Quick contact guide (QCG)

Availity Essentials

Register to use Availity Essentials, visit the Availity Essentials and support page. **https://www.availity.com/essentials-portal-registration/**

Availity Essentials: Log in at **https://Availity.com**

These sites feature tools for real-time eligibility inquiry, claims submission/status/appeals, and prior authorization requests/status/appeals. In addition, the sites offer general information and various tools that are helpful to the provider, such as:

- Electronic remittance advice and electronic funds transfer information
- Health plan and industry updates
- List of drugs requiring prior authorization
- Precertification Lookup Tool
- Preferred drug list
- Provider manuals
- Provider newsletters
- Referral directories

Availity Essentials training: Availity Learning Hub

Claims information

Availity Client Services: **800-282-4548**

Availity EDI Payer ID: 00047:

To submit transactions directly to Availity Essentials or use a clearinghouse or billing company to submit your claims to the Availity EDI Gateway, contact Availity Client Services with any questions.

Online claims submission:

We provide an online resource designed to significantly reduce the time your office spends on eligibility verification, claims status, and prior authorization status. Visit **https://Availity.com**. If you are unable to access the internet, you may receive claims, eligibility, and prior authorization status over the phone by calling Provider Services at **833-838-2595**.

Submit paper claims to:
Healthy Blue
P.O. Box 61010
Virginia Beach, VA 23466

Timely filing is within 180 calendar days from the date of service or per the terms of the Provider Agreement.

Claims correspondence

Submit claim correspondence using your EDI Vendor or through Availity Essentials, or submit a claim correspondence form to:

Claims Correspondence
Healthy Blue
P.O. Box 61599
Virginia Beach, VA 23466-1599

Provided the claim was originally received timely, the claim correspondence must be received within 365 days of the date of service.

Claims payment appeals

If you do not agree with our determination on your reconsideration request or if you would prefer to bypass the reconsideration step, you may file an appeal online or in writing.

If a provider chooses to request a reconsideration, the provider may terminate the reconsideration process and submit an appeal request within 60 calendar days of the date of the Notice of Action, plus an additional three (3) calendar days to allow for sending of the notice. If a provider does not submit an appeal request within 63 calendar days of the date of the Notice of Action, the provider must wait to receive the Notice of Reconsideration Resolution before filing an appeal. The provider must submit a request for an appeal within 63 calendar days of the date of the Notice of Reconsideration Resolution. We will send you a determination on your appeal within 30 calendar days of receiving the appeal.

For online submissions:

- Use the Claim Status application to initiate the appeal at **https://Availity.com**. Locate the claim you want to dispute using Claim Status from the Claims and Payments menu. If available, select Dispute Claim to initiate the dispute. Go to Request to navigate directly to the initiated dispute in the appeals dashboard, add the documentation, and submit. To navigate directly to the initiated dispute in the appeals dashboard, add the documentation, and submit.

Please complete the Claim Payment Appeal Form (found on our website in the Forms section and submit a written payment appeal to:

Payment Appeal Unit Healthy Blue
P.O. Box 61599
Virginia Beach, VA 23466-1599

If you have exhausted the Healthy Blue payment appeal process and are still not satisfied with the resolution, you have the right to a state fair hearing with the Office of Administrative Hearings (OAH). Please see the State Fair Hearing section of this manual for more details.

Claims payment reconsideration

Healthy Blue encourages care providers to use our reconsideration process if they feel a claim was not processed correctly. We accept reconsiderations verbally by phone, online, and in writing within 120 calendar days (plus an additional three (3) calendar days to allow for mailing/sending) of the date on the Explanation of Payment (EOP). A reconsideration determination letter will be sent to providers advising of the outcome.

For online submissions:

Use the Availity Essentials appeal application at **https://Availity.com**. Locate the claim you want to dispute using Claim Status from the Claims and Payments menu. If available, select **Dispute Claim** to initiate the dispute. Go to Request to navigate directly to the initiated dispute in the appeals dashboard, add the documentation, and submit.

Phone: **800-282-4548**

Dispute address:
Healthy Blue Payment Disputes
P.O. Box 61599
Virginia Beach, VA 23466-1599

Claims submission

Healthy Blue uses Availity Essentials as its EDI Gateway Provider for batch and direct data entry claim submissions. Register for Availity Essentials by visiting **https://Availity.com** and selecting the Get Started link at the top of the page.

Use Payer ID 00047 when submitting claims to Availity Essentials. For more information on setting up your account for claim submissions, review the **Availity Essentials EDI Guide** at **https://Availity.com**.

