

2024 Healthy Blue Provider Transition FAQs



Will benefits change?

We follow the South Carolina Department of Health and Human Services (SCDHHS) guidelines for covered benefits. Please check eligibility and benefits prior to rendering services. Before Jan. 1, 2024, you can check this information through Availity®. Beginning Jan. 1, 2024, you will verify eligibility and benefits through My Insurance ManagerSM (MIM). We follow state guidelines, but for dates of service in 2024, medical benefits will not be subject to a copay. Prescriptions will still have a copay.

How do I find benefits and eligibility information?

For dates of service prior to Jan. 1, 2024, use Availity to find benefits and eligibility information. Beginning Jan. 1, 2024, use MIM via www.HealthyBlueSC.com or call Provider Service at 866-757-8286. For all dates of service, you can check eligibility in the SCDHHS web portal.

What are the Customer Service and Provider Service telephone numbers for 2024?

Members may call Customer Service at 866-781-5094 from 8 a.m. – 6 p.m. Providers may call Provider Service at 866-757-8286 from 8:30 a.m. – 5 p.m. Starting Jan. 1, 2024, when you call, you will be asked if you are calling for a 2024 service or for something before 2024.

How do I review claims remittances from 2023?

For claims with dates of service Dec. 31, 2023, and prior, you can find remittances through Availity. For claims with dates of service on Jan. 1, 2024, and after, you can find remittances in MIM.

How do I submit claims?

◆ Electronically through your clearinghouse.

For dates of service on or before Dec. 31, 2023, you will continue to submit your claims through your clearinghouse with the payor ID 00403. Claims will be routed directly to Availity.

For dates of service on and after Jan. 1, 2024, you will submit your claims through your clearinghouse with the payor ID 00403. These claims will be routed directly to BlueChoice®.

◆ Electronically directly to payer.

For dates of services on or before Dec 31, 2023, you will continue to submit your claims with the payor ID 00403 directly to Amerigroup, LLC's front end, Availity.

For dates of service on and after Jan 1, 2024, you will submit your claims with the payor ID 00403 directly to BlueCross's front end, Electronic Data Interchange Gateway (EDIG). If you are not currently connected to EDIG, contact them at EDIG.Support@palmettogba.com to get set up for claim submissions.

Note: The payor ID is not changing, but the routing of the claims will be based on the date of service. Be sure your clearinghouse is aware of this change. BlueChoice is also contacting all clearinghouses with the above information. If your clearinghouse has any questions or concerns, please have them contact our Electronic Data Interchange department at edi.services@bcbssc.com.

◆ Provider Portals.

For dates of service on or before Dec. 31, 2023, you will continue to key claims into Availity. For dates of service on and after Jan. 1, 2024, you will key your claim in My Insurance ManagerSM.

◆ Mail.

For dates of service on or before Dec. 31, 2023, you will mail your claims to: P.O. Box 100124, Columbia, SC 29202-3124.

For dates of service on and after Jan. 1, 2024, you will mail your claims to: P.O. Box 100317, Columbia, SC 29202-3317.

Will members get new ID cards?

Current and new Healthy Blue members will get new ID cards and new member handbooks.

How long will the Availity system be available?

The Availity system will continue to be available until Dec. 31, 2024, for dates of service on or before Dec. 31, 2023. Do not submit claims with dates of service on or after Jan. 1, 2024, through Availity. They will be denied. Although Availity will continue to be available in 2024, we encourage you to submit claims for 2023 dates of service as soon as possible.

Will there be a new website?

No. The URL for the website will remain the same: www.HealthyBlueSC.com. However, the look and content will be different.

Who will be managing authorizations after 2024?

BlueChoice HealthPlan will manage prior authorization requests for dates of service on or after Jan. 1, 2024. You can get authorizations online through MIM or by calling Provider Service at 866-757-8286.

How will medical appeals and grievances be managed in 2024?

Beginning with 2024 dates of service, providers may only appeal if the member wants you to appeal on his or her behalf. You will still be able to dispute an adverse benefit determination within 90 days of the notice.

How will pharmacy appeals and grievances be handled in 2024?

Pharmacy grievances and appeals will be managed by CarelonRx starting with Jan. 1, 2024, dates of service.

What are the claims mailing address and payer ID number for 2024?

Send claims to PO Box 100317, Columbia, SC 29202-3317. The payer ID number is 00403.

Will the providers' incentives stay the same for 2024?

Your incentives will stay the same in 2024. For a list of incentives, please visit www.HealthyBlueSC.com.

What will be the filing guidelines for original and corrected claim submissions?

Filing guidelines will remain the same. Providers have 365 days to file an original claim or a corrected claim.

If I have an ongoing refund that started in 2023, who do I submit my refunds to in 2024?

Refunds for dates of service prior to Jan. 1, 2024, should be submitted to Healthy Blue, Attn: Overpayment Recovery, PO Box 73651, Cleveland, OH, 44193.

Refunds for dates of service on or after Jan. 1, 2024, should be mailed to Healthy Blue, Attn. Refunds AX-570, PO Box 100317, Columbia, SC 29202-3317.

Will there be a run-out period for claims prior to 2024? If so, how long?

There will be a one-year run-out period from Jan. 1, 2024 – Dec. 31, 2024. Although Availity will continue to be available in 2024, we encourage you to submit claims for 2023 dates of service as soon as possible.

Will there be a new provider office manual?

Yes, it will be on the website at www.HealthyBlueSC.com.

What is the telephone number for refund requests or recoupments in 2024?

You may call Provider Service at 866-757-8286 from 8:30 a.m. – 5 p.m. Starting on Jan. 1, 2024, when you call, you will be asked if you need help with a 2024 date of service or for a date of service prior to 2024.

Will Cotiviti still be used for post-service reviews in 2024?

Yes.

Will members still be able to self-refer in 2024?

Yes, members can self-refer to participating specialists.

Will authorization still be required for the behavioral codes 90837, 90834 and 90832 after 24 visits? Will these codes still require authorization after 2024 once the maximum has been met?

Yes, prior authorization rules will remain in effect in 2024.

Customer Service: 866-757-8286 (TTY: 866-773-9634) Monday – Friday, 8 a.m. – 6 p.m.
24-Hour Nurseline: 800-830-1525 (TTY: 711)

Healthy Blue is offered by BlueChoice HealthPlan, an independent licensee of the Blue Cross Blue Shield Association.
Availity, LLC is an independent company that provides administrative support services on behalf of BlueChoice HealthPlan.
Cotiviti is an independent company that conducts audits on behalf of BlueChoice HealthPlan in accordance with current industry standards and practices.
CarelonRx, Inc. is an independent company providing pharmacy benefit management services on behalf of BlueChoice HealthPlan.

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