BlueCross BlueShield of Texas

Blue Essentials℠, Blue Advantage HMO℠, Blue Premier℠ and MyBlue Health℠ Provider Manual

Section A

Support Services Information

Important Notes:
Throughout this provider manual there will be instances when there are references unique to Blue Essentials℠, Blue Advantage HMO℠, Blue Premier℠ and MyBlue Health℠. These specific requirements will be noted with the plan/network name. If a plan/network name is not specifically listed or the "Plan" is referenced, the information will apply to all products.

Capitated Medical Groups - Health care providers who are contracted/affiliated with a capitated Medical Group must contact the Medical Group for instructions regarding referral and prior authorization processes, contracting and claims-related questions. Additionally, health care providers who are not part of a capitated Medical Group but who provide services to a member whose PCP is contracted/affiliated with a capitated Medical Group must also contact the applicable Medical Group for instructions. Health care providers who are contracted/affiliated with a capitated Medical Group are subject to that entity's procedures and requirements for the Plan's provider complaint resolution.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation,
a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Table of Contents

1 Support Services Overview

The Blue Essentials℠, Blue Advantage HMO℠ Blue Premier℠ and MyBlue Health℠ Provider Manual for Blue Cross and Blue Shield of Texas is updated and reviewed periodically and contains information to assist your office with day-to-day business operations involving BCBSTX and its members

This section includes information on Network Management's role and how to access information about our plans.

2 Commitment

Our mission calls for us to respond to our customers with promptness, sensitivity, respect, and dignity. In support of this mission, BCBSTX encourages appropriate utilization decisions; it does not sanction or encourage decisions based on inappropriate compensation. Health care providers and/or BCBSTX staff do not receive compensation or anything of value based on the number of adverse determinations, reductions or limitations of length of stay, benefits, services or charges. Any person(s) making utilization decisions must be especially aware of possible underutilization of services and the associated risks.

3 Product and Benefit Plans

The following commercial or retail products and benefit plans for fully insured and/or Administrative Services Only members are included in this manual:

- Blue Essentials℠
- Blue Advantage HMO℠ and Blue Advantage Plus℠ HMO
- Blue Premier℠
- MyBlue Health℠

BCBSTX also administers the **Blue Cross Medicare Advantage HMO℠** plan. In addition to referring to this manual, providers should reference the Blue Cross Medicare Advantage HMO℠ Supplement located on the provider website.

4 Support Areas within BCBSTX

BCBSTX provides support to its health care providers through:

- Provider Customer Service
- Network Management
- Health Care Management
- Medical Directors and peer review committees (Texas Medical Advisory Committee and Texas Peer Review Committee)

5 Network Management Department

Network Management is responsible for developing and supporting relationships between health care providers and BCBSTX low our members access to cost-efficient medical care by providing:

- Valuable health information on BCBSTX plans and contract information
- Claims enhancement programs
- Continuing education
- Accessibility to our staff through visits, telephone communication and email
- Continuous enhancements to our various communication technologies
- Guidance for your office staff on policies and procedures
- Assuring accurate information in claims payment systems (e.g., tax identification, NPI number, address, panel status)
- Compliance with state and federal regulatory requirements

The Network Management Department is available to provide information, answer questions, address concerns and assist in resolving any issues you or your staff may have. You may contact them by email, telephone or postal mail. Please provide the Tax Identification Number, NPI, and if applicable, Medicare Numbers for your provider when contacting Network Management. For contact information, refer the Contact Us page on the provider website.

6 Secure Service Policy

BCBSTX staff will accept and open emails from its Business Associates and other providers sent via their own Secure Server technology when the emails contain Protected Health Information, Sensitive Personal Information, and/or Business Confidential Information.

Emails not containing PHI, SPI, and/or BCI should **not** be sent via Secure Server technology. Rather, to allow for more efficient and productive exchanges (with documentary email trail), BCBSTX will encourage external parties to send emails that do not contain PHI, SPI, and/or BCI via regular unencrypted email.

