

## *Frequently Asked Questions*

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) and Amerigroup Partnership Plan, LLC have entered into a strategic alliance to deliver a comprehensive, best-in-class Medicaid plan for Medicaid members in North Carolina, known as Healthy Blue.

Please utilize this document for the most frequently asked questions. Should other questions arise, please call Provider Services at **844-594-5072** or email [NC\\_Provider@healthybluenc.com](mailto:NC_Provider@healthybluenc.com).

### About us

#### **What is the difference between Medicaid and Healthy Blue?**

Healthy Blue is the name of the Medicaid plan offered by Blue Cross NC. Blue Cross NC is one of several prepaid health plans (PHPs) selected by the North Carolina Department of Health and Human Services (NC DHHS) to manage the care of Medicaid members.

### Who we serve

#### **Are providers allowed to provide services for a non-enrolled Medicaid member?**

Providers are allowed to see patients of their own choice. However, if a member is not enrolled in Healthy Blue and the provider bills Blue Cross NC for services rendered, the provider will not get paid.

#### **Who will serve the foster care population?**

For now, the foster care population will stay enrolled in Medicaid through the NC Medicaid Direct Plan.

#### **Who will serve the children with serious mental illnesses or intellectual and developmental disabilities?**

This member population will stay enrolled in Medicaid directly through the NC Medicaid Direct plan and will continue to receive their behavioral health services through LME/MCOs as they currently do.

### Healthy Blue members

#### **Member Eligibility/Enrollment**

#### **When do contracted providers begin serving Healthy Blue members?**

Providers will be able to deliver Medicaid services to Healthy Blue members beginning July 1, 2021.

\* Availity, LLC is an independent company providing administrative support services on behalf of Blue Cross and Blue Shield of North Carolina. ModivCare Solutions is an independent company providing nonemergency transportation services for Healthy Blue members on behalf of Blue Cross and Blue Shield of North Carolina.

**<https://provider.healthybluenc.com>**

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**Are visits limited for adults?**

Certain services are limited under Medicaid policies, as set forth by NC DHHS. Blue Cross NC will follow these policies for Healthy Blue. Healthy Blue's policies cannot be more restrictive than current Medicaid policies.

**Will a Healthy Blue member's eligibility vary from month to month as it does now with Medicaid?**

NC DHHS will continue to maintain eligibility and disenrollment of beneficiaries who qualify or do not qualify for Medicaid. For more information, go to [www.nctracks.nc.gov](http://www.nctracks.nc.gov).

**Are provider offices required to verify member eligibility on a monthly basis as they are now?**

Providers should continue to check Healthy Blue member eligibility and plan information prior to the date of service, either at NCTracks or through Availity. Healthy Blue providers can access real-time Healthy Blue member eligibility from the Availity\* Portal. Your organization/Tax ID needs to be registered with Availity Portal to access. Select Patient Registration > Eligibility and Benefits from Availity's home page.

**How will eligibility be impacted when a member transitions between traditional Medicaid coverage to NC Health Choice?**

Eligibility should not be impacted between traditional Medicaid to NC Health Choice. NC DHHS will continue to determine eligibility and disenrollment for Healthy Blue members who go between plans. Please follow up with NC DHHS ([www.nctracks.nc.gov](http://www.nctracks.nc.gov))

**If the member loses eligibility and then re-enrolls, will they automatically be re-enrolled in the Healthy Blue plan?**

If a Healthy Blue member is disenrolled solely because the member loses their Medicaid eligibility for two months or less, the member will automatically be reenrolled.

**Is a member allowed to change their Prepaid Health Plan (PHP) at any time?**

A member is allowed to change their PHP up to 90 days after enrollment for various reasons. After 90 days, the change request will be reviewed, and depending on the circumstances, a member may be allowed to switch to another PHP. However, after the 90 days, a member is expected to stay in their current PHP for one year.

**When will the enrollment broker begin to work with Medicaid members?**

Enrollment brokers began working with Medicaid members March 1, 2021.

