

Blue Medicare PPO

Physician & Other Professional Provider Orientation

as of May 2009

*A product of HCSC Insurance Services Company,
an Independent Licensee of the Blue Cross and Blue Shield Association*



Purpose of Presentation

- **To provide an overview of the policies & procedures for the Blue Medicare PPO plan for the Blue Medicare PPO Participating Physicians/Professional Providers**

Blue Medicare PPO Overview

- A Medicare Advantage product for *people with Medicare*
- An ***additional health benefit solution*** for *people with Medicare*
- Offers ***more comprehensive benefits*** at a ***lower cost*** to people with Medicare whenever *people with Medicare* access Blue Medicare PPO Participating Physicians/Professional Providers

What is Blue Medicare PPO?

Blue Medicare PPO is a Medicare Advantage product offered by *HCSC Insurance Services Company (HISC)*. It is a preferred provider organization (PPO) plan offered to Medicare Part A and B Members in the 5 approved Texas counties:

- **El Paso**
- **Galveston** (*NOTE: Limited to the Mainland portion of Galveston county**)
- **Harris**
- **Jefferson**
- **Montgomery**

***The only zip codes included for Galveston county:** 77510, 77517, 77518, 77539, 77546, 77549, 77552, 77553, 77555, 77563, 77565, 77568, 77573, 77574, 77590, 77591, 77592, 77617, 77623 and 77650

To Participate in the Blue Medicare PPO, Physicians/Professional Providers:

- Must be a Participating BlueChoice Physician/Professional Provider
- Must have privileges at one of the Blue Medicare PPO participating hospitals (*unless inpatient admissions are uncommon or not required for the Physician's/Professional Provider's specialty*)
- must have a valid National Provider Identifier (NPI) Number
- Must sign a Blue Medicare PPO amendment to his/her BlueChoice agreement, and
- Cannot have opted-out of Medicare or have any sanctions or reprimands by any licensing authority or review organizations. Blue Medicare PPO Participating Physicians/Professional Providers cannot be named on the Office of the Inspector General (OIG) or Government Services Administration (GSA) lists which identify physicians/professional providers found guilty of fraudulent billing, misrepresentation of credentials, etc. Blue Medicare PPO Participating Physicians/Professional Providers cannot be sanctioned by the Office of Personnel Management or be prohibited from participation in the Federal Employees Health Benefit Program (FEHBP).

Blue Medicare PPO Participating Hospitals

Facility Name	County	Facility Name	County
Del Sol Medical Medical Center	El Paso	Memorial Hermann Hospital	Harris
El Paso Psychiatric Hospital	El Paso	Memorial Hermann Memorial City Hospital	Harris
Highlands Regional Rehabilitation Hospital	El Paso	Memorial Hermann Northeast Hospital	Harris
Las Palmas Medical Center	El Paso	Memorial Hermann Northwest Hospital	Harris
R E Thomason Medical Center	El Paso	Memorial Hermann Prevention and Recovery Center	Harris
Memorial Hermann Katy Hospital	Fort Bend	Memorial Hermann Prevention and Recovery Center Northwest IOP	Harris
Memorial Hermann Sugar Land Hospital	Fort Bend	Memorial Hermann Southeast Hospital	Harris
Devereaux Texas Treatment Center	Galveston	Memorial Hermann Southwest Hospital	Harris
Mainland Medical Center	Galveston	Park Plaza Hospital	Harris
Bayshore Medical Center	Harris	Spring Branch Medical Center	Harris
Children's Memorial Hermann Hospital	Harris	St. Joseph Medical Center , Harris County	Harris
CHRISTUS St. John Hospital	Harris	St. Luke's Episcopal Hospital	Harris
Clear Lake Regional Medical Center	Harris	Texas Orthopedic Hospital	Harris
Clear Lake Rehabilitation Hospital	Harris	The Woman's Hospital of Texas	Harris
Cypress Fairbanks Medical Center	Harris	TIRR (The Institute for Rehabilitation and Research)	Harris
East Houston Regional Medical Center	Harris	West Houston Medical Center	Harris
Harris County Psychiatric Center	Harris	CHRISTUS Hospital (Beaumont)	Jefferson
Houston Northwest Medical Center	Harris	CHRISTUS Hospital (Port Arthur)	Jefferson
IntraCare Downtown (Medical Center) Hospital	Harris	Conroe Regional Medical Center	Montgomery
Intracare North Hospital	Harris	Memorial Hermann Prevention and Recovery Center – The Woodlands IOP	Montgomery
Kingwood Medical Plaza	Harris	Memorial Hermann The Woodlands Hospital	Montgomery
Memorial Hermann Heart & Vascular Institute Southwest	Harris		



