BlueCross BlueShield of Texas

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

Please Note

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** HMO products.

In this Section

The following topics are covered in this section:

BlueCross BlueShield of Texas

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Blue Essentials, Blue Advantage HMO, Blue Premier and MyBlue Health Provider Manual - Support Services

Overview

Blue Essentials, Blue Advantage HMO, Blue Premier and MyBlue Health Plans are subsidiaries of Blue Cross and Blue Shield of Texas (BCBSTX), a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association. **Blue Cross Medicare Advantage HMO℠** utilizes the **Blue Cross Medicare Advantage HMO℠ Supplement** in addition to this manual.

Included in this section, is information on Network Management's role and how to access information about these plans.

Support Areas

The **Plan** provides support to their contracted physicians, professional providers, facilities and ancillary providers (health care providers) through:

- Provider Customer Service Department
- Network Management Representatives
- Medical Directors
- Utilization Management Department

You and your staff are encouraged to contact these sources when you have questions or need assistance.

Commitment

The Plan is dedicated to serving our customers through the provision of health care coverage and related benefit services. Our mission calls for us to respond to our customers with promptness, sensitivity, respect and dignity. In support of this mission**,** it encourages appropriate utilization decisions; it does not sanction or encourage decisions based on inappropriate compensation. Health care providers and the **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.

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Products and Benefit Plans

BCBSTX offers or administers **Blue Essentials, Blue Advantage HMO, Blue Premier** and **MyBlue Health commercial** or **retail** products and benefit plans:

- to fully insured groups.
- and provides Administrative Services Only (ASO) to self-funded group health plans.

In addition to the traditional HMO plans, such as Blue Essentials, there are more flexible benefit plans including:

Blue Premier Access℠

- Is considered an "open access" HMO plan where no Primary Care Provider (PCP) selection or referrals are required when the member uses participating providers in the Blue Premier network.

Blue Advantage Plus℠ HMO

- Members must use services through an in-network PCP with referrals to get in-network lower cost share.

- Allows members to use out-of-network providers. However, members must understand the financial impact of receiving services from an out-of-network physician, professional provider, ambulatory surgery center, hospital or other facility.

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.

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Network Management Department Objective

The major objective of the Network Management Department is to develop and support relationships between health care providers and the **Plan** to allow our members access to cost-efficient medical care.

Network Management Department Responsibilities

The Network Management Department Representatives are dedicated to building strong relationships with our network of contracted health care providers by providing:

- Valuable health information on BCBSTX products
- 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, National Provider Identification (NPI) number, address, panel status)
- Contract information
- Compliance with state and federal regulatory requirements

The Network Management Department is available to provide information, answer questions, address concerns and offer assistance 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. Refer to the contact information below or the Contact Us page on the provider website.

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Network Management Regional Office Locations

Abilene/Midland/San Angelo:
1001 E. Lookout Drive
Richardson, TX 75082
Email:
Provider_Relations_Midland@bcbstx.com
Phone: 1-361-878-1623
Fax: 1-361-852-0624

Amarillo/Lubbock: 1001 E. Lookout Drive Richardson, TX 75082
Email:
Provider_Relations_South_Texas@BCBSTX.com
Phone: 1-361-878-1623
Fax: 1-361-852-0624

Austin and Central TX *(Bastrop, Bell, Bosque, Burleson, Burnett, Caldwell, Falls, Fayette, Hays, Hill, Lee, Leon, Limestone, Madison, Milam, McLennan, Robertson, Travis, Williamson counties)***:**
Arboretum Plaza II
9442 Capital of Texas Hwy N Ste 500 Austin, TX 78759
Email:
PPNAustin@bcbstx.com
Phone: 1-800-336-5696 or 1-512-349-4847
Fax: 1-512-349-4853

Corpus Christi and the Valley:
4444 Corona, Ste 148 Corpus Christi, TX 78411
Email:
provider_relations_south_texas@bcbstx.com
Phone: 1-361-878-1623
Fax: 1-361-852-0624

El Paso:
114 Mesa Park Dr. Suite 300
El Paso, TX 79912
Email:
Provider_relations_el_paso@bcbstx.com
Phone: 1-915-496-6600, press 2
Fax: 1-915-496-6614

Golden Triangle (Beaumont, Orange, Port Arthur) and Houston: 1800 West Loop South, Ste 600 Houston, TX 77027
Email:Provider_relations_houston@bcbstx.com
Phone: 1-713-663-1149
Fax: 1-713-663-1227

North Texas, Dallas, Fort Worth, East Texas *(Excludes Bastrop, Bell, Bosque, Burleson, Burnett, Caldwell, Falls, Fayette, Hays, Hill, Lee, Leon, Limestone, Madison, Milam, McLennan, Robertson, Travis, Wichita and Williamson counties)***:**
1001 E. Lookout Drive Richardson, TX 75082
Email:
provider_relations_dfw@bcbstx.com
Phone: 1-800-749-0966 or 1-972-766-8900
Fax: 1-972-766-2231

San Antonio and Laredo: 17806 IH 10 West, Bldg II, Ste 200 San Antonio, TX 78257
Email:provider_relations_south_texas@bcbstx.com
Phone: 1-361-878-1623
Fax: 1-361-852-0624

ANCILLARY - STATEWIDE: Refer to the Contact Us page on the provider website listed by ancillary specialty type.

