BlueCross BlueShield
of Texas

PROVIDER ORIENTATION

Blue Essentials^{SM}, Blue Essentials Access^{SM}, Blue Advantage HMO^{SM}, Blue Advantage Plus HMO^{SM}, Blue Premier^{SM}, Blue Premier Access^{SM} & MyBlue Health^{SM} Networks

WELCOME!

Blue Cross and Blue Shield of Texas wants to thank you for becoming a participating provider in our network(s).

Please take this opportunity to get familiar with the following information that will assist you in servicing your patients, our members:

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What Should You Know As a Provider:
Network Descriptions

Primary Care Provider - Subject to the exceptions below **Blue Essentials, Blue Premier, Blue Advantage HMO** and **MyBlue Health r**equire members to select a PCP to direct their care to utilize in-network benefits. A referral or prior authorization is required for many services. Services rendered by out-of-network providers may not be covered without plan approval.

Physician Organization (PORG): Some member ID cards may indicate a PORG. This PORG may indicate that the member should seek care within the PORG's physician organization.

Limited Provider Networks: Some PORG's may be affiliated with a capitated IPA/Medical Group. Health care providers may need to contact the IPA/Medical Group for instructions.

Blue Premier Access Plan - This is an "open access" plan and does not require selection of a PCP or referrals to specialists for services to in-network providers in that plan. Out-of-Network benefits are not available.

Blue Advantage Plus HMO- This plan requires members to select a PCP to direct care their care with referrals to to in-network providers. However, members in this plan can self-direct their care without a referral under their out-of-network benefits at a higher member cost share.

For more information related to PCP requirements and referrals for these plans refer to the HMO Plans - PCP Selection and Referral Requirements tool.

Employee Retirement System of Texas (ERS) - Texas ERS participant's benefits plans utilize the Blue Essentials network. ERS participants can select the following benefit plans:

- **HealthSelect of Texas®** requires selection of a PCP and referrals to Blue Essentials providers for in-network services. Out-of-network benefits are at a higher member cost share.
- **Consumer Directed HealthSelect^{SM}** is an "open access" plan which does not require a PCP selection and referrals are not required when accessing Blue Essentials providers for in-network benefits. Out-of-network benefits may be at a higher member cost share

Providers should refer to the ERS Tools page for specific plan and other related information.

Teacher Retirement System of Texas (TRS) - TRS participants with the TRS-ActiveCare Primary or TRS-ActiveCare Primary+ Plans utilize Blue Essentials providers for in-network services. Care is directed by a PCP and referrals are required. Refer to the TRS Tools page for more information.

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Keep Up to Date

Go paperless to receive new information and submit provider information electronically! Here's how:

Provider Contact Information: Be sure BCBSTX has your current email address on file. You can submit email addresses and other demographic changes using our Demographic Change Form. A User Guide is available for assistance in completing the form. By providing your email address you will get our *Blue Review* newsletter monthly in your email. The *Blue Review* provides timely and relevant messaging related to:

- New products, programs and services available
- Notification of changes as required by contract or other mandates
- Member initiatives and patient resources.
- Reminders to make office practices easier.

Disclosure Notices - Notifications posted to the provider website as required by state or federal regulations or contractual requirements. Providers should periodically check the website for Disclosure Notices.

***Blue Review* Newsletter** - We post the *Blue Review* on our website monthly as well as emailing to providers. Make sure we have your current email on file to receive this newsletter electronically in your email box.

News and Updates - We want to keep you informed on new changes to BCBSTX as well as provide helpful information while treating patients/members. Be sure to check News and Updates periodically.

Want to learn more? We have free webinars every month on Availity tools such as submitting claims, reviewing remittance advices and checking claim status. We also offer periodic training and CME/CEU sessions. Check out the Provider Training and Continuing Education page for upcoming sessions.

Provider Tools

Provider Tools - We provide online tools to identify members and put all your claim information at your fingertips including claim status, submitting adjustments and refunds and reviewing processing remittances. Many of these tools are available via a single sign-on through Availity. Using Availity® Essentials providers can navigate eligibility and benefits, authorizations and referrals, claim processing and management. Register and get access to this time-saving, **free** tool.