Blue Medicare PPO

Major Characteristics

- Blue Medicare PPO Participating Physicians/Professional Providers may only collect for copayments, cost share (coinsurance) and deductibles, if applicable.
- To receive in-network benefits, Blue Medicare PPO Members must receive medical care from Blue Medicare PPO Participating Physicians/Professional Providers.
- Referrals are not required if Blue Medicare PPO Members receive medical care from Blue Medicare PPO Participating Physicians/Professional Providers. **NOTE:** Blue Medicare PPO Members may self-refer to Blue Medicare PPO Participating Specialty Care Physicians/Professional Providers.
- For Blue Medicare PPO Members to receive in-network benefits, referrals to out-of-network physicians/professional providers which are necessary due to network inadequacy or continuity of care must be authorized by the Utilization Management (UM) Department **prior** to the services being rendered.

How Will BlueCard Work With Blue Medicare PPO?

- BlueCard does not apply to Blue Medicare PPO.
- However, if a New Mexico Blue Medicare PPO Member sees a Texas Blue Medicare PPO physician/professional provider, the claim will process at the in-network benefit level. Similarly, if a Texas Blue Medicare PPO Member sees a New Mexico Blue Medicare PPO physician/ professional provider, the claim will process at the in-network benefit level.

Benefits, Eligibility or Claims Status

- To check benefits, eligibility or claims status, call Blue Medicare PPO Provider Customer Service @ **1-866-706-7745**

Blue Medicare PPO

Member ID Card

Sample Card

 <p>Blue Medicare PPOSM</p> <p>http://www.bcbstx.com/medicareppo.htm</p> <p><small>Blue Cross and Blue Shield of Texas refers to HCSC Insurance Services Company, which is a wholly owned subsidiary of Health Care Service Corporation, a Mutual Legal Reserve Company. These companies are independent licensees of the Blue Cross and Blue Shield Association and offer or provide services for Medicare Advantage and Part D products under HCSC Insurance Services Company's contract H4531 with the Centers for Medicare and Medicaid Services.</small></p>	<p>Blue Medicare PPOSM  BlueCross BlueShield of Texas</p> <hr/> <p>John Doe Effective Date XX/XX Member ID: ZGD123456789 Policy No. TX4531 Issuer (80840)</p> <p>MEDICARE ADVANTAGE PPO BS Plan Code 400 BC Plan Code 900</p> <p>Medicare charge limits may apply In-Network Copays \$10 for PCP Office Visit/\$30 for Specialist \$50 Outpatient Hospital Visit \$50 Emergency Care In/Out Network CMS_H4531_001</p> <p>MedicareRx <small>Prescription Drug Coverage</small></p> <p>Prime Therapeutics RX BIN 011552 RX PCN MPDXTX RXID 123456789</p>
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<p>Members: For customer service, claims information, or provider eligibility call 1-800-718-2031. TTY/TTD: 1-888-844-5530</p> <p>Submit medical paper claims to: Blue Medicare PPO, P.O. Box 3567, Scranton, PA 18503</p> <hr/> <p>Pharmacy benefits are administered by Prime Therapeutics. For pharmacy claims information or customer service call 1-888-277-5507. TTY/TTD: 1-800-693-3816</p> <p>Submit pharmacy paper claims to: Prime Therapeutics, P.O. Box 64813, St. Paul, MN 55164</p>	<p>Providers should bill Blue Medicare PPO and not original Medicare for services provided to this member.</p> <p>Providers: To pre-authorize medical services, call 1-800-441-9188. For pre-authorization of mental health and substance abuse treatment, call 1-800-528-7264. For pre-authorization of high-technology radiology services, call 1-800-859-5299.</p> <p>Provider customer service call 1-866-706-7745.</p> <p>Use the <i>Availity</i> health information network to electronically submit TX claims, PAYER ID CTXPPO. Call <i>Availity</i> at 1-877-334-8446.</p>
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- Note:**
- Office visit copayments: \$10 = Primary Care Physician; \$40 = Specialty Care Physician/Professional Provider
 - Office visit copayment is determined by how a physician/professional provider is contracted for BlueChoice.
 - If the physician is contracted for BlueChoice as a Primary Care Physician, the physician should collect the \$10 copayment.
 - If the physician/professional provider is contracted for BlueChoice as a Specialty Care Physician/Professional Provider, the physician/professional provider should collect the \$40 copayment.
 - If the physician is contracted as a Primary Care Physician and a Specialty Care Physician, then the physician should collect the \$10 copayment.