7 Primary Care Physicians

Blue Essentials, Blue Advantage HMO, Blue Premier and MyBlue Health require the member to select a PCP who will coordinate the member's health care needs and act as the gatekeeper to services within the Plan's provider network of specialty health care providers. Blue Premier Access does not require designation of a PCP.

Each member will select their choice of PCP from the list of those participating in the **Plan's** Provider Network. Each eligible family member may choose a different PCP physician.

PCP's who are not accepting new patients are not eligible for selection unless the member is an existing patient. If the selected PCP is not accepting new patients, the member is notified and provided with a list of participating PCPs who are accepting new patients

7.1 Changing Primary Care Physicians

Plan members may change their PCP by calling or writing the Customer Service Department for the members **Plan** or by obtaining a **Change Request Form** from their employer. The member completes the Change Request Form and sends it to the **Plan's** Customer Service Department for processing. The change is effective the first day of the month following receipt of the change request.

After the PCP change is processed, the member is sent a new member ID card showing the name of the new PCP.

Note: Plan members may not select or change a PCP more than once in any 30-day period.

8 Limited Provider Networks

Limited Provider Networks are medical professionals and facilities working together as a group to provide some **Plan** members health care services in a coordinated, timely, efficient and cost-effective manner. Within a Limited Provider Network, each member will select a PCP who will coordinate all the **Plan** member's health care needs and act as the gatekeeper to specialty health care providers services **within the same Limited Provider Network**.

An alpha/numeric “PORG Code” is used by **BCBSTX** to identify the PCP’s Limited Provider Network. Any referral to a physician or professional provider outside of the member’s Limited Provider Network requires ***prior authorization*** by **the Plan**. The PORG code appears on the membership ID card below the PCP’s name.

9 Capitated Medical Groups

Health care providers who are contracted/affiliated with a capitated Medical Group must contact the Medical Group for instructions regarding referral and prior authorization processes, contracting, and claims-related questions. Additionally, health care providers who are not part of a capitated Medical Group but who provide services to a member whose PCP is contracted/affiliated with a capitated Medical Group must also contact the applicable Medical Group for instructions. Health care providers who are contracted/ affiliated with a capitated Medical Group are subject to that entity’s procedures and requirements for the Plan's provider complaint resolution.

10 Blue Essentials Only Away from Home Care

The following information defines Away from Home Care for Blue Essentials:

- Away From Home Care is an out-of-area program sponsored by the Blue Cross and Blue Shield Association that is available to members of participating Blue Cross and Blue Shield sponsored HMOs. The program enables members to receive Guest Membership benefits from other participating BCBS HMOs while traveling outside of their HMO service area.
- Guest Membership is defined as courtesy membership for members who are temporarily residing outside of the HOME HMO service area. Members receive a courtesy enrollment in a participating Host HMO and have access to a comprehensive range of benefits, including routine and preventive services.
- AFHC is reimbursed on a fee-for-service basis for physicians, professional providers, facility and ancillary providers.
- The AFHC Program remains committed to serving BCBS HMOs by providing members with access to quality care whenever they are away from home.

11 Provider Tools and Training

We are committed to providing support to physician practices. We've designed useful tools for health care providers. In addition to below, refer to our Provider Tools and Provider Training and Continuing Education pages on the provider website for detailed information.

11.1 Provider Website and Orientation

The BCBSTX provider website provides a comprehensive resource to providers on how to join, benefits and eligibility, claims information, provider education and training, clinical resources as well as standards and requirements.

The Plan will send a welcome letter to each participating health care provider. The welcome letter includes the participating health care provider’s effective date, a link to the BCBSTX Network Management office locations, as well as pertinent information on participating in the network. In addition, for more detail, there is an online Provider Orientation available for review and providers can also request a visit by their Provider Network Representative.

The **Plan** recommends that all health care providers and their office personnel become familiar with their provider contract and each section of this Provider Manual, and other resources available on the BCBSTX provider website at bcbstx.com/ provider.