- Eligibility & Benefits - BCBSTX strongly recommends for providers to check patient eligibility and benefits before every scheduled service via Availity or their preferred electronic vendor. Eligibility and benefit quotes may include checking membership, coverage status, prior authorization requirements and determination that the provider is in-network for the patient's policy. It also includes other important information, such as an applicable copayment, coinsurance and deductible amounts. These 270 transactions can be submitted via Availity.
- Electronic Commerce via EDI, ERA & EFT – Submit claims electronically online via Electronic Data Interchange. Use Electronic Funds Transfer to get your funds quickly by electronically transferring to your bank accounts. Electronic Remittance Advice enables your office to receive claim payment and remittance details online and post them to your patient accounting system.
- Availity's Authorizations & Referrals tool (HIPAA-standard 278 transaction) - Allows the electronic submission of inpatient admission, select outpatient services for prior authorization or recommended clinical reviews and referral requests handled by BCBSTX. Providers can also check the status of previously submitted requests and/or update applicable existing requests.

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Provider Tools, cont.

- Availity Attachment Tool – Providers can quickly submit recommended clinical review requests, medical records, itemized billing statements and other forms to assist with more efficient and timely responses.
- Availity Claim Status Tool - Provides the equivalent of an Explanation of Benefits (EOB), including line item breakdowns and detailed denial descriptions.
- Availity Fee Schedules - Allows in-network professional providers to electronically request a range of up to 20 procedure codes and immediately receive the contracted price allowance for the patient services you perform. Electronic Refund Management (eRM) - eRM is a method of simplifying overpayment processing.
- Clear Claim Connection - Clear Claim Connection (C3) is a free online reference tool, that mirrors the logic behind our code-auditing software ClaimsXten^{TM}. Use C3 to help determine how coding combinations on a claim may be evaluated during the adjudication process.
- Patient Care Summary - Uses claim-based information to provide you with a view of a patient's health care history at the point of care. This electronic health record can help you identify gaps in care, missed prescription refills and possible drug interactions, and other "clinical flags" and treatment opportunities.
- Patient Cost Estimator - Online member liability estimator that can help professional and institutional providers estimate a patient's potential out-of-pocket costs in real-time for office, inpatient and outpatient services.
- Patient ID Finder – Allows providers to obtain the BCBSTX patient ID number and group number by entering patient-specific data elements.
- Provider Correspondence Viewer - Allows providers to view, download and/or save specific documents related to the NPI and Tax ID associated with your Availity registration
- Provider Data Management - Allows professional providers to quickly update, validate and attest to the accuracy of their information on file with BCBSTX.

BCBSTX Provider Website

The BCBSTX Provider Website is an important tool to get up to date information on being a provider with BCBSTX. Use the following navigation menus to access the most current information available:

HOME – Find important links to navigate the site. Get quick links to News and Updates, Government Programs, Provider Finder®, Policies, Employees Retirement System of Texas (ERS), Teacher Retirement System of Texas (TRS) and Provider Training Opportunities.

Network Participation – Learn about our various products, how to join additional networks, credentialing and recredentialing **and** how to update your information.

Claims & Eligibility – Get information on servicing members from checking eligibility and benefits, determining prior authorization requirements to our electronic options, claim tips, claim adjustments and BlueCard®.

Education & Reference – Learn how to use our tools, find forms, view ID card samples, get new updates in our News and Updates and *Blue Review* newsletter as well as available training sessions.

Clinical Resources – Learn about authorization vendors, understand our behavioral health program as well as taking advantage of preventive guidelines and quality improvement initiatives including HEDIS® Tip Sheets.