Blue Medicare PPO Member ID Card, *cont'd*

Blue Medicare PPO Participating Physicians/Professional Providers are encouraged to do the following:

- Ask for the Member's ID card at the time of each office visit;
- Copy both sides of the Member's ID card and place the copy in the Member's office file;
- Call the toll-free Blue Medicare PPO Provider Customer Service number indicated on the back of the Member's ID card to:
 - check benefits and eligibility
 - inquire about claim status or a claim problem
- Utilize the iEXCHANGE Web Application at www.bcbstx.com/provider or the iEXCHANGE Interactive Voice Response (IVR) phone system or call the UM Department at the toll free numbers indicated on the Key Contacts page for the following:
 - to obtain precertifications
 - to contact Case Management/Disease Management Programs, or
 - to notify Blue Medicare PPO within one (1) business day of an emergency hospital admission.
- In-Network benefits for an out-of-network provider due to extenuating circumstances such as network inadequacy or continuity of care must be preauthorized by UM. Please call the UM Department directly at the number indicated on the Key Contacts Page.
- For detailed information,
 - Access the BlueChoice Physician & other Professional Provider - Provider Manual on-line @ www.bcbstx.com/provider (under Provider Library area, select Provider Manuals, password “manual”), **and,**
 - Access the Blue Medicare PPO Supplement on-line @ www.bcbstx.com/provider (under Provider Library, select Blue Medicare PPO)

Claims Submission Information

- Blue Medicare PPO claims should be submitted electronically through the Availity Health Information Network for processing.
- Blue Medicare PPO Electronic Payor ID # – **TXPPO**
- For information on electronic filing of Blue Medicare PPO claims, contact the Availity Health Information Network @ 1-800-282-4548.
- Blue Medicare PPO 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. Blue Medicare PPO Physicians/Professional Providers may not seek payment from the Member for claims submitted after the **180** day claims filing deadline.
- Blue Medicare PPO may be submitted –
 - Electronically in the CMS National Standard Format (NSF) or the current version of the ANSI83 format or
 - on a completed version of the applicable CMS claim form and mailed to:

Blue Medicare PPO
P.O. Box 3567
Scranton, PA 18503

- Blue Medicare PPO claims (electronic & paper) must be filed with the Member's complete ID number - exactly as shown on the Member's ID card including the 3-digit alpha prefix – **ZGD**.
- Duplicate Blue Medicare PPO claims may not be submitted prior to the applicable 30-day (electronic) or 45-day (paper) claims payment period

Claim Disputes

- Blue Medicare PPO Participating Physicians/ Professional Providers may dispute a claims payment decision by requesting a claim review. If you have questions regarding a claims dispute, please contact the Blue Medicare PPO Provider Customer Service Department @ **1-866-706-7745**

Precertifications, Utilization Management, Case Management & Disease Management Programs

Precertification:

- Utilize the iEXCHANGE Web application at www.bcbstx.com/provider or the iEXCHANGE Interactive Voice Response (IVR) phone system at **1-800-413-0869**
- Current listings of Blue Medicare PPO Participating Physicians/Professional Providers are available on-line @ www.bcbstx.com/provider
- For more information on the precertification process,
 - refer to the enclosed copy of the BlueChoice Physician & other Professional Provider - Provider Manual or access the BlueChoice Physician & other Professional Provider - Provider Manual on-line @ www.bcbstx.com/provider (*under Provider Library area, select Provider Manuals, password “manual”*), and,
 - refer to the Blue Medicare PPO Supplement on-line @ www.bcbstx.com/provider (*under Provider Library area, select Blue Medicare PPO*)

Case Management, Disease Management Programs or Utilization Management:

