

myBlue HMO Plan At-A-Glance Highlights to Remember to Help Reduce Claims/Coding Errors

Florida Blue commercial HMO health plans have different requirements. In addition to SimplyBlue and BlueCare® we have other plans that are closely managed, such as the myBlue HMO plan. There are some unique requirements for this plan we want to emphasize to help reduce claims/coding errors. Here are some of the highlights to remember.

HMO PLAN	myBlue
Who is it for?	For individuals under 65 to purchase through the Health Insurance Exchange SM (Marketplace).
Prior Authorization Requirements	Requires prior authorization for most services. Though there are some standing authorizations for diagnostic tests, when these tests are part of a treatment or service that requires an authorization, an authorization for the main service needs to be obtained. Per manual: When a diagnostic test is performed as part of a treatment/service that requires an authorization, an authorization for the main service needs to be obtained. If not authorized, the entire claim may be denied.
Primary Care Requirements	Members must select a primary care physician (PCP) or one will be assigned to them.
Which PCP can members see?	myBlue members do not have to see their assigned PCP, but they must see PCPs (and/or nurse practitioners) in the same provider group as their assigned PCP. The assigned PCP is responsible for coordinating access to medical care.
Referral requirements to see specialists (Specialist Care)	A referral from the member's assigned PCP is required. OB/GYNs – if they are the assigned PCP for the myBlue member – can also submit referrals to other specialists when needed. Claims will deny without a referral. Important: Even if the service provided by the specialist is on the standing authorizations list, a referral is still required. Remember: <ul style="list-style-type: none"> • The specialist must make sure the member's PCP issued a referral prior to providing services. Specialists can confirm a referral is on file electronically by checking Availity®¹. • If a referral has not been issued, the specialist should refer the member back to his/her PCP. • If a myBlue PCP does not indicate the number of visits, by default a referral is valid for two visits within a 60-day period from the date the referral is submitted. • Referrals to hematology/oncology providers are good for six visits within a 180-day period from the date the referral is submitted.

¹Availity, LLC is a multi-payer joint venture company. Visit availity.com to register.

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<p>Who is required to submit the referral?</p>	<p>Only a myBlue member’s assigned PCP can issue a referral. If an OB/GYN is the assigned PCP for the member, they can also issue a referral. The member’s assigned PCP is required to refer members to in-network myBlue specialists. PCPs who are part of a multi-specialty group must issue a referral for a myBlue member to visit a specialist within the same group.</p> <p>Remember, not all Florida Blue providers are in-network for myBlue. You can check our online provider directory at floridablue.com/providers. Use the Find a Doctor option to verify if a provider is in the myBlue network. Be sure to include the name of the health plan – myBlue HMO – in your search.</p>
<p>Referral Requirement Exceptions</p>	<p>The following specialties are exempt from the myBlue referral requirement:</p> <ul style="list-style-type: none"> • Obstetrics/gynecology for routine and preventive services • Dermatology (first five visits only, after five visits, a referral is required) • Behavioral Health • Pediatric dental and vision • Podiatry and chiropractic services • Services rendered in an emergency room, in-network urgent care or convenient care center (authorization is required for in-patient services)
<p>What Out-of-Network services are covered?</p>	<p>Only emergency and urgent care services are covered.</p>
<p>What laboratory and/or pathology provider is in the network?</p>	<p>Quest Diagnostics Inc. is the preferred in-network clinical lab provider. Dermopath Diagnostics is the in-network preferred lab for anatomical pathology services.</p>
<p>Does your plan include benefit maximums?</p>	<p>There are benefit exceptions and limits that may change year over year. We recommend using Availity to determine current limits at the time services will be provided. In 2021, the following exceptions have the limits listed here. Be sure to check Availity for 2022 benefit limits.</p> <p>BENEFIT MAXIMUMS All benefit maximums apply per person and are based on the calendar year. Home Health Care Visits: 30 Skilled Nursing Facility Days: 60 Inpatient Habilitative Days: 30 Inpatient Rehabilitative Days: 30 Outpatient Habilitative Therapies Visits: 35 Outpatient Rehabilitative Therapies and Spinal Manipulation Visits: 35</p> <p>Note: Spinal manipulations are limited to 35 per calendar year and accumulate towards the outpatient therapies and spinal manipulation combined visit maximum.</p>
<p>What ancillary providers/services need referrals?</p>	<p>None, as long as the specialist/referring physician has a valid referral on file.</p>
<p>What pharmacy can members use?</p>	<p>Refer myBlue members only to Walgreens Pharmacies to fill prescriptions, except for those in the following counties:</p> <ul style="list-style-type: none"> • Jefferson, Walton, Wakulla, and Okeechobee counties (Walgreens Pharmacy benefits are not available in these counties) <ul style="list-style-type: none"> ○ As an exception, Jefferson, Walton, and Wakulla counties have access to Winn-Dixie pharmacies. ○ Members in Okeechobee county may use Publix pharmacies.

Additional Reminders

- Referrals and authorizations are two separate requirements and should not be considered the same. A referral is defined as the process of directing or redirecting (as a medical case or a patient) to an appropriate specialist or agency. An authorization is defined as an approval of medical services prior to services being rendered.
- **Services on the standing authorizations list are not exempt from referral requirements. For myBlue members, a referral to a specialist is still required by the member's PCP even if the service or procedure provided by the specialist is on the standing authorization list.**
- Regarding preferred pharmacies for myBlue, check our online provider directory at floridablue.com, and do a search in **Find a Doctor**. Some national and regional chains and many independent pharmacies are in the network, but your patient pays more when they use them.
- Important: The myBlue network does not include CVS-owned pharmacies such as Target and Navarro. If a member uses a CVS pharmacy, they will have to pay the entire amount for prescriptions.
- For more information about myBlue, please visit floridablue.com/providers and select *Manual for Physicians and Providers*.