**Agenda Items – Nov. 17, 2021 Meeting with Healthy Blue and ACMESA**

***Notes by Kelsey Kansler, Medbill***

* Issues escalation
	+ Miscellaneous codes-
		- Documentation of the invoice must be submitted.
	+ Cross walked Codes
		- Document was released with the Cross walked codes, both must be submitted. Attaching the document.
	+ Manual pricing
	+ Authorization discrepancies
		- Healthy Blue is taking this back. Examples would also be helpful. Regina mentioned that Healthy Blue is being less restrictive with regards to authorizations, than the State. Suggested it might be a transition for the provider community to get used to not having authorization for certain items.
		- Also, Healthy Blue will be transitioning to a new authorization program through Availity starting in January 2022. This will prevent providers from moving forward with requesting authorizations that do not require it.
		- Have providers check the Communication Tab, Communication Archive, for any news releases. Most recent affecting DME is an authorization update effective 12/1/2021 for some codes. [NC\_CAID\_PU\_PAChangeDec21.pdf (healthybluenc.com)](https://provider.healthybluenc.com/docs/gpp/NC_CAID_PU_PAChangeDec21.pdf?v=202110221523)
	+ Oxygen rental coverage limits
		- Healthy Blue will be following the state guidelines for coverage, continuous rental. Policy manual should be updated. Reimbursement guide may be updated. They will take that back.
* Rental trends
	+ Noticing partial rental months with Span dates are being processed as the full rental month. We wanted to confirm Healthy Blue will be processing similar to Medicaid when it comes to span dating rentals.
		- Healthy Blue would like examples of this to confirm what could be happening.
* Policy manual update timeframes
	+ Healthy Blue had submitted a policy update in July and it was just approved in October. All policy updates have to be approved by the State regardless. But they are only allowed to update on a quarterly basis.
* Confirmation of issues with wound care- Self administered wound care specifically, where the state deems it a DME benefit. Are there options for HCPCs codes that are not on the fee schedule to be reimbursed?
	+ Taking this back, but it should be able to go through the authorization process if the codes are not on the DME fee schedule.
* Other topics discussed
	+ O&P: Ensure providers are submitting the correct O&P taxonomy in 24J (Rendering Provider Loop) on the claims to ensure accurate processing. Healthy Blue recognized that there are claims that were not processed correctly. They are doing a special re-work project to have those reprocessed. However, if the provider wishes, they can do corrected claims to resubmit unpaid claims. There was no estimate for completion of the rework project.
	+ Healthy Blue encouraged Providers to use Availity instead of Faxing. Both for authorizations and the appeal process. For claims disputes, please ensure providers obtain the Dispute number from Availity to call the provider line.