- For Case Management or Disease Management Programs call **1-800-462-3275**, or
- For the Utilization Management (UM) Department call **1-800-441-9188**

If iEXCHANGE is unavailable,
call or fax information to the
following numbers:

- Precertification Phone.....1-800-441-9188
- Precertification Fax.....1-800-252-8815

Blue Medicare PPO Precertification Requirements List

Service	Precertification Requirements
Inpatient Hospital Admissions	YES
Ambulance Services	YES – Air Ambulance only
Bone Mass Measurement	NO
Chiropractic Services	NO
Colorectal Screening Exams	NO
Diabetes Self Monitoring Training and Supplies	NO
Doctor Office Visits (PCP or Specialist)	NO
Durable Medical Equipment	YES > \$2500
Emergency Care	NO
Home Health Care / Home Infusion Therapy (HIT)	YES
Hospice Care	YES
Immunizations (Flu, Hepatitis B for At Risk and Pneumonia)	NO
Laboratory Services (Outpatient)	NO
Mammograms (Annual Screening 40+)	NO
Out-of-Network Services	YES – If In-Network Benefit Level is Requested
Outpatient Services (Outpatient Facility Based Services not included on this list)	NO
Pap Smears and Pelvic Exams	NO
Podiatry Services	NO
Prostate Cancer Screening Exams	NO
Prosthetic Devices	YES > \$2500
Radiology Services (Outpatient)	YES – High Tech Imaging Services only
Rehabilitation (Outpatient)	YES – Home Setting only
Skilled Nursing (In a Medicare Certified Nursing Facility)	YES
Substance Abuse Care (Inpatient & Outpatient)	YES – All levels of care

NOTE: Whether the services are Medically Necessary must be determined before a precertification number will be issued. **Claims received that do not have a precertification number will be denied.** Blue Medicare PPO Physicians/Professional Providers may not seek payment from the Member when a claim is denied for lack of a precertification number.

Laboratory Services

- Laboratory Corporation of America (LabCorp) is the participating lab for **outpatient** clinical reference laboratory services
- For LabCorp locations or questions, contact LabCorp @ **1-888-LABCORP** or visit LabCorp's Web site @ www.labcorp.com

NOTE: If lab services are performed at the participating Physician's/Professional Provider's office, the Physician/Professional Provider may bill for the lab services. However, if the Physician's/Professional Provider's office sends the lab specimens to a contracted lab for completion, only the contracted lab can bill Blue Medicare PPO for the lab services.

Radiology Services

Outpatient, Non-Emergency Diagnostic High Tech Imaging Services

- American Imaging Management, Inc. (AIM) will be responsible for managing outpatient, non-emergency diagnostic high tech imaging services for Blue Medicare PPO Members.
- The ordering Physician/Professional Provider must contact American Imaging Management (AIM) to obtain a precertification number for the following outpatient, non-emergency diagnostic high tech imaging services when performed in a Physician's/Professional Provider's office, outpatient department of a hospital or a freestanding imaging center:
 - CT / CTA Scans
 - MRI / MRA Scans
 - SPEC / Nuclear Cardiology Studies
 - PET Scans

(NOTE: Whether the services are Medically Necessary must be determined before a precertification number will be issued. *Claims received that do not have a precertification number will be denied.* Blue Medicare PPO Physicians/Professional Providers may not seek payment from the Member when a claim is denied for lack of a precertification number.)

- To obtain a precertification number, contact AIM as follows:
 - Call Center:** 1-800-859-5299
 - Internet:** www.americanimaging.net
 - FAX:** 1-800-610-0050
- For a listing of imaging provider locations, contact AIM @ 1-800-859-5299 or www.americanimaging.net
- For routine radiology services that are not part of the precertification process above, refer to the enclosed BlueChoice Physicians and other Professional Provider – Provider Manual or access on-line @ www.bcbstx.com/provider (under Provider Library area, select Provider Manuals, password “manual”).
- For more detailed information, refer to the enclosed Blue Medicare PPO Supplement or access on-line @ www.bcbstx.com/provider (under Provider Library area, select Blue Medicare PPO).

