

Teacher Retirement System of Texas: TRS-ActiveCare Primary and TRS-ActiveCare Primary+ 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, prior authorization, 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.

Major Characteristics	Benefits, Eligibility, Claims Status or Verification	Claim Reviews, All Correspondence	Prior Authorizations and Referrals (See "Important Note" above)	Laboratory and Radiology Services	Behavioral Health Services (Mental Health and Chemical Dependency)
<ul style="list-style-type: none"> Blue Cross and Blue Shield of Texas (BCBSTX) TRS-ActiveCare Primary and Primary + participant's ID cards will display TRS logo and T2U prefix. These are self-funded plans. TRS-ActiveCare Primary and Primary+ participants must select a Primary Care Provider (PCP) in the statewide Blue EssentialsSM 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 may be 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 TRS-ActiveCare 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. 	<ul style="list-style-type: none"> Obtain eligibility and benefits through Availity[®] or your preferred vendor or call BCBSTX TRS-ActiveCare Primary and Primary+ Provider Customer Service at 1-877-299-2377. <i>To access eligibility and benefits, you must have participant's full information, i.e., participant's ID, patient date of birth, etc.</i> Claim status may be obtained through the Availity Claim Status Tool or a web vendor of your choice. To adjust a claim, call BCBSTX TRS-ActiveCare Primary and Primary + Provider Customer Service at 1-877-299-2377. <i>To adjust a claim, you must have a document control number (claim number)</i> Verification of benefits does not apply to administrative services only (ASO) plans. All claims should be submitted electronically. BCBSTX Electronic Payor ID: 84980 If the health care provider must file a paper claim, mail claim to: Blue Essentials P.O. Box 660044 Dallas, TX 75266-0044 TRS-ActiveCare Primary and Primary+ 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. Health care providers must submit a complete claim for any services provided to a participant. Blue Essentials participating health care providers may not seek payment from the participant for claims submitted after the 180-day filing deadline. 	<ul style="list-style-type: none"> Claim Reviews/ Correspondence should be sent to: BCBSTX P.O. Box 660044 Dallas, TX 75266-0044 The Claim Review form with instructions is located on the BCBSTX provider website at www.bcbstx.com/provider/education/education/forms. 	<ul style="list-style-type: none"> Health care providers should use Availity or their preferred vendor to determine if prior authorization or referrals are required and how to submit them. Some services may be subject to a Prior Authorization Exemption. Refer to the Prior Authorization Lists for Administrative Services Only Plans (ASO) under Utilization Management on the provider website for additional information. Refer to How to Submit Prior Authorizations for details on submitting requests. Current listings of health care providers and their NPI numbers are available online through Provider Finder[®]. For case management or to contact the BCBSTX Medical Care Management Dept., call 1-855-896-2701. 	<p>(IPAs/Medical Groups, see "IMPORTANT NOTE" above.)</p> <p>Laboratory Services</p> <ul style="list-style-type: none"> Providers should refer outpatient lab services to in-network participating Blue Essentials lab providers. To locate participating labs in the MyBlue Health network, visit the Provider Finder. <p>Radiology Services</p> <ul style="list-style-type: none"> Providers should use Availity or their preferred vendor to determine if prior authorization is needed for Radiology services. <p>Refer to Section B (d) of the Blue EssentialsSM, Blue Advantage HMOSM, Blue PremierSM and MyBlue HealthSM Provider Manual for more information.</p>	<ul style="list-style-type: none"> Prior authorization must be obtained before the delivery of care including all inpatient, partial hospitalization and outpatient behavioral health services. To obtain prior authorization, check benefits, eligibility or claims status/problems call 1-800-528- 7264 The patient, PCP or behavioral health professional must prior authorize all inpatient, partial hospitalization and outpatient behavioral health services. The health care provider is responsible for filing claims. <ul style="list-style-type: none"> Electronically using BCBSTX Electronic Payor ID: 84980 Mail paper claims to: TRS-ActiveCare P.O. Box 660044 Dallas, TX 75266044 <p>Note: Claim Status may be obtained through the Availity Claim Status Tool or your preferred vendor.</p>

This guide is intended to be used for quick reference and may not contain all the necessary information. For detailed information, refer to the Blue Essentials, Blue Advantage HMO, Blue Premier MyBlue Health Provider Manual online at <https://www.bcbstx.com/provider/standards/standards-requirements/manuals>.



Claims Submission:

- All claims should be submitted electronically. The Electronic Payor ID for BCBSTX is **84980**.
 - For support relating to claims that are being sent to the Availity® platform, submitters should contact Availity Client Services at **1-800-282-4548**.
 - 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.
- Paper claims must be submitted 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 before the applicable 30-day (electronic) or 45-day (paper) claims payment period.
- If services are rendered directly by the health care provider, the services may be billed by the health care provider. However, if the health care provider does not directly perform the service and the service is rendered by another health care provider, only the rendering health care provider can bill for those services. **Note:** This does not apply to services provided by an employee of a health care 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 health care provider.

ParPlan is a Blue Cross and Blue Shield of Texas (BCBSTX) payment plan under which health care providers agree to:

- File all claims electronically for BCBSTX patients;
- Accept the BCBSTX allowable amount;
- Bill members 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 health care 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.

BCBSTX encourages the health care provider's office to:

- Ask for the participant's ID card at the time of a visit;
- Copy both sides of the participant's ID card and keep the copy with the patient's file;
- Check eligibility & benefits, determine prior authorization requirements or inquire on claims status and/or claim problems by using Availity or your preferred electronic connectivity vendor or call the toll-free Provider Customer Service number indicated on the participant's ID card.
- Claim status may be obtained through the Availity Claim Status tool or your preferred vendor.
- For Claim Adjustments, call Provider Customer Service at **1-877-299-2377***
- Utilize How to Submit Prior Authorizations or Predeterminations on the provider website under [Utilization Management](#) when prior authorization is required.
- For case management, call the Medical Care Management Department at **1-855-896-2701**.

Provider Record and Network Effective Dates:

- A minimum of 30 days' notice is required when making changes affecting the health care provider's BCBSTX status, especially in the following areas: (1) Physical address (primary, secondary, tertiary); (2) Billing address; (3) NPI and Provider Record ID 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 health care providers.
- **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 a health care provider changes their provider record ID and they file claims electronically, they 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. Please visit the [Network Participation](#) page on our website for more information.

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

***To adjust a claim, you must have a document control number (claim number).*

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