



Provider Newsletter

myBlue Referrals


myBlue product is a traditional HMO plan comprised of a network of Primary Care Physicians (PCP). PCPs are responsible for coordinating care for myBlue members and PCPs must issue referrals to specialists. The network cannot issue referrals directly to members for specialty services.

Don't miss a payment or receive an overpayment!

Please verify member eligibility prior to seeing the member. If you are seeing an EMI member, please be sure to obtain the authorization from EMI or be sure that the authorization was obtained from EMI.

Please submit all assigned EMI member claims to EMI for processing. If the member is assigned to EMI, please DO NOT submit claims to Florida Blue for payment.

Availity



Availity is Florida Blue trusted information exchange partner enabling the movement of business and clinical information in real-time. Verify eligibility, benefits, and more – all online and at your fingertips.



Eye Notes from the Medical Director

Dear Doctor:

Thank you in advance for your continued participation in the Eye Management network. I want to update you on two aspects of our eye care.

I review numerous requests for upper lid blepharoplasty and ptosis repair. My review process involves three aspects all of which need to be submitted prior to determination. First, there needs to be an actual patient complaint such as “my eyelids are heavy or droopy”, “I cannot see well above”, or “I cannot keep my eyes open”. Writing simply, “here for ptosis evaluation”, is not a patient complaint. Secondly, taped and untaped visual fields showing an upper field defect extending to within 20 degrees of fixation and improving by 20 degrees with taping is needed. Finally, face front patient looking straight ahead photos showing the lids at or below the top of an undilated pupil are required. Submit the above requirements meeting the guidelines and your lid surgery will be approved.

As you know, as Florida Blue Eye Physicians, we play a vital role in ensuring that every eligible member receives their annual diabetic retinal exam. This continues to present a challenge for the health plan as many of the members do not get this exam. We realize that the primary care physicians are in the best position to refer their patients annually and are encouraging them to do that. We can assist by prompting our computer systems to search out our patients with the diagnosis of diabetes or BDR and encourage them to return for a yearly dilated retina exam. Remember to fully document this exam including “found retinopathy” or “no evidence of diabetic retinopathy”. Please address any questions to Marjorie Auguste, Provider Relations Representative, at 305-614-0100, ext. 4536.

NPI's and Claims Submission: 7 Helpful Hints for a Successful Claims Submission

1. A valid NPI is required for all rendering providers. If the NPI is missing, invalid, or submitted in the wrong area your claim will be denied with this reason code: 1219 - Provider NPI not recognized.
2. If the submitted billing provider is a group, and there is no rendering provider, the claim will be denied with this reason code: 1265 - Rendering Provider NPI missing.
3. To correctly submit 837 Professional Health Care Claims, the sender's billing and pay-to provider information must be included in the correct loops. The billing provider's information must be contained in loop 2010AA, the pay-to provider information must be contained in loop 2010AB, the referring provider information must be contained in loop 2310A, and the rendering provider information must be contained in loop 2310B.
4. On the CMS-1500 paper claim form, report the NPI of the individual practitioner in the lower, non-shaded portion of Item 24J.
5. Ensure the claim level provider NPI matches the claim line level provider NPI. If the NPI's on the claim level differ from the line level, the claim will be denied with this reason code: 1244 - Rendering Provider NPI Does not match with Service-Item NPI.
6. Service facility location information and/or Billing provider information ought to be the address in which the provider is contracted to perform services.
7. Submit claims for different specialties and NPI's separately.

VPay Support Contact Information

vpay VPay now has several different means in which to be contacted for assistance via the Customer Support Center. The new email address is a great tool for providers who prefer email over picking up the phone and calling or days when call volume is higher, causing longer hold times.

Providers may contact the Customer Support Center via phone or email. The Customer Support Center is able to assist providers with any questions/requests in regards to their payments, payment type, payment status, etc.

- Phone Number: The phone number specific for the provider will be populated on the payment documentation you receive.
- Email: support@vpayusa.com

Appointment Availability

Appointment availability is monitored to ensure services are received from the authorized provider in a timely manner, which facilitates the desired outcome of the treatment. Eye Management will annually review network provider's average appointment wait times to ensure services comply with the established standards. Appointment access is monitored by **referrals received related to access to care** and **complaints received from health plan partners related to access to care**. **Action:** A corrective action plan is developed and implemented for any measures that fall below the goal established by health plan partners, regulatory or accrediting bodies.

Demographic Changes?

Please make sure your provider information is up to date with the network! If you have any changes to your practice, including but not limited to address, phone number or provider additions/terminations, please notify your EMI Provider Relations Representative.

Useful Numbers

Provider Relations Rep

Marjorie Auguste
800-329-1152 x4536
Fax: 305-614-0171
AugusteM@eyemanagementinc.com

Authorizations / Referral

800-329-1152 Option 1
Fax: 305-614-0165
Fax: 866-646-1772

Claims

305-614-0133
954-335-8130

Our Web Portal

Our Provider Web Portal (PWP) is a dynamic web-based tool that allows you to request referrals, check and print the status of referral requests; you can also check and print claims status. By creating a user account and utilizing the PWP your team will no longer have to waste precious time making outbound calls and tying up a telephone line to check on the status of a referral or a claim. Creating a user account is EASY! Simply complete the online form at: healthsystemone.com/pwp

Fraud Waste & Abuse

All EMI providers are required to report concerns about actual, potential or perceived misconduct to the EMI Corporate Compliance Department at: **1 (866) 321-5550**