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BCBSTX Provider Website
Pharmacy Program – Locate information about our primary Pharmacy Benefit Manager, Prime Therapeutics L.L.C. and details about our covered drug lists, dispensing limits, specialty drug programs and the Step Therapy Program.   Standards & Requirements – Find Disclosure Notices and Clinical Payment and Coding Policies and Medical Policies. Under the General Reimbursement Information section, you can locate the provider manuals, request fee schedules and find detailed fee schedule information.   **Note**: For more detailed information in the General Reimbursement section, you will need to enter our secure area via a password. You can obtain the password from your local **Network Management Office Location** located on the Contact Us page.   Reference Guides and Quick Links — Bookmark the Reference Guides and Quick Links page for quick links to important information throughout our provider website and our handy Quick Reference Guides by network under the Quick Reference Guides link that provides general claim, eligibility/benefits, prior authorizations and behavioral health information.

Provider Manual
Our Provider Manual is a detailed source of information regarding these networks. You can locate the manual under the **Standards and Requirements** tab, select Manuals, then select the **Blue Essentials, Blue Advantage HMO, Blue Premier and MyBlue Health - Provider Manual**.

Behavioral Health Program
Refer to the Behavioral Health Program page on the provider website for guidelines. Certain services may require prior authorization and can be submitted using Availity Authorizations & Referrals or by calling the number on the back of the member's ID card.

Clinical Payment & Coding Policies
Clinical Payment and Coding Policies serve as a reference to assist providers on reimbursement and coverage information. Be sure to review the various CPCP's when providing services to our members. Also, watch for periodic updates to the CPCP page.

Medical Policies and Recommended Clinical Review
Medical Policies are used to make benefit coverage determinations and are based on data from the peer-reviewed scientific literature, from criteria developed by specialty societies and from guidelines adopted by other health care organizations. Providers can submit an optional Recommended Clinical Review when you are not sure about coverage or whether we may or may not consider the service/procedure medically necessary.

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Provider Finder®
Provider Finder is a directory of providers participating in the Blue Essentials, Blue Advantage HMO, Blue Premier or MyBlue Health networks. If you need assistance, review the Provider Finder User Guide.   • Providers use it to locate in-network specialists, ancillary or facility providers to refer members for further treatment or services   • Members use it to find you.   • As part of the Consolidated Appropriations Act, providers are required to verify their provider directory information every 90 days. Refer to the Verify and Update your Information page for how to submit changes using the Provider Data Management feature via Availity or using the Demographic Change Form.

Utilization Management

Utilization Management (UM) includes details on prior authorizations, recommended clinical reviews and post-service reviews of services for medical necessity.
 	
 • Check for authorization requirements online through Availity or your preferred vendor. Authorizations may be required via BCBSTX UM or Carelon.
 • Refer to the Utilization Management page for additional information including:
   ❖ Lists of services that may require prior authorization or recommended clinical reviews
   ❖ How to submit requests online and by phone
   ❖ Who to contact for prior authorization or RCR

Contact Us
If you are unable to find the information you need on the provider website or need assistance with eligibility and benefits or claims and are unable to resolve using the electronic options: **Contact Provider Customer Service** at **1-800-451-0287.**   Utilize Contact Us on the provider website for contact and mailing information for claims, customer service, utilization management and various external vendors including Alacura, Carelon and Availity. And most importantly, if you have questions regarding this orientation, our networks or your contract, you can locate your local Network Management Office Location on **Contact Us**.

PROVIDER ORIENTATION WEBLINKS
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TOPIC	WEBLINK:
Availity	www.availity.com
Availity Authorizations & Referrals	https://www.bcbstx.com/provider/education/education/tools/availity-authorizations
Availity Attachment Tool	https://www.bcbstx.com/provider/education/education/tools/availity-attach-submit-predet-bene-req-online
Availity Claim Status Tool	https://www.bcbstx.com/provider/claims/claims-eligibility/claim-status
Behavioral Health Program	https://www.bcbstx.com/provider/clinical/clinical-resources/behavioral-health
Blue Essentials, Blue Advantage HMO, Blue Premier & MyBlue Health Provider Manual	https://www.bcbstx.com/provider/standards/standards-requirements/manuals/hmo-manual
Blue Review Newsletter	https://www.bcbstx.com/provider/education/education/bluereview
Claims & Eligibility	https://www.bcbstx.com/provider/claims/claims-eligibility/claims
Clear Claim Connection	https://www.bcbstx.com/provider/claims/claims-eligibility/submit/clear-claim-connection
Clinical Payment & Coding Policies	https://www.bcbstx.com/provider/standards/cpcp.html
Clinical Resources	https://www.bcbstx.com/provider/clinical/clinical-resources/clinical
Contact Us	https://www.bcbstx.com/provider/contact-us
Demographic Change Form	https://hcscproviderintake.secure.force.com/txDemographUpdate
Disclosure Notices	https://www.bcbstx.com/provider/standards/standards-requirements/disclosures
Education & Reference	https://www.bcbstx.com/provider/education/education/education
Electronic Commerce	https://www.bcbstx.com/provider/claims/claims-eligibility/edi-commerce
Electronic Data Interchange (EDI)	https://www.bcbstx.com/provider/claims/claims-eligibility/edi-commerce/edi-transactions
Electronic Funds Transfer & Electronic Remittance Advice	https://www.bcbstx.com/provider/claims/claims-eligibility/edi-commerce/era

