



## Blue Cross Medicare Advantage HMO/D-SNP Service Areas

Current Blue Cross Medicare Advantage (HMO) plans offer health coverage to members who reside in Atascosa, Bandera, Bastrop, Bexar, Burnet, Caldwell, Cameron, Chambers, Collin, Comal, Dallas, Denton, El Paso, Fort Bend, Hardin, Harris, Hays, Hidalgo, Jefferson, Kendall, Lee, Liberty, Medina, Montgomery, Orange, Tarrant, Travis, Webb, Willacy, Wilson and Williamson counties.

Current Blue Cross Medicare Advantage Dual Special Needs Plan (D- SNP) plans offer health coverage to members who reside in Atascosa, Bandera, Bastrop, Bexar, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Collin, Colorado, Comal, Coryell, Dallas, Denton, Falls, Fayette, Gonzales, Grimes, Guadalupe, Hays, Hill, Kendall, Lampasas, Lavaca, Lee, Leon, Limestone, Llano, Madison, Medina, Milam, Mills, Navarro, Robertson, Rockwall, San Saba, Somervell, Tarrant, Travis, Williamson and Wilson counties.



## Blue Cross Medicare Advantage PPO Service Areas

The Blue Cross Medicare Advantage (PPO) plan offers health coverage to members who reside in Atascosa, Bastrop, Bandera, Bexar, Burnet, Caldwell, Chambers, Collin, Comal, Cooke, Dallas, Denton, Fannin, Fayette, Fort Bend, Guadalupe, Hardin, Harris, Hays, Hill, Jefferson, Johnson, Kendall, Lee, Liberty, Llano, Medina, Montgomery, Navarro, Rockwall, Tarrant, Travis and Williamson, Wilson and Wise counties.

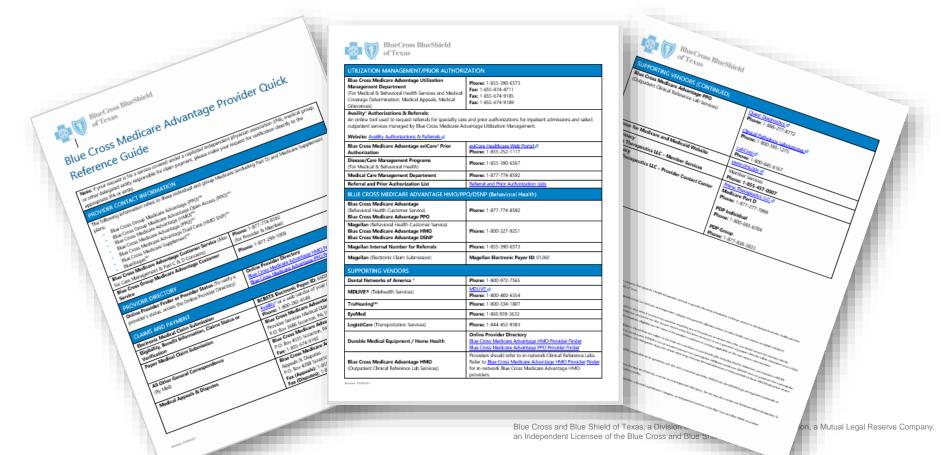
Effective January 1, 2021 Blue Cross Medicare Advantage (PPO)<sup>SM</sup> additional plan coverage in the following areas:

Cameron, Colorado, El Paso, Galveston, Gonzales, Hidalgo, Hood, Lamp, Matagorda, McMullen, Milam, Real, Wharton and Willacy counties.



### **General Provider Information**

Refer to <u>our website</u> for the Provider Manual, Quick Reference Guide, Prior Authorization List, Claims, How to Join the Network, Model of Care Training and additional resources.





## Sample MA HMO/D-SNP Member Cards





of Texas

Blue Cross Blue Shield Blue Cross Medicare Advantage (HMO)\*

Name: SAMPLECARD ID: ZGJ123456789 Plan (80840): 9101000260 Plan:BlueCrossMedicareAdvantage Basic(HMO)

Office Visit: \$ Specialist: \$ Emergency Room: \$

RxBin: RXBIN RxPCN: RXPCN RxGrp: RX GROUP RxID: RX ID

PCP: JohnSmithMD PCP Phone #: 972-123-4567 MedicalGroup:

CMS H8133 001









BlueCross BlueShield Blue Cross Medicare Advantage of Texas

(HMO SNP)\*\*

Name: SAMPLECARD ID: ZGJ123456789 Plan (80840): 9101000260 Plan:BlueCrossMedicareAdvantage DualCare(HMOSNP)