Contact Availity Essentials at **800-282-4548** with questions about how to register to submit claims.

Member eligibility verification

Verifying member eligibility can be done via:

- The KMAP website: **https://portal.kmap-state-ks.us/PublicPage**
- Healthy Blue Provider Services: **833-838 2595**
- Availity Essentials: **https://Availity.com**
- The KanCare Clearinghouse: **800-792-4884**

DSNP/MA:

Eligibility, Claim Status, Secure Messaging, single claim entry, online remittance advice, and commonly used forms

Online: eligibility, claim status, single claim entry, links to secure messaging, commonly used forms, and remit information are all available through Availity Essentials at **https://Availity.com**. For questions on access and registration, call Availity Client Services at **800-282-4548**. Availity Client Services is available Monday through Friday, 8 a.m. to 8 p.m. ET (excluding holidays) to answer your registration questions.

Phone: Call the provider service number on the back of the member's ID card

Claims submission (paper):

Submit Medicare Advantage individual paper claims to:

Healthy Blue
P.O. Box 105187
Atlanta, GA 30348-5187

Service departments

Behavioral Health Services

Kansas member: **833-838-2593**
Kansas provider: **833-838-2595**

Prior authorization: All requests should be submitted electronically via https://Availity.com.

If you prefer to paper fax:
Behavioral Health — inpatient: **866-852-8976**
Behavioral Health — outpatient: **866-852-8978**

Dental (provided through SKYGEN)
Providers: **855-434-9237**
Members: **844-621-4575**

Healthy Blue Provider Services
Monday through Friday
8 a.m. to 5 p.m. CT
Phone: **833-838-2595**
Fax: **800-964-3627** (Prior Authorization). An interactive voice response (IVR) system is available 24 hours a day, 7 days a week.

Use the referral directory on our provider self-service site to find other Healthy Blue network providers and substance use disorder services. For assistance in referring members to services and providers near them, call our Provider Services team.

Healthy Blue provider website:

- https://healthybluekansas.com/provider

Integrated Care Coordination

Care coordinators are available from 8 a.m. to 5 p.m. CT.

For urgent issues, assistance is available after normal business hours, during weekends, and on holidays at **833-838-4344**.

Interpreter services

Telephonic services for those who are deaf or hard of hearing: 711 Non-English telephonic services: **833-838-2593** (Member Services, language line available) In-person interpretation: **833-838-2593** (Member Services)

Kansas Department of Health and the Environment (KDHE):

- Phone: **785-296-3982**
- Website: **https://kdhe.ks.gov**

KanCare:

- Website: **https://kancare.ks.gov**
- KanCare Clearinghouse contact info: **800-792-4884**

Lab and diagnostic services

LabCorp: **888-522-4452**
Quest Diagnostics: **866-697-8378**

Medicare Advantage Participating Provider Appeals and Disputes

Medicare appeals are determined by the liable party, not by the initiator. Please refer to the denial letter or Explanation of Payment (EOP) issued to determine the correct appeals process.

Medicare participating provider standard appeal

A formal request for review of a previous Healthy Blue decision where medical necessity was not established, where provider liability was assigned (see original decision letter) for services already rendered.

Medicare Complaints, Appeals, and Grievances (MCAG)

Attention: Medical Necessity Provider Appeals Mailstop: OH0205-A537
4361 Irwin Simpson Road
Mason, Ohio 45040

Medicare Participating Provider Administrative Pleas:

A formal request for review of a previous Healthy Blue decision where a determination was made that the participating provider failed to follow administrative rules and provider liability was assigned (see original decision letter), where services have already been rendered.

Medicare Provider Payment Disputes

A formal request from a provider contesting the paid amount on a claim that does not include a medical necessity or administrative denial, and claims payment determinations have already been rendered, is considered a payment dispute.

Provider Payment Disputes
P.O. Box 105187
Atlanta, GA 30348-5187

Member appeals

Members can file a grievance at any time. Call **833-838-2593** or submit by mail to: Grievance Processing.

Healthy Blue
P.O. Box 62429
Virginia Beach, VA 23466-2429

Member grievances

Members can file a grievance at any time.

Call **833-838-2593** or submit by mail to:
Grievance Processing

Healthy Blue
P.O. Box 62429
Virginia Beach, VA 23466-2429

Member Services

Live agents available Monday through Friday, 8 a.m. to 5 p.m. CT. Self-service voice website available 24/7. Interpreter services are available.

