

Provider Newsletter

November 2021



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Enrollment Reminder

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) would like to remind Healthy Blue providers and their staff that Healthy Blue member eligibility can change on a month-to-month basis. Changes to a member's eligibility status typically occurs on the first of every month. These changes can result in disenrollment from the Prepaid Health Plan or a change in Prepaid Health Plan. To prevent the denial of an authorization or claim payment due to lack of eligibility, Blue Cross NC recommends that Healthy Blue providers check a Healthy Blue member's eligibility in the NCTracks Provider Portal to determine enrollment and Prepaid Health Plan status prior to submitting Healthy Blue authorizations and/or claims.

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Electronic Data Interchange Process

Availity* serves as our electronic data interchange (EDI) partner for all electronic data and transactions. The Availity EDI processing generates response files for each submitted electronic file and delivers them to the submitter's Availity mailbox. It is important to review these responses to understand where your claims are in the process.

Electronic file submitter:

- If your organization uses a clearinghouse or vendor, they have an Availity mailbox to submit clients' files. Availity delivers the responses for claims to the same mailbox, and the clearinghouse or vendor is responsible for returning the results to their clients and resubmitting any files rejected for formatting, interchange, or transaction set errors. The submitter in this scenario is the clearinghouse or vendor.
- If your organization uses a practice management software, an Availity mailbox is set up during initial registration for your electronic file submissions. The submitter is your organization and is responsible for analyzing the responses to verify there are not any file errors or claim rejections that require correction and resubmission within timely filing guidelines.

Availity electronic file process:

1. **Submit electronic file to Availity** – Availity validates for file format and returns file acknowledgments to the submitter's Availity mailbox. If there are any edits at this point, the entire electronic file will not advance and will require resubmission within timely filing guidelines.

2. **HIPAA and payer specific edits** – The electronic file moves to the next phase, which is *HIPAA* and business editing. Examples include:

- Valid subscriber ID for the date of service
- Billing and coding validation

If an error occurs at this point, the individual claims with the errors must be corrected, resubmitted as an original claim and do not advance. The claims that do not have an edit will then route to the adjudication systems for second-level edit validation.

3. **Healthy Blue payer receives electronic file from Availity** – For the Medicaid lines of business, there is a second level of editing.

Edits for this second level return the *Delayed Payer Report (DPR)*. Only claims that pass will advance for adjudication and will be displayed using Availity claim status, electronic claim status transactions, Availity remittance inquiry, 835 electronic remittance advice, and paper *Explanation of Payment*. If there are edits, the claim requires resubmission within timely filing guidelines.



[Read more online.](#)

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

BNC-NL-0013-21

EnrollSafe to Replace CAQH Enrollhub as Electronic Funds Transfer Site for Healthy Blue Providers

Effective November 1, 2021, EnrollSafe will replace CAQH Enrollhub® as the electronic funds transfer (EFT) enrollment website for Healthy Blue providers with Blue Cross and Blue Shield of North Carolina. As of October 31, 2021, CAQH Enrollhub will no longer offer EFT enrollment to new users.

Not enrolled in EFT?

If you are not enrolled in EFT yet, November 1, 2021 would be a great time to sign up! EnrollSafe is safe, secure and available 24 hours a day. You'll receive your payments up to seven days sooner than through the paper check method.

It's easy to sign up. On November 1, 2021, just visit **EnrollSafe** to enroll in EFT. Once you have completed registration, you'll be directed through the EnrollSafe secure portal to the enrollment page, where you'll provide the required information to receive direct payment deposits.

If you would like to sign up for EFT before November 1, 2021, contact your Healthy Blue Provider Relations Representative or call **844-594-5072** for more information.

Already enrolled in EFT through CAQH EnrollHub?

If you're already enrolled in EFT through CAQH EnrollHub, no action is needed.

Your EFT enrollment information will not change as a result of the new enrollment hub. You will log in to <https://enrollsafe.payeehub.org> with your current credentials on November 1, 2021, when we transition to EnrollSafe. You'll be directed through the EnrollSafe secure portal to the enrollment page, where you'll provide the required information to receive direct payment deposits.

Note: You might want to make sure your account is current before October 31, 2021. If you have changes to make after October 31, 2021, use <https://enrollsafe.payeehub.org> to update your account.

Electronic remittance advice (ERA) makes reconciling your EFT payment easy and paper-free

Once you are enrolled in EFT, using the digital ERA is the very best way to reconcile your deposit. You'll be issued a trace number with your EFT deposit that matches up with your ERA on the [Availity.com](https://www.availity.com)*. To access the ERA, log onto [Availity.com](https://www.availity.com) and use the **Claims and Payments** tab. Select **Send and Receive EDI Files**, then select **Received Files Folder**. When using a clearinghouse or billing service, they will supply the 835 ERA for you. You also have the option to view or download a copy of the Remittance Advice through the Remittance Inquiry app also accessible through Availity.

