2026 Annual Provider Summit

Frequently Asked Questions

Authorizations

Do we contact Companion Benefit Alternatives (CBA) or Cohere Health for behavioral health authorizations?

Medical and behavioral health authorizations can be requested through the Cohere Health platform. The exception to this is autism services. Continue to submit CBA autism prior authorization requests to autismsupport@companiongroup.com.

How do we determine if a code requires prior authorization?

For Healthy Blue, providers can use the Prior Authorization Lookup Tool to determine if a code requires prior authorization.

For commercial plans, providers can verify authorizations requirements through My Insurance Manager℠. When routed to the Cohere Health platform, once the codes are provided, the system will alert you whether the code requires prior authorization.

Benefits

Is a newborn automatically added to a policy?

No. The policy holder must add the newborn to the policy within 30 days of birth.

Should members contact the provider to update their coordination of benefits?

Members should alert their provider if they have other health insurance. However, the member should contact the health plan to make the necessary updates. Members can call Member Services directly, respond to the letter they receive in the mail, or they can access My Health Toolkit to make the necessary updates.

Can providers update the coordination of benefits for a member?

Some lines of business would accept a coordination of benefits update from the provider if the member signed the document. However, it's best to encourage the members to reach out to Member Services or use My Health Toolkit to make their updates.

Is there an age restriction for adult vaccinations?

Benefits and eligibility may vary per plan. However, most plans cover the preventive services under the A and B recommendation by the United States Preventive Services Task Force.

Can claims be filed under the newborn?

Claims can be filed under the newborn once the policy holder has added them to the policy.

Should providers submit documentation with their claims (i.e., charts, medical records, etc.)?

No. Providers should only submit documentation when requested.

Provider Enrollment

How do we know if a provider is already enrolled?

You can submit a support case in My Provider Enrollment Portal. Be sure to include the provider's name, tax identification number and National Provider Identifier number. You can also reach out to your Provider Relations Consultant.

What is the difference between the network effective date and affiliation date?

The network effective date is the date the provider is approved by the credentialing committee. This date cannot be backdated.

The affiliation date is based on the provider's start date with the practice they're joining. Affiliation dates can be backdated to the earliest start date for the provider, but no more than Jan. 1 of the previous year. This does not apply to the Healthy Blue network, as this ensures we comply with the South Carolina Department of Health and Human Services and National Committee for Quality Assurance standards and guidelines.

For recredentialing, how can I update the email contact used for outreach?

If contact information must be updated, you can submit a support case in My Provider Enrollment Portal. If the contacts are different for each location, be sure to provide the specific details for each location.

Do providers get a notification when they need to sign their application?

Yes, providers and other designated signers receive an email notification when they need to sign an application. Be sure that all required signers' email addresses are entered in the appropriate fields within the application.

- For example, if the application type requires the practitioner's email address, be sure to enter the practitioner's email in that field. In this scenario, only the practitioner's email will be acceptable.

Accurate email entry ensures each signer receives the correct documents to review and sign. Missing or incorrect emails may cause delays.