National Provider Identifier (NPI)

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires the adoption of a standard, unique provider identifier for healthcare providers. All Healthy Blue participating providers must have an NPI number. The NPI is a 10-digit, intelligence-free numeric identifier. Intelligence-free means the numbers do not carry information about healthcare providers, such as the states in which they practice or their specialties.

For more information about the NPI and the application process, please visit **https://nppes.cms.hhs.gov**.

Non-emergency medical transportation (NEMT) other than ambulance (provided through Access2Care)

Providers: **888-972-5808**
Members: **833-270-2254**

Nurse Help Line for members

833-838-4344 (Spanish: **866-864-2545**) Live agents available 24/7

Pharmacy Prior Authorization

Pharmacy benefit (PA):

- Electronic PA (ePA): **CoverMyMeds**
- Fax: **877-941-9901**
- Phone: **833-838-2595**

Physician-administered drugs (medical benefit PA)

- Electronic PA (ePA): **CoverMyMeds**
- Fax: **877-941-9841**
- Phone: **833-838-2595**

Prior Authorization

https://healthybluekansas.com/provider
Requests for prior authorizations may be submitted as indicated below.

Digital submission (preferred method):
https://Availity.com

Phone/fax submission — contact Healthy Blue:

- Inpatient/Outpatient surgeries:
  - Fax: **800-964-3627**
  - Phone: **833-838-2595**
- Emergent/Concurrent Inpatient services (fax): **866-852-2608**
- Outpatient services (fax): **866-852-2844**
- Therapy services (fax): **877-371-0393**

Requests for prior authorizations for Children's Mercy Pediatric Care Network members, call **833-802-6427**.

Carelon Medical Benefits Management at: **https://carelon.com**. See website for:

- Cardiology
- Genetic testing
- Musculoskeletal
- Radiation oncology
- Radiology (high-tech)
- Sleep studies

Documentation and forms required for prior authorization requests are available on the provider website.

Provider Grievances (non-claims grievances)

Care providers can file a grievance within 180 calendar days of the incident. Submit verbal grievances to one of the following:

- Provider Services at **800-282-4548**
- Your local provider relationship account management representative
- Submit a grievance in writing by letter, fax, or email:
  - Healthy Blue
    P.O. Box 61599
    Virginia Beach, VA 23466-1599
  - Fax: **844-664-7183**
  - Email:
    KansasProviderGA@healthybluekansas.com

Questions/issues

Our Provider Experience program helps you with claims payment and issue resolution. Call Provider Services at **833-838-2595** and select the Claims prompt within our voice website. Provider Services is available to assist you in determining the appropriate process to follow for resolving your claim issue.

Non-claims issues can be filed electronically or verbally.

- Call Provider Services: **833-838-2595**
- Visit our website:
  https://healthybluekansas.com/provider

Contact your Healthy Blue provider relationship management representative (also found on our website).

State of Kansas Electronic Visit Verification (EVV):

- Email: KDHE.EVV@ks.gov

Vision (provided through EyeMed)

Providers: **844-844-0928**
Members: **844-844-0928**

Product table

Reminder: Always verify member eligibility and benefits with the member's benefit plan and verify your network participation with us for the products listed, if necessary. The list below is not meant to be all-inclusive and is subject to change.

Products	Provider Services	Availity Essentials	Paper claims address	Appeals address	Provider refunds (contact Customer Service for the address for returning our checks)	Preapproval (including retrospective reviews) (other than radiology) Case Management (CM)
Local products Healthy Blue	**833-838-2595**	Eligibility, benefits, claim status, claim appeals, links to secure messaging, and remits **800-999-2824**	Healthy Blue – Payment Integrity, PO Box 933657, Atlanta, GA 31193-3657	For Healthy Blue provider appeals, use Availity Essentials (**https://Availity.com**) for online submissions or mail written appeals (including reconsideration requests) to: Healthy Blue Kansas, Payment Appeal Unit, P.O. Box 61599, Virginia Beach, VA 23466-1599, or contact provider services at **833-838-2595** for questions.	Visit the provider website: Go to **https://healthybluekansas.com/provider** to find specific contact numbers or forms related to payments and recoupments. Call Provider Services: Look for their main provider service number on the website and ask for the mailing address for returning overpaid checks or refund checks. Check for Forms: Healthy Blue provides a recoupment form (**Recoupment Request Form**)	Providers can contact Provider Services at **833-838-2595** for preapproval and retrospective review inquiries (excluding radiology) or submit requests via fax or the Availity Essentials website.

https://healthybluekansas.com/provider

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