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Medical Directors and Medical Advisory Committees

BCBSTX Medical Directors are located throughout the state. They provide health care providers support for BCBSTX quality and health management programs, including care management, medical policy, credentialing and recredentialing, quality of care review, and pharmacy.

BCBSTX has two statewide peer review committees whose primary responsibility is to review the credentials of new providers being credentialed and of established providers who are undergoing recredentialing. They are the Texas Medical Advisory Committee (TMAC) and the Texas Peer Review Committee (TPRC). The TMAC and TPRC members are practicing health care providers who also participate in networks serving members of BCBSTX health programs.

The Committees are chaired by the Medical Director, Health Care Quality and Policy. Other medical directors who are assigned responsibilities in the credentialing and recredentialing process also sit on the Committees. Each Committee meets monthly. Meetings are conducted by telephone conference call to accommodate the statewide distribution of the Committee membership.

In addition to peer review of credentialing and recredentialing, the Committees provide oversight of the Quality of Care process and as requested provide review and feedback on clinical matters such as clinical practice guidelines, utilization review criteria and quality improvement initiatives.

Limited Provider Network Selection

Limited Provider Networks are interrelated 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 primary care physician/provider (PCP) who will coordinate all the **Plan** member's health care needs and act as the gatekeeper to services within the same Limited Provider Network of specialty health care providers.

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Selection of a Primary Care Provider for Limited Provider Network

If the member's **Plan** offers limited providers networks, the member must select a pediatrician, internist, family physician, general physician, physician assistant or advanced practice registered nurse to be listed as his/her primary care physician/provider (PCP). The selected PCP will be responsible for managing all of the member's health care needs within the PCP's provider network.

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

The **Plan** member must complete the Enrollment Application correctly and submit it to his/her employer for processing.

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 PCP's who are accepting new patients.

Referrals in a Limited Provider Network

The PCP must refer **Plan** members to physicians and professional providers who are in the same Limited Provider Network as the member's **Plan** PCP. 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.

Capitated Medical Groups - Important Note

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.

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Changing Primary Care Providers

The **Plan** member may change their PCP by calling or writing the Customer Service Department for the members **Plan** or by obtaining a **Change Request Form** from his/her employer. The member completes the Change Request Form and sends it to the **Plan's** Customer Service Department for processing.

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

The change is effective the first day of the month following receipt of the Change Request Form.

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

Blue Essentials Only Away From Home Care

The following information defines Away From Home Care for **Blue Essentials**:

- Away From Home Care (AFHC) 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 (BCBS) 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.

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Member Training

Members are provided training on using their **Plan** benefits. BCBSTX provides members and employer groups with educational materials and training to better understand the program and the benefits of seeking care from participating **Plan** health care providers.

Provider Orientation/ Training

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, as well as a link to BCBSTX Network Management Office Locations. 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.

Online Provider Directory/ Website Information

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 provider directory is updated daily. To view Provider Finder, visit the BCBSTX Provider website at bcbstx.com/provider, and under the Network Participation tab, scroll down to **Provider Finder** under **Related Resources**.

Blue Review Newsletter

The Blue Review newsletter is available on the BCBSTX Provider website. 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.

Be sure to reference the Regulatory and Requirements for pertinent day to day information for your practice.
The Blue Review will be emailed to you **and** your team members if we have your current email address. Please submit emails using the Demographic Change Form.

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Secure Server Policy

Please note: 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 PHI, SPI, and/or BCI. Any emails not containing PHI, SPI, and/or BCI should not be sent via Secure Server technology. Rather, in order 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.

Provider Access & Servicing Strategy (PASS) Education Opportunities

The BCBSTX Provider Access and Servicing Strategy (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.

- **Comprehensive Education includes:**
  - BlueCard (Out of State Members)
  - Clear Claim Connection (C3) web-based auditing reference tool
  - EFT ERA EPS *(Electronic Funds Transfer, Electronic Remittance Advice, Electronic Payment Summary)*
  - Fully Funded vs. Administrative Services Only (ASO) Groups
  - Recommended Clinical Review
  - Provider Website Tour
  - Refund & Recoupment Process
  - And much more!
- **Self-Service Education**
  - Availity® for patients' eligibility, benefits, claims status, prior authorizations and more
  - Electronic Refund Management (eRM)
  - Interactive Voice Response (IVR) System – Guided assistance to include FAX Back functionality
  - Availity Authorizations & Referrals for Inpatient Admissions and Select Outpatient Prior Authorizations and Referral Authorizations managed by BCBSTX Utilization Management.
  - Other various tools. Refer to the Provider Tools page for more information

This information is posted on the BCBSTX provider website at www.bcbstx.com/provider. Go to Education & Reference and select Provider Training and Continuing Education.

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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.

Request a Sample of 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 National Provider Identifier (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 **1-800-451-0287** for reimbursement information.

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Provider Customer Service

The **Plans'** Provider Customer Service Advocates are dedicated to serving participating health care providers. Customer Service Advocates are available to provide prompt inquiry responses concerning:

- Benefits
- Claims
- Subscriber eligibility
- Current PCP and SCP information
- General network concerns, including claim review requests

To contact Provider Customer Service, refer to the numbers listed below:

- **Blue Essentials – 1-877-299-2377**
- **Blue Advantage HMO – 1-800-451-0287**
- **Blue Premier - 1-800-876-2583**
- **MyBlue Health - 1-800-451-0287**

Note: For employees and dependents of Blue Cross and Blue Shield of Texas, call: **1-888-662-2395** and for Employee Retirement System of Texas refer to Section M of this Manual.