**If our clinic names are displaying differently on the Enrollment Broker's website than what we use, is that an NCTracks issue, a broker issue or a combination of both?**

PHPs are required to use provider data from NCTracks. Verify with NCTracks first to determine if all demographic and location data is up to date. If all information is correct in NCTracks, please call Healthy Blue Provider Services at **844-594-5072** or email Network Relations at [NC\\_Provider@healthybluenc.com](mailto:NC_Provider@healthybluenc.com).

**Can providers charge late cancellation and no-show fees?**

Providers are not allowed to charge Healthy Blue members late fees or no-show fees.

**ID cards**

**When will Healthy Blue members receive their Healthy Blue ID cards?**

Healthy Blue Members will receive their new ID cards within six calendar days of enrollment.

**Will a Healthy Blue member get a new ID card if their PCP changes?**

A Healthy Blue member who changes their PCP will receive a new ID card.

**Will a Healthy Blue member have the same ID number as their current Medicaid ID number?**

The member's Medicaid ID number will appear on the Healthy Blue member ID card along with their assigned, separate identifiable Healthy Blue ID number.

**Will providers be able to access a member's Healthy Blue ID number if they do not have their member ID card (for example, if transported via ambulance)?**

The Healthy Blue member ID number can be used in lieu of the member's Medicaid number through Availity to obtain eligibility.

**How do you verify a Healthy Blue member's Healthy Blue ID through Availity?**

To verify a member's Healthy Blue ID number through Availity, use the member's Medicaid ID and date of birth. Providers can also contact Provider Services at **844-594-5072** for additional assistance.

**PCP selection**

**How often is a member allowed to change their PCP?**

The member can change their PCP twice a year without cause. However, if a member requests to have their PCP changed more than twice a year, the member must have good cause, such as the member's PCP has changed their hours of operation or the member disagrees with the treatment plan from the PCP.

**Is a Healthy Blue member allowed to enroll with a mid-level provider?**

A Healthy Blue member is allowed to enroll with a mid-level provider as long as the mid-level provider is in the Healthy Blue network and their status comes over as a PCP on the state file.

**Are Healthy Blue members allowed to pick a provider who is not listed as their PCP, such as Local Health Departments (LHDs)?**

LHDs can be chosen as a PCP, as they often serve as PCPs for women's and children's health.

**When a Healthy Blue member is selecting their PCP, do they have to select a specific provider or can they choose a practice?**

Healthy Blue members can choose a practice rather than a specific provider.

**Is a contracted Healthy Blue specialist provider able to act as a PCP?**

A specialist can act as a PCP; however, NCTracks enrollment will be the determining factor. If the specialist is not listed as a PCP in NCTracks, they will not be listed as a PCP for Healthy Blue. The provider will need to update records accordingly in NCTracks prior to the PHP updating their information.

**Benefits**

**Primary care**

**What if Healthy Blue members are assigned to our practice panel but we have not seen the Healthy Blue member?**

Blue Cross NC will have an Advanced Medical Home (AMH) Tier-3 provider support field team. Staff will be assigned to each of the six Medicaid regions to assist AMH providers who have never seen Healthy Blue Members that are assigned to their panels.

**Behavioral health (BH)**

**What level of BH care is covered?**

Mild- to moderate-BH services are covered. Healthy Blue members with serious mental illness and are intellectually developmentally disabled will remain with local management entities (LMEs) until the tailored plan goes into effect.

**What are LME/MCOs?**

LME/MCOs are local management entities/managed care organizations.

**Will Healthy Blue members continue to receive BH services at home?**

Healthy Blue members enrolled in Healthy Blue who receive BH services at home will be able to continue with in-home BH services.

**Are medication assisted treatment (MAT) services covered for Healthy Blue members (for example, suboxone)?**

MAT services are a covered benefit for Medicaid members enrolled in Healthy Blue. Reference or go to the following policy for details:

[https://files.nc.gov/ncdma/documents/files/1A-41\\_6.pdf](https://files.nc.gov/ncdma/documents/files/1A-41_6.pdf)

**Durable medical equipment (DME)**

**When filing DME claims, do we use the same modifiers that we currently use for Medicaid fee-for-service?**

Modifiers will remain the same when billing for Healthy Blue members.

