

THIS MANUAL CONTAINS A REQUIRED DISCLOSURE CONCERNING BLUE CROSS AND BLUE SHIELD OF TEXAS CLAIMS PROCESSING PROCEDURES

**Blue Choice PPOSM and Blue High Performance Network[®] (BlueHPN)[®]
Provider Manual**

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Important Information	Throughout this provider manual there will be instances when there are references unique to Blue Choice PPO, Blue High Performance Network, Blue Edge, EPO and the Federal Employee Program . These specific requirements will be noted with the plan/network name. If a Plan/network name is not specifically listed or "Plan" is referenced, the information will apply to all PPO products.
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Proprietary Information	The material contained in this Provider Manual is proprietary information and is intended for the exclusive use of participating Plan Health Care Providers. The information is current as of publication but may be amended from time to time, as provided for in the Plan Provider Agreements.
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Welcome to the Blue Choice PPO and Blue High Performance Network (Blue HPN) Network

**The Plan
Network
Objective**

The Plan network is composed of physicians, professional providers, hospitals, facilities and ancillary providers that have contracted with Blue Cross and Blue Shield of Texas (BCBSTX) with a common objective — to offer cost-effective medical care and services to BCBSTX subscribers through managed care products.

**The Plan
Network
Benefits**

The Plan network benefits both the BCBSTX subscriber and their physician, professional provider, facility or ancillary provider. The health care benefit products outlined in this Provider Manual feature lower out-of-pocket expenses for the subscriber, providing a strong incentive to seek health care from Plan network physicians, professional providers, facility and ancillary providers.

**Information
Provided
in this
Provider
Manual**

This Provider Manual has been created for Plan network physicians, professional providers, facility and ancillary providers.

The information in the Provider Manual is specific to these products:

- Blue Choice PPO
- Blue High Performance Network
- BlueEdge
- EPO
- Federal Employee Program)

The subscriber identification card furnishes information about the products listed above that health care providers need to serve their clients effectively. Give special attention to the type of plan and the subscriber ID number.

You may also encounter patients with BCBSTX products not listed above. You will recognize these products by the identification cards presented by the patients.

Guidelines and information for these products may be similar, but are not identical to the information in this Provider Manual. When you see other identification cards, contact Customer Service to receive the most current and accurate information about these products.

No matter which BCBSTX product your patient may have, each card has a toll-free number to call for information and assistance. Obtaining the correct information will save your staff time and effort.

Welcome to the Blue Choice PPO and Blue High Performance Network (Blue HPN) Network

Information Provided in this Provider Manual, cont.

This Provider Manual will assist you in the day-to-day administration of the Plan network, providing needed information including:

- Characteristics of the health benefit plans/products
- Instructions to check eligibility, benefits, claims status and verification
- Referral Authorization
- Select Outpatient Prior Authorization, Inpatient Admissions and Maternity Notifications

Updates to this Provider Manual will be provided periodically, when changes occur.

Modifications

BCBSTX may amend this Agreement or may modify the Provider Manual where such amendment or modification is materially adverse to a health care provider or Medical Group and is not required by the applicable laws only upon ninety (90) days prior written notice to health care provider or medical group. The health care provider or medical group may terminate this Agreement by giving written notice of such termination by the health care provider or medical group within thirty (30) days of its receipt of such notice of amendment or modification, effective no earlier than the end of such amendment or modification notice period unless within sixty-five (65) days following the date of such amendment or modification notice BCBSTX gives written notice to the health care provider or medical group that it will not carry into effect such amendment or modification. Health care provider's or medical group's failure to give notice of termination to BCBSTX within thirty (30) days of its receipt of such notice of amendment or modification shall constitute agreement to and acceptance of such amendment or modification by the health care provider or medical group.

Proprietary Information

The information contained in this provider manual is the proprietary information of BCBSTX and is intended for the exclusive use of Plan contracted health care providers. The information is current at the time it is being published and may be amended from time to time, as provided in the BCBSTX Provider Agreement.

Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSTX.

Carelon Medical Benefits Management (formerly AIM Specialty Health) is an independent company that has contracted with BCBSTX to provide utilization management services for members with coverage through BCBSTX.

BCBSTX makes no endorsement, representations or warranties regarding third party vendors and the products and services they offer.