

Consumer Directed HealthSelectSM (CDHS) Quick Reference Guide

MAIN CHARACTERISTICS

Employees Retirement System of Texas (ERS) offers two **Consumer Directed HealthSelect (CDHS)** Plans to its participants which are paired with a Health Savings Account (HSA) administered by Optum Bank:

- In-state plan utilizing the Blue EssentialsSM network
- Out-of-state option utilizing the BCBS PPO network

Important information about the **CDHS**:

- The Provider Claim Summary (PCS) will notify you of any patient responsibility.
- To receive network benefits, **CDHS** participants must receive medical care from a physician, professional provider, facility, or ancillary provider within their applicable network. Eligible providers may only bill **CDHS** participants for deductibles, coinsurance and non-covered services.

Important information about an HSA

- An HSA can be funded by the plan, the participant or by both.
- An HSA provides an account which may be used to pay for service for which participants have financial responsibility including but not limited to copays, coinsurance, and deductibles.
- Eligible HSA services can be found on the [IRS](#) website.
- The participant may access available funds by use of a debit card issued by the HSA administrator.

For additional information, refer to the [Blue EssentialsSM](#), [Blue Advantage HMOSM](#), [Blue PremierSM](#) and [MyBlue HealthSM Provider Manual](#), **Section M - Employees Retirement System of Texas (ERS) Participants Benefit Plan using Blue Essentials Network.**

BENEFITS AND ELIGIBILITY

- Eligibility and benefit information may be obtained through [Availity[®] Essentials](#) or a web vendor of your choice or by calling **HealthSelect of Texas 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.*
- Patient eligibility and benefits should be verified prior to every scheduled appointment.

CLAIM SUBMISSIONS

- All claims should be submitted electronically. **BCBSTX Payor ID: 84980**
- If the provider must submit a paper claim, mail claim to:
Consumer Directed HealthSelect of Texas, PO Box 660044 Dallas, TX 75266-0044
- **For Blue Essentials contracted providers**, 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 [Claim Reconsideration Requests](#) when available
 - By mailing a **Claim Review** form which is located on the BCBSTX provider website. Select **Education & Reference** then select **Forms**.
 - By calling **BCBSTX 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, ERS no longer has 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 is available for select outpatient or inpatient services and determine if they are managed by Medical Management with BCBSTX or Carelon Medical Benefit Management (Carelon).
- 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 Mental Health and Substance Use Disorders see additional section below.
- To submit recommended clinical review requests for inpatient and outpatient services managed by:

BCBSTX Medical Management:

1) Submit electronically using:

(a) [BlueApprovRSM](#)

- Log into [Availity](#)
- Select **Payer Spaces** from the navigation menu and choose **BCBSTX** within **Payer Spaces**, select the **Applications** tab and **Blue ApprovR**
- For more information, refer to **BlueApprovR** under **Provider Tools** on the provider website.

(b) [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 [Care Provider Portal](#)

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 submitting clinical information for existing requests.

ProgenyHealth

ProgenyHealth manages NICU admissions and concurrent review for admits after Sept. 1, 2024. Providers can notify them via fax at **1 (855)732-8182**.

LABORATORY AND RADIOLOGY SERVICES

- All Plan providers should refer participants to in-network lab or radiology providers for outpatient services. To locate participating providers in the Plan network, visit [Provider Finder[®]](#).
- Some lab and radiology services may be applicable to recommended clinical review through BCBSTX or Carelon.
- The following are participating statewide outpatient clinical labs for **Consumer Direct HealthSelect** participants:
 - Quest Diagnostics, Inc. - For locations and questions contact Quest at **1-888-277-8772** or visit Quest's website at <http://www.questdiagnostics.com>.
 - Clinical Pathology Laboratory (CPL) – For locations or questions, contact CPL at **1-800-595-1275** or visit CPL's website at www.cpllabs.com.
 - LabCorp for locations and questions, contact **1-888-LabCorp** or visit LabCorp's website at www.labcorp.com.
- For additional information, refer to the [Blue Essentials, Blue Advantage HMO, Blue Premier and MyBlue Health Provider Manual](#).

MENTAL HEALTH OR SUBSTANCE USE DISORDER SERVICES

- Effective Sept. 1, 2024, prior authorization is no longer required. Providers are encouraged to submit RCR requests **prior** to the delivery of care including all inpatient, partial hospitalization and outpatient behavioral health services.
- No referrals are needed from the PCP.
- To obtain RCR, check benefits, eligibility, and claims status/problems call **1-800-528-7264**.
- The health care provider is responsible for filing claims.
- Submit electronically using BCBSTX Electronic Payor ID: 84980
- Mail paper claims to: **Blue Essentials** PO BOX 660044 Dallas, TX 75266-0044
- Note: Claim status may be obtained through the Availity Essentials Claim Status tool or a web vendor of your choice.

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/essentials](https://www.availity.com/essentials).
 - Paper claims must be submitted on the Standard CMS-1500 (02/12) or UB-04 claim form.
- All claims must be filed with the insured's complete unique ID number including the 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 subscribers 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, investigational or otherwise unproven or excluded services; and
- Not bill either BCBSTX or subscribers for covered services which are not medically necessary.

BCBSTX encourages the provider's office to:

- Ask for the subscriber's ID card at the time of a visit.
- Copy both sides of the participant ID card and keep the copy with the patient's file,
- Eligibility and benefits requests, contact [availity.com](https://www.availity.com) or a web vendor of your choice or call the toll-free Provider Customer Service number indicated on the subscriber's ID card.
- Claim Status may be obtained through the [Availity Essentials Claim Status Tool](#) or a web vendor of your choice.
- Utilize [BlueApprovR](#) or [Availity Authorization & Referrals](#) at www.availity.com or call 1-855-896-2701 to obtain referrals and recommended clinical reviews where applicable for outpatient services and inpatient admissions, maternity care, or for notification within 48 hours of an emergency hospital admission. For case management, call the Medical Care Management Department at 1-800-344-2354.

Provider Record ID 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; moving from Group-to-Group practice; and backup/covering providers. Utilize the [Demographic Change Form](#) to submit changes.
- New Provider Record ID effective dates will be established as of the date the completed application 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.

ADDITIONAL INFORMATION - continued**Provider Record ID and Network Effective Dates (cont.):**

- 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 the Availity Health Information Network at **1-800-282-4548** to obtain a new EDI Agreement.
- Submit a Provider Onboarding Form to obtain a Provider Record ID. Please visit the Network Participation page on our website for more information.

BlueCard® (Out-of-State Claims):

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

***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 of the necessary information. For detailed information, refer to the

Blue Essentials, Blue Advantage HMO, Blue Premier and MyBlue Health Provider Manual online at <https://www.bcbstx.com/provider/standards/standards-requirements/manuals/hmo-manual>.

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 is an independent company that has contracted with BCBSTX to provide utilization management services for participants with coverage through BCBSTX.

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

Please note that checking of eligibility and benefits information, and/or the fact that any pre-service review has been conducted, is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the participant's eligibility and the terms of the participant's certificate of coverage applicable on the date services were rendered.