11.2 Provider Directory

Plan participating health care providers can be identified through the internet on the online provider directory, Find a Doctor or Hospital also known as Provider Finder®. The online provided directory is updated daily. To view Provider Finder, visit the BCBSTX provider website and scroll down to Provider Directory under Resources.

The federal **Consolidated Appropriations Act** requires providers to verify directory information **every 90 days**. Refer to the Verify and update your Information page on the provider website to learn more about how to update your information.

11.3 Blue Review Newsletter

The Blue Review is a provider which provides pertinent day to day information for your practice. It The newsletter is produced on a monthly basis. To view the most current Blue Review newsletter or archived versions online, visit the BCBSTX provider website at bcbstx.com/provider, under Education and Reference select Blue Review or go directly to the Blue Review page.

The Blue Review will be emailed to you and your team members if we have your current email address. You can submit email addresses using the form on the Blue Review page.

11.4 Provider Access and Servicing Strategy (PASS) Education Opportunities

The PASS Group offers customized instructions to all BCBSTX participating health care providers. PASS is committed to offering focused and educational opportunities to maximize effectiveness and satisfaction in the BCBSTX networks. Education options include:

Comprehensive Education

- BlueCard (Out of State Subscribers)
- ClaimsXten and Clear Claim Connection (C3) Web-based auditing reference tool
- Electronic Funds Transfer, Electronic Remittance Advice and Electronic Payment Summary
- Fully Funded vs. Administrative Services Only Groups
- Recommended Clinical Review
- Provider Website Tour
- Refund & Recoupment Process

Self-Service Education

- Availity® for checking patients' eligibility, benefits, claims status, prior authorizations and more
- Electronic Refund Management (eRM)
- Interactive Voice Response System – Guided assistance to include FAX back functionality
- Availity Authorizations & Referrals for inpatient and outpatient prior authorization, RCR and referral requests

This information is posted on the BCBSTX provider website. Go to the Education & Reference menu and select Provider Training, then select Provider Training and Continuing Education Webinars.

11.5 Provider Customer Service

Provider Customer Service staff is dedicated to serving Plan network health care providers. Customer Service Advocates are available to provide prompt inquiry responses concerning:

- Benefits
- Claims
- Verification of benefits
- Member eligibility
- Current Primary Care Provider and Specialty Care Provider information
- General network concerns, including complaints and appeals

To contact Provider Customer Service, refer to the numbers listed below or on the member's ID card:

- Blue Essentials – **877-299-2377**
- Blue Advantage HMO – **800-451-0287**
- Blue Premier - **800-876-2583**
- MyBlue Health - **800-451-0287**

12 Provision of Contract Copies

The Plan shall provide a copy of its contract with a particular participating health care provider (including without limitation a contract with a Physician Organization or a Physician Group in which such participating health care provider participates) to such participating health care provider, upon receipt by BCBSTX of a written request by the participating health care provider, except in circumstances where the Plans are restricted from providing a participating health care provider with a copy of the Plan's contracts with a Physician Organization or Physician Group specifically because of terms contained in that contract.

13 Request Sample Maximum Allowable Fees

Participating* providers can request samples of the maximum allowable fees for your specialty as follows:

- Online using the Availity Fee Schedule tool. You can request up to 20 codes per request and get immediate fee schedule results.
- Online using the Fee Schedule Request Form located on the provider website under Standards & Requirements/General Reimbursement Information.

You will need the following information to request a fee schedule:

- Health Care Provider's NPI Number(s)
- Health Care Provider's name
- Health Care Provider's address
- Health Care Provider's phone number
- Health Care Provider's email address
- Primary Specialty
- Office Contact name, phone number & fax number
- Network or Product type: Blue Essentials, Blue Advantage HMO, Blue Premier and/or MyBlue Health
- Facility or Non-Facility
- Requested Fee Schedule's Effective Date

***** Dental (DDS) providers, contracted with the Dental Network of America (DNOA), must email DNOA for reimbursement related questions or fee schedule requests. For non-contracting provider reimbursement, contact Provider Customer Service at **800-451-0287** for reimbursement information.