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Special issue

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Arkansas
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To receive Providers' News via email, please submit a request to providersnews@arkbluecross.com



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Prior Authorization (PA) Intake Methods Changing

Please note that we will no longer take prior authorization (PA) requests over the phone or through mail. You may have heard through communications that ABCBS is going live in our new UM platform on December 11th and that Availity was to be the primary mode of intake. However, we've recently realized we need to reconfigure our integration to make submissions easier. Because we want to make the process as simple as possible and ensure providers have a smooth experience, we have decided to delay implementing Availity submissions until a later date.

Until Availity is fully integrated and available for submission, please complete and return the appropriate PA form:

BAAA: <https://www.blueadvantagearkansas.com/providers/resource-center/provider-forms>

HA: <https://www.healthadvantage-hmo.com/providers/resource-center/provider-forms>

ABCBS: <https://www.arkansasbluecross.com/providers/resource-center/provider-forms>

You may either fax the request and supporting clinical records to the number on the form or you may email it to IntakeTeam@arkbluecross.com. Please note this email is for submissions only and will not be monitored for messages or questions. Before submitting any forms, please make sure to complete all fields and attach the necessary clinical documentation. **Ensuring the information is complete and accurate (as well as including all relevant clinical records) will allow the fastest turnaround time on decisions.**

Reminder on Prior Authorization Requirement Changes for 2024

Effective January 1, 2024, modifications to prior authorization processes for medical services has changed for fully-insured policies, including Exchange policies. Prior authorizations will remain in place for pharmaceuticals, prescriptions drugs, medicines, biological products, and pharmaceutical services. We will continue to perform post-service pre-pay claim reviews for benefit and medical necessity consistent with our plan documents and coverage criteria. You will still have the option to submit an Organizational Determination/Benefit Inquiry prior to the service to assess for coverage. Please be advised that prior authorization processes will not change for Arkansas governmental plans and self-funded groups.

Organizational Determination/Benefit Inquiry

Also effective December 11th, an organization determination/benefit inquiry determination will be replacing courtesy reviews and formal benefit inquiries. For those services which don't require a prior authorization, we encourage providers to submit an Organizational Determination/Benefit Inquiry instead. This form replaces any former courtesy reviews or formal benefit inquiries. Before submitting any forms, please make sure to fill out all the fields and attach the necessary clinical documentation. Ensuring the information is complete and accurate (as well as including all relevant clinical records) will allow the fastest turnaround time on decisions.

Organizational Determination/Benefit Inquiry form can be located at:

BAA: <https://www.blueadvantagearkansas.com/providers/resource-center/provider-forms>

HA: <https://www.healthadvantage-hmo.com/providers/resource-center/provider-forms>

ABCBS: <https://www.arkansasbluecross.com/providers/resource-center/provider-forms>

Fax the form and supporting clinical records to the number on the form. Please note: we will only accept these forms via fax. Please do not email.

Pre-Notifications

If you need to submit a pre-notification for an inpatient admission, please submit those via the Organizational Determination/Benefit Inquiry form.

Billed Codes Reminder

Please ensure codes billed match codes/services/treatment rendered.

Q: How do I know if I need an Organizational Determination/Benefit Inquiry?

A: We do not require an Organizational Determination/Benefit Inquiry. This is a courtesy for you to understand if a service meets medical necessity criteria.

A: If you're unsure whether you should submit a PA request, go ahead and submit one. Once we review and determine a PA is not required, you will get a response informing you that a PA is not required and advising you of your options to submit an Organizational Determination/Benefit Inquiry.

Q: Does everything that used to require a Prior Authorization now need an Organizational Determination/Benefit Inquiry?

A: No. An Organization Determination/Benefit Inquiry is optional and is a courtesy for you to understand if a service meets medical necessity criteria. .

Q: What are the Turnaround times for Organizational Determination/Benefit Inquiry?

A: Arkansas Act 815 allows for ten days turnaround time. It is our goal to meet or exceed this allowance.

Q: How do I know which codes require PA?

A: For full transparency, these items are available on our websites:

BAA: <https://www.blueadvantagearkansas.com/providers/resource-center>

HA: <https://www.healthadvantage-hmo.com/providers/resource-center>

ABCBS: <https://www.arkansasbluecross.com/providers/resource-center>

Q: If an Organizational Determination/Benefit Inquiry is in the system, will ABCBS honor it?

A: Yes. ABCBS will honor the decision(s) made on the Organizational Determination/Benefit Inquiry.

Q: How do I follow up on the status of a Prior Authorization?

A: Providers can call ABCBS Customer Service.