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Non-Payment Check Number Enhancements

Changes are coming this fall to the Healthy Blue non-payment check numbers that will enhance your ability to search, review, and download a copy of the remittance advice on Availity.

When an (835) electronic remittance advice or paper remittance advice is received and there is not a payment associated with that remittance, there is check number that contains a series of the number *nine*.

Below are the different scenarios you see today:

- 835-Electronic Remittance Advice – 27 bytes (10-digits with a dash and a unique sequence number)
- Paper Remittance Advice – zero bytes (9999999999)

What's changing?

A new unique number associated with the non-payment scenarios will show on your remittance advice. The updated numbering sequence will contain 10-digits that begin with a nine with the last number incremented by one for every subsequent non-payment remittance your organization receives going forward. The way your organizations receives the remits and payments is not changing, just the numbering for the non-payment remittances.

See below for an example:

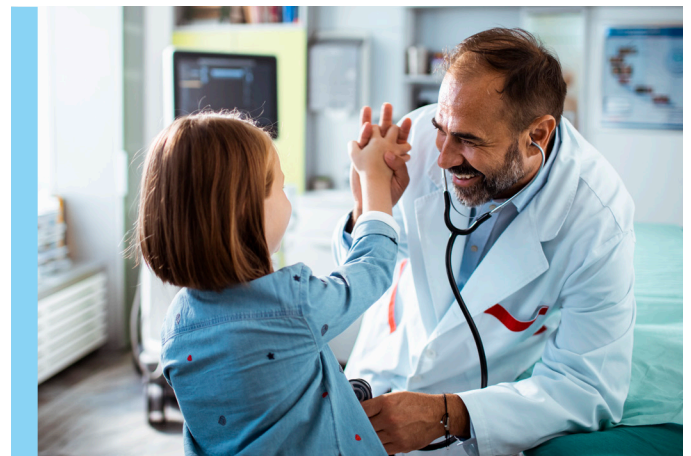
- 9000000001 will be displayed for the first unique payment number received followed with 9000000002 for the next non-payment scenario.

Enhanced search capabilities

This check numbering change will make it faster and easier to view this type of remittance. With this enhancement, you can now use the check/EFT/payment number field to locate the non-payment remits.

With the current numbering system, when using Remit Inquiry under Availity Payer Spaces, a date range, NPI, and tax ID in the search field is required to locate the remittance. This request populates all non-payment remits that have the 10-digit numbers starting with a nine. If there are five different no-pay remits during the date range, each remit would have to be individually reviewed to find the one you are looking for. Also, previously there were differences in the check sequence for the paper and 835; now they will be in sync and match.

These changes will not impact previous non-payment remittance advice scenarios; therefore, entering the date range is still required.



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Clinical Criteria Updates

On August 21, 2020, November 20, 2020, and June 24, 2021, the Pharmacy and Therapeutics (P&T) Committee approved several *Clinical Criteria* applicable to the medical drug benefit for Healthy Blue members with Blue Cross and Blue Shield of North Carolina. These policies were developed, revised, or reviewed to support clinical coding edits.



Read more online.

Visit the [Clinical Criteria website](#) to search for specific policies. For questions or additional information, reach out via [email](#).

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Four Things You Can Do to Encourage Cancer Screenings for Your Women Patients

The American Cancer Society estimates there will be approximately 1,898,160 cancer cases diagnosed in 2021. That's the equivalent of 5,200 new cases every day.¹ The good news is, patients say they are more likely to get screened when you recommend it. What else can you do to influence cancer screenings?²

1. Understand the power of the physician recommendation:

- Your recommendation is the most influential factor in whether a person decides to get screened.
- Patients are 90% more likely to get a screening when they reported a physician recommendation.
- “My doctor did not recommend it,” is the primary reason for screening avoidance.

2. Measure the screening rates in your practice; it may not be as high as you think:

- Set goals to get screening rates up.
- Follow the HEDIS[®] guidelines included in this article to help accurately track your care gap closures.

3. More screening doesn't have to mean more work for you:

- Reach out to us about available member data – We may be able to help identify those members who are due for screenings.
- Develop a reminder system, which has been demonstrated to be effective, to remind you and staff that patients have screenings due.

4. Help members access benefit information about screenings to eliminate the cost barrier:

- Log on to [Availity.com](https://www.availity.com) and use the Patient Registration tab to run an Eligibility and Benefits Inquiry.
- Members can access their benefit information by logging on to <https://www.healthybluenc.com/north-carolina> and selecting the Benefits tab, or by using Healthy Blue mobile app.



Read more online.

Footnotes:

1. CA: A Cancer Journal for Clinicians. Cancer Statistics, 2021
<https://acsjournals.onlinelibrary.wiley.com/doi/full/10.3322/caac.21654>
2. http://thecanceryoucanprevent.org/wp-content/uploads/14893-80_2018-PROVIDER-PHYS-4-PAGER-11-10.pdf

Notes:

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