**Long-term services and supports (LTSS)**

**Is private duty nursing covered under LTSS?**

Private duty nursing is covered under LTSS for Medicaid members enrolled with Healthy Blue.

**Is custodial care covered under LTSS?**

LTSS custodial care (living inside a facility) is a carved-out service and therefore not covered.

**How will a prior authorization be obtained for LTSS?**

LTSS is a collection of services. Any service that falls under an LTSS program (hospice, personal care services [PCS], private duty nursing [PDN], etc.) will require a prior authorization, which can be obtained through Availity. From Availity’s home page, select Patient Registration > Authorizations & Referrals.

**Family planning**

**Is family planning a covered benefit?**

Family planning is a covered benefit for active Healthy Blue members.

**Pharmacy**

**What are the copay(s) for prescription medications?**

<b>Healthy Blue</b>	
Generic prescription	\$3 per prescription
Brand prescription when no generic is available	
Over-the-counter medications	

<b>NC Health Choice (annual enrollment fee)</b>	
Generic prescription	\$1 per prescription
Brand prescription when no generic is available	
Over-the-counter medications	
Brand prescription when generic is available	\$3 per prescription

<b>NC Health Choice (no annual enrollment fee)</b>	
Generic prescription	\$1 per prescription
Brand prescription when no generic is available	
Over-the-counter medications	
Brand prescription when generic is available	\$10 per prescription

**Referrals for specialists**

**Does a member need a referral to see a specialist?**

A Healthy Blue member can self-refer to a specialist, or their primary care provider (PCP) could coordinate the member's healthcare needs and initiate and monitor referrals for specialized services when needed.

**Joining our network**

**Provider enrollment and credentialing**

**If a provider is not currently a Medicaid provider, are they able to participate in the Healthy Blue network?**

Providers must enroll with NC DHHS through NCTracks before they can be contracted as a participating provider for Healthy Blue.

**If a provider is credentialed with Medicaid, does the provider have to be credentialed with Blue Cross NC to be a Healthy Blue provider?**

No, Blue Cross NC is required to use NC DHHS' primary source verification and does not credential Healthy Blue providers.

**When is the Healthy Blue provider directory updated?**

The provider directory **Find a Doctor** online tool is updated daily using data received from NCTracks.

**Tools and resources**

**Provider Services**

**Where is Provider Services for Healthy Blue providers located?**

Provider Services is based in Winston-Salem, North Carolina.

**How can a provider submit Healthy Blue claims to Blue Cross NC?**

The provider can submit claims via:

- **Availity Portal:** <https://www.availity.com>
- **Electronic data interchange (EDI) submission:** Use your existing clearinghouse:
  - Healthy Blue Payer ID number — 00602
- **Paper:**

Blue Cross and Blue Shield of North Carolina  
Healthy Blue Claims  
P.O. Box 61010  
Virginia Beach, VA 23466-1010

**Are Availity Portal trainings available?**

Availity training information is available on <https://www.availity.com>. From Availity's home page, select Help & Training > Find Help and choose a topic or select the Availity Learning Center link to enroll for a webinar or course.

**Do providers have to pay to use Availity if they only want to upload claims?**

There is no charge to use Availity tools and resources.

**If providers have multiple lines of business, are they all accessible with one log in on Availity?**

Yes, multiple lines of business and payer information can be accessed through Availity with a single log in.

**If a provider has multiple clinics, each with their own NPI/TIN, will they need multiple logins and passwords, or can one be designated for entering prior authorizations?**

Organizations can register on Availity with multiple lines of business through the Availity registration process. Each user within the organization is required to have an individual login. For assistance, contact Availity Client Services at **800-AVAILITY (800-282-4548)**.

**Will the provider's designated administrator register each organization and then individual users within each organization?**

The designated administrator assigned by the provider group typically registers the organization and will add the users.