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TOPIC	WEBLINK:
Electronic Refund Management	**https://www.bcbstx.com/provider/claims/claims-eligibility/edi-commerce/erm**
ERS Tools	**https://www.bcbstx.com/provider/education/education/ers-tools**
Fee Schedules Via Availity	**https://www.bcbstx.com/provider/education/education/tools/fee-sched-via-availity-prof-pvdrs**
HMO Plans- PCP Selection and Referral Requirements	**https://www.bcbstx.com/docs/provider/tx/network/hmo-pcp-referral-req.pdf**
ID Card Samples	**https://www.bcbstx.com/provider/education/education/id-card-samples**
Medical Policies	**https://medicalpolicy.bcbstx.com/disclaimer?corpEntCd=TX**
Network Participation	**https://www.bcbstx.com/provider/network/network/network-participation**
News & Updates	**https://www.bcbstx.com/provider/education/education/news**
Patient Care Summary	**https://www.bcbstx.com/provider/education/education/tools/careprofile**
Patient Cost Estimator	**https://www.bcbstx.com/provider/claims/claims-eligibility/carecost-estimator**
Patient ID Finder	**https://www.bcbstx.com/provider/education/education/tools/patient-id-finder**
Pharmacy Program	**https://www.bcbstx.com/provider/pharmacy/pharmacy-program/pharmacy**
Provider Data Managment	**https://www.bcbstx.com/provider/education/education/tools/provider-data-mgmt**
Provider Finder	**https://www.bcbstx.com/find-a-doctor-or-hospital**
Provider Finder User Guide	**https://www.bcbstx.com/docs/provider/tx/network/provider-finder-user-guide.pdf**
Provider Tools	**https://www.bcbstx.com/provider/education/education/tools**
Provider Training & Continuing Education	**https://www.bcbstx.com/provider/education/education/training**

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TOPIC	WEBLINK:
Provider Website	**https://www.bcbstx.com/provider**
Quick Reference Guide	**https://www.bcbstx.com/provider/education/education/training/ product-group-ref**
Recommended Clinical Review	**https://www.bcbstx.com/provider/claims/claims-eligibility/um/ rcr-option**
Reference Guides and Quick Links	**https://www.bcbstx.com/provider/education/education/training/ reference-guide**
Standards & Requirements	**https://www.bcbstx.com/provider/standards/standards-requirements/standards**
TRS Tools	**https://www.bcbstx.com/provider/education/education/trs-tools**
Utilization Management	**https://www.bcbstx.com/provider/claims/claims-eligibility/um**

Carelon Medical Benefits Management is an independent company that has contracted with BCBSTX to provide utilization management services for members with coverage through BCBSTX.

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.

Alacura Medical Transportation Management, LLC. is an independent company that has contracted with Blue Cross and Blue Shield of Texas to provide utilization management services for members with coverage through BCBSTX.

BCBSTX makes no endorsement, representations or warranties regarding any products or services provided by third party vendors.

Please note that checking eligibility and benefits, and/or the fact that a service or treatment has been prior authorized or has a recommended clinical review is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered. If you have questions, contact the number on the member's ID card.