BlueCross BlueShield of Texas

Teacher Retirement System of Texas - TRS-ActiveCare Primary and TRS-ActiveCare Primary+ (Primary+) - (ASO Plans) Quick Reference Guide

IMPORTANT NOTE: Health care providers contracted /affiliated with a capitated IPA/Medical Group must contact IPA/Medical Group for instructions regarding referral process/providers, outpatient lab and radiology services, recommended clinical review, reimbursement and contracting and claims questions. Additionally, health care providers who are not part of a capitated IPA/Medical Group but who provide services to a participant whose PCP is with a capitated IPA/Medical Group must also contact the applicable IPA/Medical Group for instructions.

MAIN CHARACTERISTICS

- TRS-ActiveCare Primary and Primary + participant's ID cards will display **TRS** logo and **T2U** prefix. These are Administrative Services Only - self-funded plans.
- **TRS-ActiveCare Primary** and **Primary+** participants must select a Primary Care Provider in the statewide Blue Essentials℠ network.
- Blue Essentials health care providers servicing **TRS-ActiveCare Primary** and **Primary+** participants may only bill for copayments, cost share (coinsurance) and deductibles, where applicable.
- Some services maybe self-referred to an in-network Blue Essentials health care provider (i.e., annual well woman exam, annual routine eye exam) as indicated by the **TRS-ActiveCare Primary** and **Primary+** participant's benefit plan.
- To receive benefits, all medical care must be directed by the TRSActiveCare Primary and Primary+ participant's PCP. A PCP referral is required to all in-network Blue Essentials health care providers.
- To receive benefits, referrals to out-of-network health care providers, it must be authorized by the BCBSTX Medical Care Management Dept.

BENEFITS AND ELIGIBILITY

- Eligibility and benefit information may be obtained through Availity® Essentials or an electronic web vendor of your choice or call **BCBSTX TRS-ActiveCare Primary and Primary + Provider Customer Service** at **1-800-451-0287**. Note: *To access eligibility and benefits, you must have full participant's information, i.e., participant's ID, patient date of birth, etc.*
- Verification of benefits does not apply to administrative services only plan participants.

CLAIM SUBMISSIONS

- All claims should be submitted electronically. **BCBSTX Electronic Payor ID: 84980**
- If the provider must submit a paper claim, mail claim to:

  BCBSTX
  PO Box 660044
  Dallas, TX 75266-0044

- Claims must be submitted within 180 days of the date of service. Claims that are not submitted within 180 days from the date of service are not eligible for reimbursement. Providers must submit a complete claim for any services provided to a participant. **Blue Essentials** providers may not seek payment from the participant for claims submitted after the 180 day filing deadline.

CLAIMS STATUS AND PROCESSING

- Claim status may be obtained through the Availity Essentials Claim Status Tool or a web vendor of your choice.
- To request a claim reconsideration, you must have a document control number (claim number) then submit:
  - Electronically via the Claim Reconsideration Requests when available.
  - Mail the **Claim Review** form which is located on the BCBSTX provider website. Select **Education & Reference** then select **Forms.**
  - Call **BCBSTX TRS-ActiveCare Primary and Primary + Provider Customer Service** at **1-800-451-0287**.
- Claim Reviews and Correspondence should be sent to: BCBSTX, PO Box 660044 Dallas, TX 75266-0044

UTILIZATION MANAGEMENT – Recommended Clinical Review and Referrals

- Effective Sept. 1, 2024, TRS self funded plans (ID cards do not indicate TDI) no longer have any prior authorization requirements. Providers are encouraged to submit optional recommended clinical review to determine medical necessity.
- Providers should verify through Availity or their preferred vendor if recommended clinical review or referrals are required for select outpatient or inpatient services and determine if they are managed by Medical Management with BCBSTX or Carelon Medical Benefit Management.
- Refer to Utilization Management on the provider website for additional information.
- For case management or to contact the Medical Management Dept. call **1-800-441-9188**.
- For Behavioral Health services - see **Behavioral Health** section below.
- To submit referrals for specialty care or recommended clinical review requests for inpatient and outpatient services managed by:

BCBSTX Medical Management:

1) Submit electronically using:

Availity Authorizations & Referrals

- Log into Availity
- Select **Patient Registration** menu option, choose **Authorizations & Referrals**, then **Authorizations** (choose **Referrals** instead of **Authorizations** if you are submitting a referral request
- Select **Payer BCBSTX**, then choose your organization
- Select **Inpatient Authorization** or **Outpatient Authorization**
- Review and submit your request
- For more information, refer to **Availity Authorizations & Referrals** under **Provider Tools** on the provider website.

2) By Phone: **1-855-896-2701**

Carelon Medical Benefit Management:

Effective Sept.1, 2024. **Carelon** handles RCR for advanced imaging, musculoskeletal (joint/spine), genetic/ molecular testing, radiation (oncology) therapy for cancer and medical oncology specialty drugs and supportive care.