**Where will provider's offices submit concurrent reviews?**

Concurrent reviews should be submitted through the Availity Portal under the Interactive Care Reviewer (ICR), the Healthy Blue online authorization tool. (From the Availity homepage, select Patient Registration > Authorizations & Referrals.)

**What is the difference between Patient360 and Availity?**

Availity is a multi-payer portal with tools and resources for providers to access prior authorization (PA) requests, claims and encounters inquiries, etc.

Patient360 one of the tools that can be accessed by providers through Availity Payer Spaces. Patient360 is an interactive dashboard tool that gives instant access to detailed Healthy Blue member information, including demographic information, care summaries, claims details, authorization details, and active care gap alerts. Provider users need the Patient360 role assignment to access the tool.

**What is Provider Online Reporting?**

Provider Online Reporting is a tool used to access PCP member rosters and other reports. The tool is accessed through the Availity portal under **Payer Spaces**.

**When will Availity be available for provider setup?**

Providers can register for Availity now. In the Availity portal, under the Payer Spaces tab, the Healthy Blue icon is showing and can be added under profiles, but will not be accessible until the go-live date of July 1, 2021.

**Within Availity, does each provider NPI have to be designated?**

For the 835 (ERA), the provider will choose which NPI to use for claims adjudication — usually it is the group or type two NPI and not each separate provider in practice. For enrollment for claims, complete the setup based on the tax ID.

**Interpreter services**

**Will interpreter services for Healthy Blue members include accompanying the member to an appointment when the provider does not speak the member's primary language?**

Yes, interpreter is available for members. Prior arrangements must be made if an interpreter is needed to accompany a Healthy Blue member to an appointment and to future appointments.

**Are interpreters available for Healthy Blue members receiving speech therapy services?**

Interpreters are available for Healthy Blue members receiving speech therapy services.

## Billing

### Precertification/prior notification process

#### **How will authorizations be impacted when a member transitions between traditional Medicaid coverage to NC Health Choice?**

When a member transitions from NC Health Choice to Medicaid and is enrolled in the Healthy Blue plan, the provider's office will need to contact Healthy Blue Provider Services for authorizations, select the appropriate prompt and work with Case Management for the procedures that require the prior authorization (PA).

#### **When PA is submitted for a Healthy Blue member, does Blue Cross NC authorize this request from the date it was submitted or from the date in which it is processed?**

The start date for a PA is the date that it was received.

#### **What is the time frame that PA will be honored by Blue Cross NC after go-live?**

Blue Cross NC will honor any PA previously obtained prior to go-live for 90 days after a Healthy Blue member's enrollment. Additionally, during crossover, if an authorization for a service is already in place and extends beyond that the 90-day window, Blue Cross NC will honor the PA. This does not apply to a hospital admission.

#### **For new DME (for example, wheelchairs) the authorization is for six months and for repairs is three months. Will this stay the same?**

Healthy Blue will follow the state's current policy regarding authorizations for DME products.

#### **If the patient self-refers, who should submit the PA? The PCP or the self-referred provider?**

There is no PA for self-referral. An authorization for services is sometimes needed for anything other than an office visit, and the provider office providing the service would request the authorization.

#### **Are all five PHPs requiring the same PA requirements?**

Blue Cross NC is following NC DHHS guidelines for Healthy Blue PAs. PAs can be submitted through Availity by using Interactive Care Reviewer (ICR) or by contacting Provider Services at **844-594-5072**.

#### **How will providers obtain PA(s) for a Healthy Blue member who has a pending Medicaid application?**

PAs are required for certain services for Healthy Blue members. Providers cannot obtain PAs for a potential Healthy Blue member.

#### **Will Blue Cross NC honor a Healthy Blue PA on file with an out-of-network provider?**

Blue Cross NC will honor a Healthy Blue PA that is already in place for an out-of-network provider. It will be honored for 90 days after member enrolls in Healthy Blue. Additionally, during transition, if an authorization for services is already in place and the PA extends beyond the 90-day window, Blue Cross NC will honor the Healthy Blue member's PA. This does not apply to a hospital admission.