Office Visit: \$ Specialist: \$ Emergency Room: \$

RxBin: RXBIN RxPCN: RXPCN RxGrp: RX GROUP RxID: RX ID

PCP: JohnSmithMD PCP Phone #: 972-123-4567

MedicalGroup:

CMS H8133 009



www.getbluetx.com/mapd



Submit Medical Claims to: ClaimsProcessing Address City, St. Zip

Pharmacy Line: Customer Service: TTY/TDD: 711 Behavioral Health: 1-800-327-925 1-800-631-702 Nurse Advice Line:





BlueCross BlueShield of Texas

HMO plans provided by Blue Cross and Blue Shield of Texas, which refers to GHS Insurance Company (GHS), an Independent

Licensee of the Blue Cross and Blue Shield Association, GHS is a Medicare Advantage organization with a Medicare contract.



# 2021 Training for Providers Dual-Special Needs Plans (D-SNP) Model of Care

## Why is it important?

The Model of Care (MOC) is considered a vital quality improvement tool and integral component for ensuring that the unique needs of each beneficiary enrolled in a Special Needs Plan (SNP) are identified and addressed.

In 2010, the Patient Protection and Affordable Care Act (ACA) reinforced the importance of the MOC as a fundamental component of SNP quality improvement by requiring the National Committee for Quality Assurance (NCQA) to review and ensure the MOC meets requirements set by The Centers for Medicare & Medicaid Services (CMS).

**CMS requires all contracted providers to receive training on the SNP MOC.** This training is required for new providers initially and annually thereafter.

Online Training: https://www.brainshark.com/hcsc/vu?pi=zHjz14x799zZyOnz0



## Sample MA PPO Member Card



BlueCross BlueShield Blue Cross Medicare Advantage (PPO)\* of Texas

> Office Visit: Specialist:

Emergency Room: \$

Name: SAMPLECARD ID: ZGD123456789 Plan (80840): 9101000260

Plan:BlueCrossMedicareAdvantage

ChoicePemier(PPO)

RxBin: RXBIN RxPCN: RXPCN RxGrp: RX GROUP RxID: RX ID

CMS H1666 001



Note: The phone number for Blue Cross Medicare Advantage is different from the other Blue Cross and Blue Shield of Texas (BCBSTX) products. Customer Service numbers can be found on the back of the Member's ID card.

www.getbluetx.com/mapd



Provider: File medical claims with your local BCBS Plan

Medicare Limiting Charges Apply

PPO plans provided by Blue Cross and Blue Shield of Texas, which refers to HCSC Insurance Services Company (HISC), an Independent

Pharmacy Line: Customer Service: Nurse Advice Line: 1-800-631-702.

1-877-277-7898 1-877-774-8592

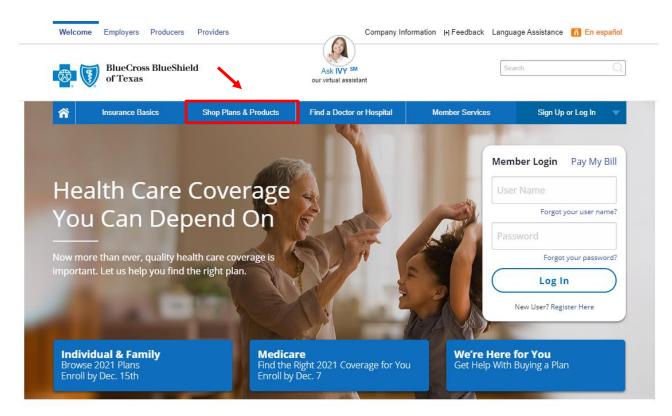


BlueCross BlueShield

Licensee of the Blue Cross and Blue Shield Association, HISC is a Medicare Advantage organization with a Medicare contract



## Online Access Member Benefit Plan Overview



Visit <u>our website</u> or contact the Customer Service number for Blue Cross Medicare Advantage (HMO/D-SNP, PPO) members and/or providers 1-877-774-8592