1) Submit electronically using CarelonProviderPortal
2) By Phone:**1-800-859-5299**
3) By Fax **1-800-610-0050** - Note: Fax option is available only for physicians or professional providers who are sub mitting clinical information for existing requests.

LABORATORY AND RADIOLOGY SERVICES

- Providers should refer outpatient lab and radiology to in-network participating **Blue Essentials** providers. To locate participating providers in the **Blue Essentials** network. Some services may be applicable to RCR by Medical Management at BCBSTX or Carelon.
- To locate participating labs in the Blue Essentials network, visit Provider Finder®.

BEHAVIORAL HEALTH (Mental Health and Substance Use Disorder)

- Effective Sept. 1, 2024, prior authorization is no longer required for TRS self funded plans. Providers are encouraged to submit RCR requests prior to delivery of care including all inpatient, partial hospitalization and outpatient behavioral health services.
- To check benefits, eligibility, claims status/problems or request RCR call: **1-800-528-7264.**
- Health care provider is responsible for filing claims:
  - Electronically using BCBSTX Electronic Payor ID: **84980**
  - Mail paper claims to: **BCBSTX** PO Box 660044 Dallas, TX 75266-0044

ADDITIONAL INFORMATION

Claims Submission:

- All claims should be submitted electronically. The Electronic Payor ID for BCBSTX is **84980**.
- For support relating to claims and/or other transactions available on the Availity portal or other Availity platforms, submitters should contact Availity Client Services at **1-800-282-4548**.
- For information on electronic filing, access the Availity website at availity.com.
- If you must submit paper claims, submit on the Standard CMS-1500 or UB-04 claim form.
- All claims must be filed with the insured's complete unique ID number including any letter or 3-character prefix.
- Duplicate claims may not be submitted prior to the applicable 30-day (electronic) or 45-day (paper) claims payment period.
- If services are rendered directly by the physician or professional provider, the services may be billed by the physician or professional provider. However, if the physician or professional provider does not directly perform the service and the service is rendered by another provider, only the rendering provider can bill for those services. Note: This does not apply to services provided by an employee of a physician or professional provider, e.g., Physician Assistant, Surgical Assistant, Advanced Practice Nurse, Clinical Nurse Specialist, Certified Nurse Midwife and Registered Nurse First Assistant, who is under the direct supervision of the billing physician or professional provider.

ParPlan is a Blue Cross and Blue Shield of Texas payment plan under which health care professionals agree to:

- File all claims electronically for BCBSTX patients;
- Accept the BCBSTX allowable amount;
- Bill participants only for deductibles, cost-share (coinsurance) and medically necessary services which are limited or not covered; either at the time of service or after BCBSTX has reimbursed the provider; Not bill BCBSTX for experimental, investigative or otherwise unproven or excluded services; and
- Not bill either BCBSTX or members for covered services which are not medically necessary.

For all plans, BCBSTX provider should:

- Ask for the participant's ID card at the time of a visit;
- Copy the participant's ID card and keep the copy with the patient's file;
- Check eligibility and benefits via availity.com/essentials or a web vendor of your choice or call the toll-free Provider Customer Service number indicated on the participant's ID card.
- Request recommended clinical review when applicable.

Provider Record and Network Effective Dates:

- A minimum of 30 days advance notice is required when making changes affecting the provider's BCBSTX status, especially in the following areas: Physical address (primary, secondary, tertiary); Billing address; NPI and Provider Record ID changes; moving from Group to Solo practice or vice versa; and moving from Group to Group practice. Utilize the Demographic Change Form to submit these requests.
- New Provider Record ID effective dates will be established when the request is received in the BCBSTX corporate office. This applies to all additions, changes and cancellations.
- BCBSTX will not add, change or cancel information related to the Provider Record ID on a retroactive basis.
- Retroactive Provider Record ID effective dates will not be issued.
- Retroactive network participation will not be issued.
- Delays in status change notifications will result in reduced benefits or non-payment of claims filed under the new Provider Record ID.
- If the provider files claims electronically and their Provider Record ID changes, the provider must contact Availity at **1-800-282-4548** to obtain a new EDI Agreement.
- Submit a Provider Onboarding form to obtain a Provider Record ID. Review Network Participation on our website for more information.

BlueCard® (Out-of-State Claims):

- To check benefits or eligibility, call **1-800-676-BLUE (2583)***;
- File all that include a 3-character prefix on the participant's ID card to BCBSTX (Note: The participant's unique ID number may contain alpha characters which may or may not directly follow the 3-character prefix);
- File all other claims directly to the Home Plan's address as it appears on the participant's ID card;
- For status of claims filed to BCBSTX, contact availity.com or a web vendor of your choice or call the toll-free Provider Customer Service number indicated on the participant's ID card.
- Refer to BlueCard Program for more information.

* Interactive Voice Response (IVR) system. To access, you must have full member's information, i.e., member's ID, patient date of birth, etc.)

This guide is intended to be used for quick reference and may not contain all the necessary information. For detailed information, refer to the applicable online provider manual at https://www.bcbstx.com/provider/standards/standards-requirements/manuals