**Medicaid allows billing for evaluations (for example, physical therapy/occupational therapy) without PA. Will this remain the same under Healthy Blue?**

Blue Cross NC will follow state's current policy regarding Healthy Blue authorizations for evaluations.

**What is the turnaround time for PA approvals?**

The Blue Cross NC turnaround time frame for a PA is as follows:

- **Standard authorization decisions:** Blue Cross NC will provide Healthy Blue PAs as expeditiously as possible based off of the member's condition, but no later than 14 calendar days following receipt of the request of services.
- **Expedited authorization decisions:** Blue Cross NC shall provide notice for expedited Healthy Blue authorization decisions, no later than 72 hours after receipt of the request for service.

**If there is a 14-day window for PA, and Availity is not available before the go-live date, July 1, 2021, will providers need to cancel appointments?**

Healthy Blue providers should not cancel appointments because existing authorizations should roll over for 90 days due to continuity of care.

**How should providers submit all PAs through the Availity Portal?**

Providers need to verify if a procedure needs to have a PA through the Availity portal using the Precertification Lookup Tool under Payer Spaces.

**Claims**

**Will Blue Cross NC accept Healthy Blue secondary and tertiary claims electronically?**

Secondary and tertiary claims can be billed through Availity. The **Responsibility Sequence** field on the claim form in Availity has a drop-down option to make this selection.

**Will DME claims be available in the treatment history?**

Yes, DME is included in Patient360 paid claims history.

**If a provider relies on a billing company to provide billing services, does that company need their own login and administrator?**

The provider organization should add the billing company as a user. If third-party billing services are discontinued by the provider office, the provider office should terminate their access.

**Where do providers bill for services that are rendered to undocumented aliens?**

Providers need to bill the appropriate PHP to which the member is enrolled.

**What is the timely filing override, if any?**

Providers should contact Healthy Blue Provider Services at **844-594-5072** for direction.

**What is the claims address to submit paper claims?**

The address is:  
Blue Cross NC | Healthy Blue  
P.O. Box 61010  
Virginia Beach, VA 23466

**When a claim is denied for incorrect information, can a corrected claim be sent?**

If a claim is denied for incorrect information, it will be rejected by the clearinghouse and will not be sent to Healthy Blue. A corrected claim can be resubmitted.

**If we are a primary care practice, but not a member's medical home (for example, school-based healthcare), will our claims require PA? An example is an acute sick visit completed at school-based health center billed as 99213.**

An office visit should not need PA. However, to determine if PA is required, confirm the CPT® code on the Precertification Look Up tool which you can access on the Availity website under Payer Spaces or on the Healthy Blue website under the **Precertification Lookup Tool**.

**Does Blue Cross NC allow for corrected Healthy Blue claims to be submitted electronically??**

Yes, providers are able to submit corrected claims electronically.

**Who do we call for questions about a claim?**

For claims questions and or issues, contact Healthy Blue Provider Services at **844-594-5072**. If you'd like to dispute the claim, you can do so through the Availity Portal.

**When filing a secondary or tertiary claim, if the primary and secondary commercial policy has not processed the claim and it is approaching 180 days, are we penalized for timely filing?**

Timely filing begins from the date of disposition on the *EOB/EOP* received from the primary and secondary payer.

**What is the timely filing period for Medicaid primary claims?**

The timely filing period is 180 days from date of service.

**What is the timely filing period for Medicaid secondary claims?**

The timely filing period is 180 days from the date of disposition.

**Are out-of-network providers allowed to submit claims electronically?**

Out-of-network providers can submit claims electronically using the clearinghouse of their choice. Depending on the relationships between the clearinghouses, the claims could be dropped to paper by their clearinghouse.

**Can administrative denials be appealed?**

Yes, follow the appropriate process on either the denial letter or what is outlined in the provider manual.

## Reimbursement policies

### What is Blue Cross NC's payment schedule?

Blue Cross NC will issue checks daily for the first six months. After the first six months, checks will be issued weekly.