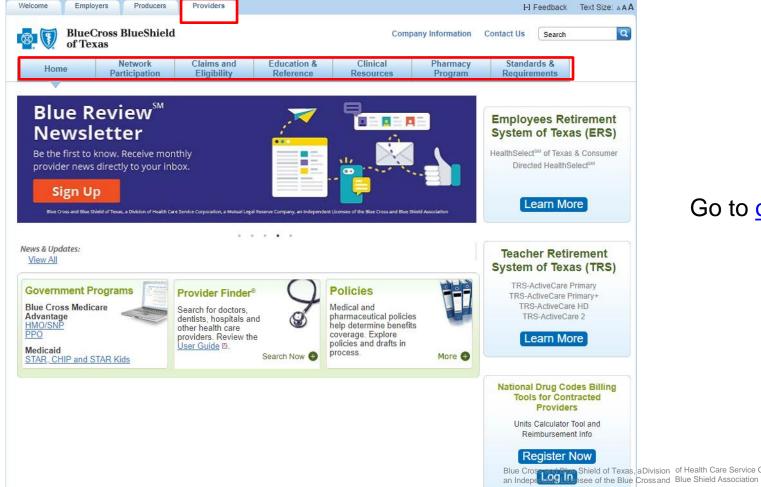
**Individual & Family** 

Medicare

Medicaid



## Online Provider Access Overview



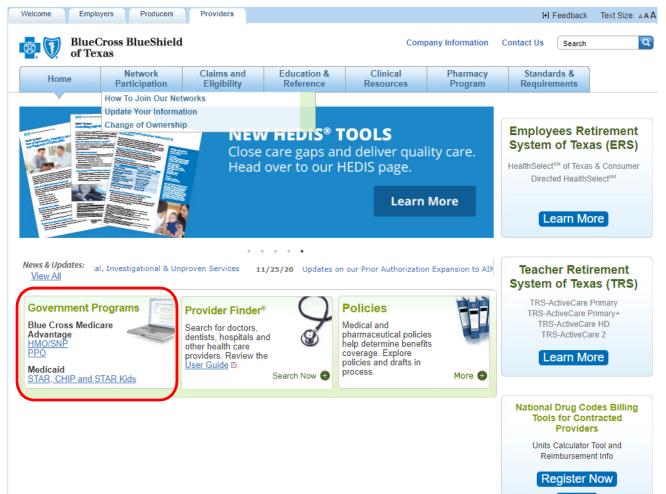
Go to our website.

Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company,



## Online Access Overview (cont.)

Go to our website.



Blue Cross and Log 11 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



## Claims & Billing Information:

#### **Electronic Claims:**

Submit claims electronically using Availity Payor ID #66006

#### If you must file a paper claim, file to:

Blue Cross Medicare Advantage

C/O Provider Services

P.O. Box 3686 Scranton, PA 18505

Filing deadline is 180 days from date of service/discharge for HMO and 90 days from date of service/discharge for PPO, or as allowed per contract.



## Claims & Billing Information (cont.)

- Payments and remittance advice for Blue Cross Medicare
   Advantage (HMO/D-SNP/PPO) members will be paid in the same
   method as your existing BCBSTX business, i.e., check or Electronic
   Funds Transfer (EFT).
- Electronic Remittance Advice (ERA) and Remittance Advice (RA) has plan codes to identify products, Blue Cross Medicare Advantage (HMO) code is MCH and Blue Cross Medicare Advantage (PPO) is PMC.
- The Blue Cross Medicare Advantage (HMO/D-SNP/PPO) Customer Service phone number is the initial contact number for questions and inquiries into payment questions.



## Claims Disputes, Medical Grievances & Appeals

Blue Cross Medicare Advantage HMO/D-SNP/PPO

## Claims Disputes Submit to:

Blue Cross Medicare Advantage P.O. Box 4555 Scranton, PA 18505

NOTE: Refers to In-Network Providers Only

#### **New mailing address for Appeals:**

Blue Cross Medicare Advantage
Attn: Appeals Department
PO Box 663099
Dallas, TX 75266

#### **Mailing address for Grievances:**

Blue Cross Medicare Advantage Attn: Grievances Department PO Box 4288 Scranton, PA 18505



## Prior Authorization Requirements list for Medical/Surgical

Refer to the complete list of <u>Prior Authorization requirements</u> available on our website.

- All Air Ambulance
- All Network Exceptions
- All Organ Transplants
- Blepharoplasty
- Botox Injections
- DME, Medical Supplies, Orthotics and Prosthetics greater than \$2,500 per unit
- All Home Health Care and Hospice
- All Acute Inpatient Stays

- Laboratory Genetic Outpatient
- All Long Term Acute Care
- All Inpatient Rehab
- Medical Outpatient see list of Codes
- Outpatient Diagnostic Test see list of codes
- All Skilled Nursing Facility Stays
- Surgical Inpatient/Outpatient see list for codes
- Specialty Drugs see list for codes

**NOTE:** BCBSTX has contracted with eviCore to provide Utilization Management for certain specialized clinical services. Refer to the <u>eviCore webpages</u> on <u>our website</u> under Clinical Resources for more information.



