

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

The myBlue HMO plan is closely managed and requires referrals and coordination of access to care by the primary care physician (PCP).

Here are some unique requirements of myBlue we want to emphasize to help reduce claims/coding errors.

myBlue	Key Reminders
Who is it for?	For individuals under 65 to purchase through the Health Insurance Exchange SM (Marketplace) or through Florida Blue
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 is required. Please note: When a diagnostic test is performed as part of a treatment/service that requires an authorization, an authorization for the main service is required. If the authorization is not obtained, the entire claim may be denied.
Primary care requirements	Members must select a PCP, or one will be assigned to them.
Which PCP can members see?	myBlue members are required to see their assigned PCP, or PCPs (and/or nurse practitioners) in the same provider group. 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. The specialist must ensure 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 redirect the member to his/her PCP to request one. Referrals are valid for two visits within 180 days from the date on the referral. Referrals to hematology/oncology providers are good for six visits within a 180-day period from the date on the referral.

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

<p>Who is required to submit the referral?</p>	<p>Only a myBlue member’s assigned PCP can issue a referral. As noted above, 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. Use the Find a Doctor option to verify 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 • Dental and Vision (adult and pediatric) • 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>Out-of-network services are covered only for emergency and urgent care.</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 2023, the following exceptions have the limits listed here. Be sure to check Availity regularly for changes in benefit limits.</p> <p>BENEFIT MAXIMUMS</p> <p>All benefit maximums apply per person and are based on the calendar year.</p> <p>Home Health Care Visits: 60 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. If you have questions, refer to the Utilization Management Table by Commercial Product & Network section of the Provider Manual.</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 (there are no Walgreens Pharmacies in these counties):</p> <table border="1" data-bbox="529 1839 1414 2043"> <thead> <tr> <th>County</th> <th>Pharmacy</th> </tr> </thead> <tbody> <tr> <td>Calhoun</td> <td>Buy Rite Drugs in Liberty County</td> </tr> <tr> <td>Dixie</td> <td>Cheek Pharmacy</td> </tr> <tr> <td>Franklin</td> <td>Buy Rite Drugs</td> </tr> <tr> <td>Gilchrist</td> <td>Palms Pharmacy</td> </tr> <tr> <td>Hardee</td> <td>TrueCare</td> </tr> </tbody> </table>	County	Pharmacy	Calhoun	Buy Rite Drugs in Liberty County	Dixie	Cheek Pharmacy	Franklin	Buy Rite Drugs	Gilchrist	Palms Pharmacy	Hardee	TrueCare
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	<p>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.</p> <p>You may also check preferred pharmacies for myBlue through the online provider directory at FloridaBlue.com, using Find a Doctor.</p>										

Additional Reminders

- Referrals and authorizations are two separate requirements and should not be considered the same. A referral is the process of directing or redirecting (as a medical case or a patient) to an appropriate specialist or agency. An authorization is the 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.**
- For more information about myBlue, please visit floridablue.com/providers and select **Manual for Physicians and Providers**.