

November 2023

BlueBlastSM

News Providers Can Use



Healthy BlueSM
BlueChoice® HealthPlan of SC

Healthy Connections 



All Providers

2023 Healthy Blue Prior Authorization Transition	2
Healthy Blue Transitioning Under BlueChoice HealthPlan	3
A Way To Help Lower-Income Patients Pay for Internet Service	3
Medical Drug Benefit Clinical Criteria Updates	4



2023 Healthy Blue Prior Authorization Transition

Time Frame: November 8, 2023, through January 1, 2024

Healthy Blue (BlueChoice®) will assume responsibility for processing Prior Authorization requests with dates of service beginning January 1, 2024, and for those services that will span into 2024. The information below is intended to ensure the timely response and processing of prior authorizations during the above time frame.

Elevance will continue to process all prior authorizations with dates of service for 2023.

If a provider contacts Elevance for 2024 requests, Elevance will send the following message to the provider via phone, fax or web portal:

“For any service requests after December 31, 2023, please contact Healthy Blue through the following fax or phone numbers”:

- Medical Utilization Management fax: 803-870-6500
- Behavioral Health Utilization Management fax: 803-870-6506
- Provider Call Center Toll Free Number: 888-718-9190
- Member Call Center Toll Free Number: 888-803-5929
- TTY for Healthy Blue Members: 888-803-5670

Effective November 8, 2023, Healthy Blue will start processing 2024 requests. If a provider contacts Healthy Blue for a request prior to November 8, 2023, Healthy Blue will send the following message to the provider:

“Thank you for your request. Please contact us via fax or phone after November 8, 2023, to submit any 2024 requests.”

- Medical Utilization Management fax: 803-870-6500
- Behavioral Health Utilization Management fax: 803-870-6506
- Provider Call Center Toll Free Number: 888-718-9190
- Member Call Center Toll Free Number: 888-803-5929
- TTY for Healthy Blue Members: 888-803-5670

 fb.me/HealthyBlueSC

 [@CoachBlueSC](https://www.instagram.com/CoachBlueSC)

 [@HealthyBlueSC](https://twitter.com/HealthyBlueSC)

www.HealthyBlueSC.com

Healthy Blue Transitioning Under BlueChoice HealthPlan

Beginning January 1, 2024, Healthy Blue will transition under BlueChoice HealthPlan. Healthy Blue will continue to follow the South Carolina Department of Health and Human Service guidelines for covered services. However, there are a few changes that will take place.

- **ID Cards** / Current and new Healthy Blue members will receive new ID cards that will have new group number, PCN, and RX Bin numbers located on the front of the card. Located on the back, you will find new phone numbers. Member assignment will remain the same. Be sure to request new ID cards on or after January 1, 2024.
- **New Provider Manual** / January 1, 2024, the updated Provider Manual will be in effect to provide info including but not limited to administrative information, reimbursement policies, claim information, and utilization management.

– Claims Filing

- You will have the following options to submit claims:
- Electronically: using payor ID 00403
 - Online: My Insurance ManagerSM (MIM)
 - Mail: PO Box 100317, Columbia, SC 29202-3317

Please inform your clearinghouse of the necessary information needed to prepare for the upcoming changes in 2024.

- **Authorizations and Benefits** / Authorizations and Benefits can be obtained online through MIM or by calling Provider Services at 866-757-8286.
- **Updated and Enhanced Website** / Starting January 1, 2024, the website www.HealthyBlueSC.com will have a fresh layout with new information available. Stay connected by [joining](#) our monthly BlueBlast Newsletter for any updates.

[My Provider Enrollment Portal](#) (MyPEP) will continue to be available for your credentialing needs and practice updates.

Review the [available FAQ's](#) for more details. If you have any questions, please contact Provider Education at Provider.Education@bcbsc.com or call [803-264-4730](tel:803-264-4730).

A Way To Help Lower-Income Patients Pay for Internet Service

Having reliable internet access is an important part of life. The internet helps us find information and connect with people. This includes finding and connecting with health care providers via virtual visits. However, not everyone can afford it. We share a health vision with our care provider partners that means real change for consumers. Making the internet more accessible is one way we can improve the whole health of our communities. The Affordable Connectivity Program can help.