## Prior Authorization Requirements

Blue Cross Medicare Advantaç	je"
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*Please write clearly or complete on-screen, then print and fax to 855-874-4711.			
MAPD Prior Authorization Form			
Setting:OutpatientInpatient			
Expedited means that waiting up to 14 days place the member's life, health, or ability to regain function in serious danger.  CMS Expedited Status:YesNo			
	Member Information		
Member ID #	700000000000000000000000000000000000000		
Call Ref # (DCN#)			
- <del>-</del>	Request Information		
Type of Request:InitialExtens	n e		
Pre-serviceConcurrentPos	service		
Start date			
End date			
Requested units (i.e. how many visits	(4)		
Diagnosis code/ ICD9 (These are required)			
Procedure code /CPT -HCPCS (These are required unless it is only in related to surgery)	patient not		
Type of service (i.e. Radiology, Diagn	stic, DME)		
	Provider Information		
Contact Name			
Contact Phone Number			
Facility Name- (If not being performed in the office)			
NPI/Network Status			
Address and Ph #			
Submitting Physician Name			
NPI/Network Status			
Address and Ph #			
Servicing Physician Name			
NPI/Network Status			
Address and Ph #			

#### \*\*\*Please attach supporting documentation to facilitate your request (e.g., history & physical, letter of medical necessity, original photographs, etc.). This form <u>must be placed on top</u> of the information you are submitting.

Blue Cross Medicare Advantage plans are HMO, HMO-POS, and PPO plans provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. HCSC is a Medicare Advantage organization with a Medicare contract. Enrollment in HCSC's plans depends on contract renewal.

#### **Initiating Prior Authorizations**

- Blue Medicare Advantage Customer Service: 1-877-774-8592
- Online via the <u>Availity website</u>
- Through BCBSTX website
- Link for <u>prior authorization list</u>



## eviCore® Prior Authorization Program



Blue Cross and Blue Shield of Texas (BCBSTX) has contracted with eviCore healthcare (eviCore) to provide certain utilization management prior authorization services.



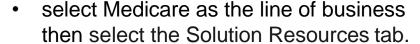


For a detailed list of procedure codes that require prior authorization through eviCore for Blue Cross Medicare Advantage HMO and Blue Cross Medicare Advantage PPO, access the eviCore implementation site and:











The Blue Cross Medicare Advantage procedure codes lists can be found here based on the type of service being rendered.



### Online Resources Link

**HMO/D-SNP** please refer to <u>Resources</u> on the provider tab at BCBSTX.com to access this information.



- ▶ Blue Essentials<sup>SM</sup>, Blue Advantage HMO<sup>SM</sup>, Blue Premier<sup>SM</sup> and MyBlue Health<sup>SM</sup> Provider Manual
- ▶ Blue Cross Medicare Advantage HMO and DSNP Supplement B
- ▶ Blue Cross Medicare Advantage HMO and DSNP Orientation №
- ▶ Blue Cross Medicare Advantage HMO and DSNP Member ID Card Sample B
- Medicare Advantage Waiver of Liability
- ▶ Blue Cross Medicare Advantage Dual Care (HMO SNP) Model of Care training @

**PPO** please refer to <u>Resources</u> on the provider tab at BCBSTX.com to access this information.

#### Resources

- ▶ Blue Choice PPO<sup>SM</sup> Physicians, Professional Providers, Facility and Ancillary Providers
- ▶ Blue Cross Medicare Advantage PPO Supplement В
- ▶ Blue Cross Medicare Advantage PPO Orientation ☑
- ▶ Sample Blue Cross Medicare Advantage PPO Member ID Card
  ▶
- Sample Blue Cross Group Medicare Advantage Open Access (PPO) Member ID Card B
- Medicare Advantage Waiver of Liability



## **Availity**

#### Availity website

Availity, the online services and Web portal for BCBSTX providers, is a complimentary tool to assist in claim processing and management.

- There are no set-up fees or monthly fees.
- Submit training requests
- Free to providers for claim submission, eligibility and benefits, claims status, authorizations, referrals and remittance.
- Offers a variety of services via a single secure web portal connection.
- Access webinars about self-service electronic tools and features available with Availity.
- Availity tip sheets are available on our website.



