

Personal Care Service (PCS) Referral FAQ

Q: How do I submit a referral for PCS for a Healthy Blue member?

A: Referring providers, caregivers and members may submit a request for PCS assessment to Blue Cross and Blue Shield of North Carolina (Blue Cross NC) by following the steps below. A referral may be submitted either for a new PCS evaluation or for additional services:

1. Obtain a doctor's order for a PCS evaluation. The order can be documented in any of the following ways.
 - a. Prescription
 - b. Healthy Blue *Prior Authorization Request Form*
 - c. State issued DMA-3051
 - d. Other treating physician orders request evaluation for PCS evaluation (in other words, hospital, or skilled nursing facility discharge orders)
2. Requests for PCS may be submitted in any of the following ways:
 - a. Faxing a request directly to the LTSS Team at **844-432-5882** or to the UM Intake Team at **855-817-5788**
 - b. Sending a secured email to the LTSS inbox at HealthybluencLTSSReferrals@healthybluenc.com
 - c. Calling the LTSS Team at **844-594-5070, ext. 1651031596**
 - d. Submitting a request for authorization through the Availity Portal

If the referral request does not include a doctor's order, the assigned LTSS Care Manager will assist the referring individual with obtaining one from the member's physician. This will not delay the assessment process.

Q: Is there a different referral process if the member lives in or is moving into an Adult Care Home?

A: The process of referring a member for a PCS evaluation is the same for all members.

Q: Does Blue Cross NC require a specific form to request or refer a Healthy Blue member for a PCS evaluation?

A: No, Blue Cross NC does not require a specific form to submit a referral. However, if the provider wants to submit a form, they may submit the Healthy Blue *Authorization Form* located on our provider website at <https://provider.healthybluenc.com/north-carolina-provider/forms>.

Q: Does Blue Cross NC use Liberty for PCS assessments?

A: No, Blue Cross NC does not use Liberty to conduct any assessments. The LTSS Team of Care Managers will conduct PCS assessments.

Note: Availity, LLC is an independent company providing administrative support services for Healthy Blue providers on behalf of Blue Cross and Blue Shield of North Carolina.

<https://provider.healthybluenc.com>

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Q: Can I still send my request for PCS to Liberty?

A: For a Healthy Blue member, the request must come to Blue Cross NC. Liberty is not forwarding referrals to Blue Cross NC.

Q: Is Blue Cross NC using the assessment administered by Liberty for PCS evaluations?

A: No, Blue Cross NC is not using the same assessment as Liberty. Blue Cross NC is using the InterRAI Home Care Assessment which was approved by North Carolina Department of Health and Human Services (NC DHHS).

Q: How do I know the difference between an expedited referral and a standard referral?

A: An expedited referral is considered if the following criteria is met as per NC PCS 3L Clinical Coverage Policy. Otherwise the referral will fall to a standard referral:

To qualify for the expedited process the beneficiary shall:

- a. Be medically stable;
- b. Eligible for Medicaid or pending Medicaid eligibility;
- c. Have a Referral Screening ID if seeking admission to an Adult Care Home licensed under G.S. 131 D-2.4;
- d. In process of being discharged from the hospital following a qualifying stay;
- e. In process of being discharged from a skilled nursing facility;
- f. Be under adult protective services; or
- g. Be an individual served through the transition to community living initiative.

Q: How long will it take for providers to receive a PCS determination once an assessment has been completed?

A: If the request meets expedited criteria, the provider will receive the determination for a provisional authorization within 2 business days and a standard determination will be issued within 14 business days.

Q: Does Blue Cross NC use the state's provider Interface web-based system and does Blue Cross NC require providers to submit a service plan as stated in *NC PCS 3L Clinical Coverage Policy*?

A: No, Blue Cross NC does not use the state's provider Interface system and will not require providers to submit an online service plan. If a provider would like to create a service plan to submit Blue Cross NC, it can be uploaded to the member's record in Availity.

Q: How will I know that Blue Cross NC received the referral? Will I receive some type of communication from Blue Cross NC?

A: Once a referral is received, we will send notification (via fax/email/telephone) to the referring provider.

Q: What should providers do if the authorization for PCS services is denied?

A: When a service is denied, the member and provider receive notification of the denial as well as information regarding how to file an appeal.

Q: How can I receive training on the Availity Portal?

A: Call your Provider Relations representative or email Provider Relations at nc_provider@healthybluenc.com.

Q: I received an authorization with a service description of evaluation/medicine services 90281-99607 and a code EMED, what does this mean?

A: The code EMED is a global service code that includes multiple procedure codes including PCS code 99509. Providers should submit their claim with 99509 along with the appropriate modifier indicating what setting the service is being provided in.

Q: I received a call from a Care Manager asking if I can staff a member's case. How will I know that member is being referred to our agency?

A: The LTSS Care Managers will reach out to an agency to confirm PCS staffing availability before sending the request to the Utilization Management Department for determination. Once the service is determined, the provider will receive notification via fax of the authorization.

Q: Who do I contact if I have questions regarding my authorization?

A: Providers should contact Provider Services at **844-594-5072**.