Behavioral Health (Mental Health & Chemical Dependency)

- Magellan Behavioral Health, Inc. coordinates the behavioral health (mental health & chemical dependency) services for Blue Medicare PPO Members
- The Member's Participating Physician/Professional Provider must contact Magellan Behavioral Health, Inc. to obtain a precertification for inpatient and outpatient behavioral health services
- Precertification must be obtained **prior** to the delivery of inpatient & outpatient behavioral health services. To obtain precertification, call Magellan Behavioral Health, Inc. @ **1-800-528-7264**. *(NOTE: Whether the services are Medically Necessary must be determined before a precertification number will be issued. **Claims received that do not have a precertification number will be denied.** Blue Medicare PPO Physicians/Professional Providers may not seek payment from the Member when a claim is denied for lack of a precertification.)*
- To obtain benefits and eligibility call Blue Medicare PPO Provider Customer Service @ **1-866-706-7745**
- Blue Medicare PPO claims should be submitted electronically to Blue Medicare PPO
- Blue Medicare PPO Electronic Payor ID # - **TXPPO**
- If the behavioral health professional must file a **paper claim**, mail claim to: Blue Medicare PPO, P.O. Box 3567, Scranton, PA 18503
- For claims processing questions or status, call Blue Medicare PPO Provider Customer Service @ **1-866-706-7745**

Provider Identifier & Network Effective Date

- A minimum of 30 days advance notice is required when making changes affecting the Physician's/Professional Provider's BCBSTX status, especially in the following areas:
 1. Physical address (primary, secondary, tertiary);
 2. Billing address;
 3. National Provider Identification (NPI) number, Tax Identification Number or Social Security Number changes;
 4. Moving from Group to Solo practice;
 5. Moving from Solo to Group practice;
 6. Moving from Group to Group practice; and,
 7. Backup/covering Physicians/Professional Providers.
- Provider identifier effective date will be established as of the date the completed provider identifier application is received in the BCBSTX corporate office. This applies to additions, changes and cancellations.
- BCBSTX will not add, change or cancel information related to the provider identifier on a retroactive basis.
- Retroactive provider identifier 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 identifier.
- If the Physician/Professional Provider files claims electronically and their provider identifier has changed, the Physician/Professional Provider must contact Availity @ **1-800- 282-4548** to obtain a new EDI Agreement.
- For provider identifier questions or to obtain a provider identifier application, please contact the BCBSTX Provider Services department at **1-972-996-9610, press 3**.

Blue Medicare PPO Key Contacts

Blue Medicare PPO Provider Customer Service <i>(To obtain Benefits, Eligibility or Claims Status)</i>	1-866-706-7745 M-F 8am – 5pm CST & MST
Utilization Management (UM): <i>(Precertification)</i>	
<ul style="list-style-type: none"> • Percertification <ul style="list-style-type: none"> - iEXCHANGE Web Application - iEXCHANGE Interactive Voice Response System 	www.bcbstx.com/provider 1-800-413-0869
- Precertification <i>(If iEXCHANGE system is unavailable)</i>	1-800-441-9188
- Precertification Fax	1-800-252-8815
- Case Management/Disease Management Programs	1-800-462-3275
- Case Management/Disease Management Programs Fax	1-800-778-2279
American Imaging Management (AIM):	
- Call Center	1-800-859-5299
- Internet	www.americanimaging.net
- Fax	1-800-610-0050
Laboratory Corporation of America (LabCorp)	1-888-LABCORP
- LabCorp's Web site Address	www.labcorp.com
Electronic Claim Questions or Problems	
<ul style="list-style-type: none"> - Availity Health Information Network - Availity Web site Address 	1-800-282-4548 www.availity.com
Blue Medicare PPO Claim Address <i>(For submission of paper claims)</i>	Blue Medicare PPO P.O. Box 3567 Scranton, PA 18503
Behavioral Medicine (BH):	
<ul style="list-style-type: none"> - Magellan Behavioral Health, Inc. <i>(For Precertification of Inpatient & Outpatient Care)</i> 	1-800-528-7264
- Blue Medicare PPO Provider Customer Service <i>(To Obtain Benefits, Eligibility or Claims Status)</i>	1-866-706-7745
Provider Status <i>(To verify, access the On-line Provider Directory)</i>	www.bcbstx.com/provider
CMS Web site	www.cms.gov



**BlueCross BlueShield
of Texas**

**Thank you for reviewing the
orientation presentation.**

Should you have any questions or need
additional information, please contact
your local Professional Provider
Network office.