### **Guidelines Overview**



Follow Medicare edits and coding guidelines for Blue Cross
Medicare Advantage

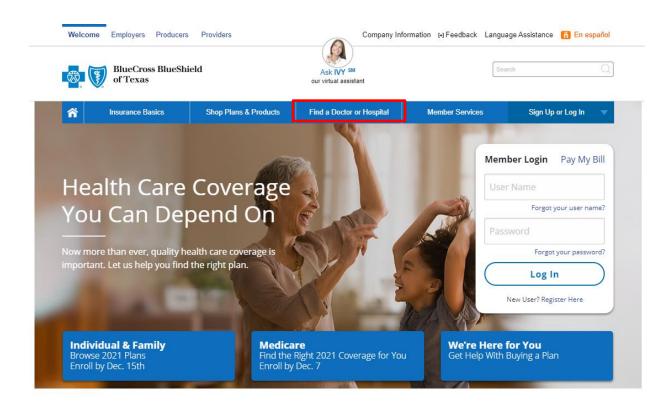


The claim should include the member's ID as it appears on their ID card, including the **3-character prefix** 



## Provider Finder Directory

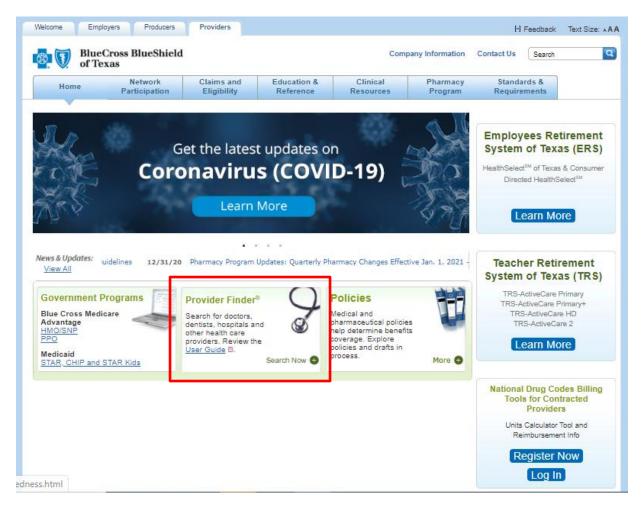
Go to our website



Individual & Family Medicare Medicaid



## Provider Finder Directory (cont.)





### **Preferred Network Pharmacies**





























Over the counter purchase allowance may not be available in all plans. This is not mail order card. Other pharmacies are available in our network.



## Medicare Marketing Guidelines "Dos and Don'ts"

Remaining neutral is essential when assisting with enrollment decisions.

**DO:** • Provide the names of Plans/Part D Sponsors with which [you] contract and/or participate (see section 60.5 – Provider Affiliation Announcements for additional information). • Distribute unaltered, printed materials created by CMS, such as reports from Medicare Plan Finder, the "Medicare & You" handbook, or "Medicare Options Compare" including in areas where care is delivered • Provide the names of Plans/Part D sponsors with which they contract and/or participate • Answer questions or discussing the merits of a plan or plans, including cost-sharing and benefit information (these discussions may occur in areas where care is delivered) • Refer patients to other sources of information, such as State Health Insurance Assistance Program (SHIP) representatives, plan marketing representatives, State Medicaid Office, local Social Security Office, CMS' website, or 1-800- MEDICARE • Make available and/or distribute plan marketing materials received from Blue Cross and Blue Shield of Texas (BCBSTX). o Referring patients to Plan marketing materials available in common areas • Provide information and assistance in applying for the low-income subsidy (LIS).

**DON'T:** • Accept Medicare enrollment applications/forms. • Make phone calls or direct, urge or attempt to persuade beneficiaries to enroll in a specific plan based on financial or any other interests of the provider. • Mail marketing materials on behalf of Plans/Part D Sponsors. • Offer inducements (e.g., Free Health Screenings, Cash, etc.) to persuade beneficiaries to enroll in a particular plan or organization. • Distribute materials/applications within an exam room setting.

For a more in depth review of the guidelines that are applicable to providers, please refer to the Provider Medicare Marketing Guidelines Excerpt located on the Network Participation section of ourwebsite.



All information presented is available on the Blue Cross and Blue Shield of Texas website

eviCore® 🗗 is a trademark of eviCore healthcare, LLC, formerly known as CareCore, an independent company that provides utilization review for select health care services on behalf of Blue Cross and Blue Shield of Texas.

By clicking this link, you will go to a new website/app ("site"). This new site may be offered by a vendor or an independent third party. The site may also contain non-Medicare related information. In addition, some sites may require you to agree to their terms of use and privacy policy.