What is the Affordable Connectivity Program? The Affordable Connectivity Program is a [government program that helps families who may need assistance](#)* pay for internet access. Qualified households can receive:

- Up to a \$30/month discount on internet service.
- Up to a \$75/month discount on internet service if they live on [certain Tribal lands](#).*
- Up to a \$100 one-time discount on a laptop, desktop or tablet bought through a [participating internet provider](#).*

Who is eligible for the program? A household is eligible for the Affordable Connectivity Program if:

- The household income is [200 percent or less than the Federal Poverty Guidelines](#).*
- Someone in the household (including a child or dependent):
 - Participates in certain government assistance programs such as the Supplemental Nutrition Assistance Program (SNAP), Medicaid, Social Security Income (SSI), the Free and Reduced-Price School Lunch Program or School Breakfast Program, or [others](#).*
 - Participates in certain Tribal assistance programs, such as Head Start, Tribal Temporary Assistance for Needy Families (TANF) or [others](#).*
 - Received a Federal Pell Grant during the current award year.
 - Already receives a [Lifeline](#)* benefit (another government program providing discounts on internet and phone service).

How do my patients apply? Your eligible patients can apply for the Affordable Connectivity Program online or by mail. They can also ask their current internet provider if they participate in the program. Please direct your patients to learn more at www.AffordableConnectivity.gov.*

Medical Drug Benefit Clinical Criteria Updates

On August 19, 2022, September 12, 2022, February 24, 2023, May 19, 2023, June 12, 2023, and July 11, 2023, the Pharmacy and Therapeutic (P&T) Committee approved the following Clinical Criteria applicable to the medical drug benefit for Healthy Blue. These policies were developed, revised or reviewed to support clinical coding edits.

Visit [Clinical Criteria](#) to search for specific policies. If you have questions or would like additional information, use this [email](#).

Please see the explanation/definition for each category of Clinical Criteria below:

- New: newly published criteria
- Revised: addition or removal of medical necessity requirements, new document number
- Updates marked with an asterisk (*) notate that the criteria may be perceived as more restrictive

Please share this notice with other providers in your practice and office staff.

Note:

- **The Clinical Criteria listed below applies only to the medical drug benefits contained within the member's medical policy. This does not apply to pharmacy services.**
- **This notice is meant to inform the provider of new or revised criteria that has been adopted by Healthy Blue only. It does not include details regarding any authorization requirements. Authorization rules are communicated via a separate notice.**

Effective date:
October 29, 2023

Document number	Clinical Criteria title	New or revised
*CC-0243	Vyjuvek (beremagene geperpavec)	New
*CC-0242	Epkinly (epcoritamab-bysp)	New
*CC-0241	Elfabrio (pegunigalsidase alfa-iwxj)	New
CC-0228	Leqembi (lecanemab)	Revised
*CC-0061	Gonadotropin Releasing Hormone Analogs for the Treatment of Non-Oncologic Indications	Revised
*CC-0015	Infertility and HCG Agents	Revised
*CC-0062	Tumor Necrosis Factor Antagonists	Revised
CC-0151	Yescarta (axicabtagene ciloleucel)	Revised
*CC-0177	Zilretta (triamcinolone acetonide extended-release)	Revised
CC-0149	Select Clotting Agents for Bleeding Disorders	Revised
CC-0032	Botulinum Toxin	Revised
*CC-0002	Colony Stimulating Factor Agents	Revised
*CC-0001	Erythropoiesis Stimulating Agents	Revised
*CC-0174	Kesimpta (ofatumumab)	Revised
*CC-0209	Leqvio (inclisiran)	Revised
*CC-0011	Ocrevus (ocrelizumab)	Revised



BlueChoice HealthPlan is an independent licensee of the Blue Cross Blue Shield Association. BlueChoice HealthPlan has contracted with Amerigroup Partnership Plan LLC, an independent company, for services to support administration of Healthy Connections. Amerigroup Corporation, an independent company, administers utilization management services for BlueChoice HealthPlan.

*Some links in this newsletter lead to third-party sites. Those organizations are solely responsible for the content and privacy policies on these sites.

The codes listed are for informational purposes only and are not intended to suggest or guide reimbursement. If applicable, refer to your provider contract or health plan contact for reimbursement information. 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.