### Will providers who are Carolina ACCESS providers continue to receive the management fee on a monthly basis?

Management fee reimbursement will remain as it is with NC DHHS.

### Where can we find fee schedules for CPT code reimbursement rates?

Blue Cross NC uses the fee-for-service Medicaid fee schedules for Healthy Blue. Go to the NC DHHS website for additional information at [www.ncdhhs.gov](http://www.ncdhhs.gov).

## Electronic payment services

### What does EFT stand for?

EFT stands for electronic funds transfer.

### What does ERA stand for?

ERA stands for electronic remittance advice.

Use Availity to register and manage ERA account changes with these three easy steps:

1. Log in to Availity at <https://apps.availity.com/availity/web/public.elegant.login>.
2. Select **My Providers**.
3. Select **Enrollment Center** and choose **Transaction Enrollment**.

**Note:** If you use a clearinghouse, billing service or vendor, please work with them on ERA registration.

### How does the provider organization get set up for EFT?

To register or manage account changes for EFT only, use the EnrollHub™, a CAQH Solutions™ enrollment tool (link to a secure electronic EFT registration platform: <https://solutions.caqh.org>). Once you have entered provider information and at least one bank account, select the bank account and the payer Blue Cross NC - Healthy Blue to enroll.

If you have questions regarding declined EFT, please contact your Provider Relations representative or Provider Services: **844-594-5072**, Monday through Saturday from 7 a.m. to 6 p.m. ET.

### If a provider/provider group is already enrolled in EFT, will we need to enroll in EFT for Healthy Blue?

Healthy Blue providers who want EFT will need to add Blue Cross NC – Healthy Blue as an additional payer through CAQH EnrollHub.

**If a provider organization is already registered with EnrollHub, do they need to register again?**

If the provider organization is already registered with EnrollHub for other payers, there is no need to register for Healthy Blue alone. The provider organization will only need to add in Blue Cross NC - Healthy Blue to your existing account.

**Who is Blue Cross NC's preferred electronic data interchange (EDI) vendor?**

Blue Cross NC has a strategic relationship with Availity to serve as our EDI partner for all Medicaid electronic transactions.

Healthcare professionals, billing services and clearinghouses who are new to the EDI space can register electronic transactions with Availity.

**How can providers exchange EDI transmissions with the Availity EDI Gateway?**

**1. Already exchanging EDI files?**

Providers can use existing clearinghouses or billing companies for Healthy Blue transmissions. **(Please work with them to ensure connectivity to the Availity EDI gateway.)**

**2. Become a direct trading partner with the Availity EDI gateway.**

**3. Use Direct Data Entry for single claim submission through the Availity Portal.**

**Vendor services partners**

**Transportation**

**How do providers obtain nonemergency transportation? Who do we contact for nonemergency ambulance transport?**

Nonemergent transportation requests should be submitted to ModivCare.\* A minimum of a two-day notice is required, except in the case of life-sustaining treatments, such as dialysis, chemotherapy or discharge from the hospital.

**Is PA needed for transports such as discharges, doctor appointments, etc.?**

While no PA is needed for nonemergency transportation, a minimum of a two-day notice is required, except in the case of life-sustaining treatments, such as dialysis, chemotherapy or discharge from the hospital.

**Compliance**

**Audits**

**Will there be onsite audits as in the current Medicaid state system?**

Blue Cross NC will complete audits similar to what has been previously conducted by NC DHHS.

## Quality management Clinical updates

### Will there be clinical updates?

For care activities not addressed in the *Medicaid Clinical Coverage Policies*, Blue Cross NC has additional policies governing some services requiring PA for Healthy Blue members. Services requiring PA can be found in our Precertification Lookup Tool located on our website at <https://provider.healthybluenc.com/north-carolina-provider/prior-authorization-lookup>.

## Dental

### Who is responsible for authorizing dental services?

Dental is carved-out. Carved-out services will continue to be delivered through Medicaid fee-for-service. NC DHHS will continue to administer and manage PAs, and providers will continue to submit their claims through fee-for-service platforms for dental services.