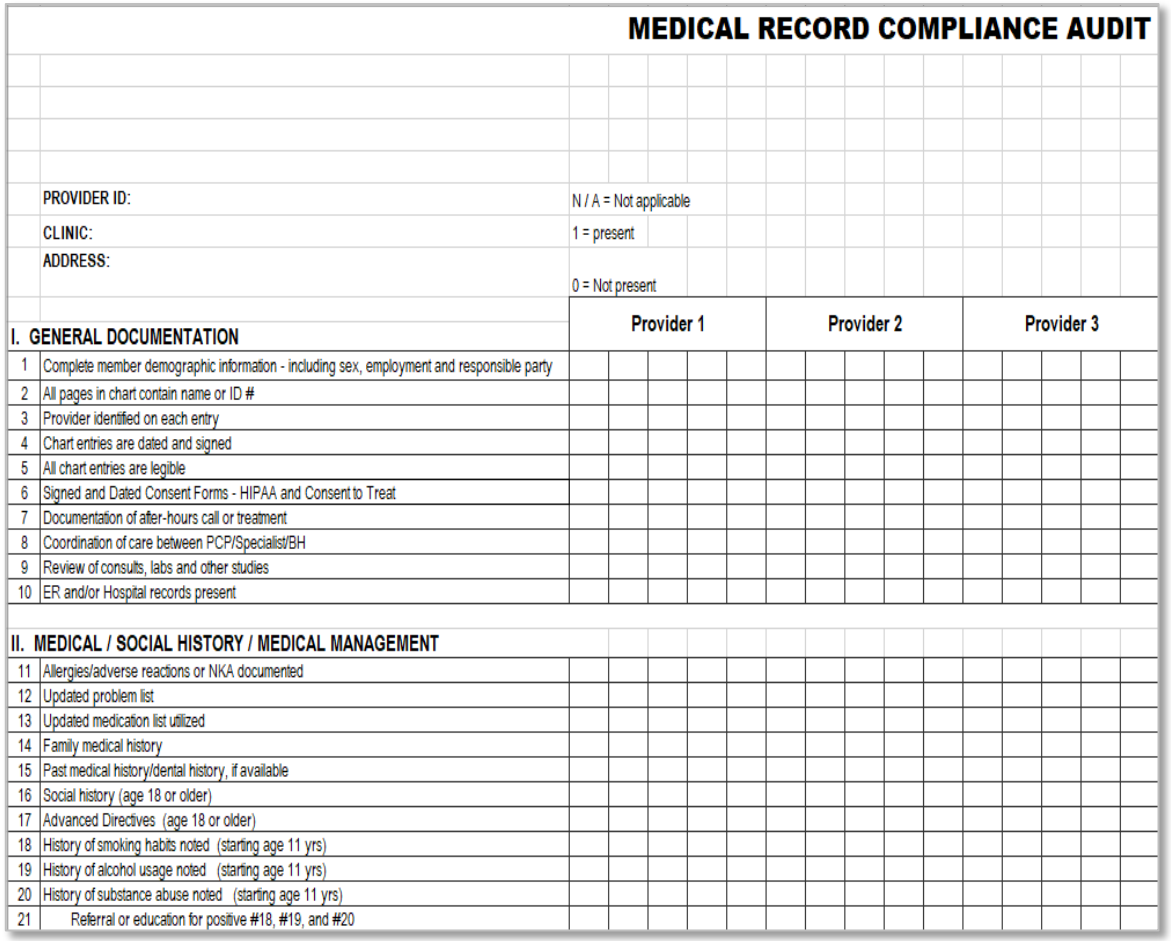
Provider Name: Created At: 6/9/2014 4:40:22 PM Page 1 of 3

Medical Records Compliance Audit

Starts during the summer after HEDIS

Audits performed on locations with 200+ members

Reviews completed on five random records, up to five providers



MEDICAL RECORD COMPLIANCE AUDIT

PROVIDER ID:
CLINIC:
ADDRESS:

N / A = Not applicable
1 = present
0 = Not present

	I. GENERAL DOCUMENTATION	Provider 1	Provider 2	Provider 3
1	Complete member demographic information - including sex, employment and responsible party			
2	All pages in chart contain name or ID #			
3	Provider identified on each entry			
4	Chart entries are dated and signed			
5	All chart entries are legible			
6	Signed and Dated Consent Forms - HIPAA and Consent to Treat			
7	Documentation of after-hours call or treatment			
8	Coordination of care between PCP/Specialist/BH			
9	Review of consults, labs and other studies			
10	ER and/or Hospital records present			
	II. MEDICAL / SOCIAL HISTORY / MEDICAL MANAGEMENT			
11	Allergies/adverse reactions or NKA documented			
12	Updated problem list			
13	Updated medication list utilized			
14	Family medical history			
15	Past medical history/dental history, if available			
16	Social history (age 18 or older)			
17	Advanced Directives (age 18 or older)			
18	History of smoking habits noted (starting age 11 yrs)			
19	History of alcohol usage noted (starting age 11 yrs)			
20	History of substance abuse noted (starting age 11 yrs)			
21	Referral or education for positive #18, #19, and #20			

Marketing

Social Media – Be sure to follow us!

@HealthyBlueSC

@HealthyBlueSC

@HealthyBlueSC

#HealthyBlueSC

Marketing and Community Outreach

Examples of community outreach.

Focus of Marketing

Marketing – Redetermination

Renewal occurs every 12 months from the date of enrollment

Ensures members' addresses are up to date with Healthy Connections

Helps members complete renewal form

Visit www.scchoices.com for more information.

Marketing – Extra Benefits

- Free one-time paid membership to Sam's Club*
- Free food delivery for qualifying members (up to $40)*
- Free adult vision
- Free diapers and car seats*
- Free GED Ready Assessment
- Free tutoring for grades K – 8th
- Free sports physicals
- and MUCH MORE!

Healthy Blue Community Action Transit (C.A.T)

Attends events

Includes interactive gaming system

Game Plan for Health – Coach Blue℠

G Get regular checkups

A Always eat fruits and veggies

M Make healthy choices

E Exercise daily

P Play hard and safe

L Learn ways to be healthy

A Aim high and set goals

N Never give up

HEALTHY BLUE ◆ PO BOX 100317 ◆ COLUMBIA, SC ◆ 29202-3317

Customer Service: 866-781-5094 (TTY: 866-773-9634) Monday – Friday from 8 a.m. – 6 p.m.
24-Hour Nurseline: 800-830-1525 (TTY: 711)

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