Answers to Benefits Coordinators’ questions about the HealthSelect transition to Blue Cross and Blue Shield of Texas (BCBSTX)

The following are answers to general questions from Benefits Coordinators and others who participated in the June 6, 2017 ERS webinar about the HealthSelect transition to Blue Cross and Blue Shield of Texas (BCBSTX).

General information

Q: Where can a participant find information about the changes that will take place as part of the transition to BCBSTX effective September 1, 2017?

A: You and participants can find information about the transition to BCBSTX at www.bcbstx.com/hs. Also, BCBSTX representatives are available via phone at (800) 252-8039 or via live chat on the website.

The ERS website also has information about the transition, including a Q&A section and a PDF flier that can be downloaded. To download the flier, click on “Answers to questions about the transition” at the upper right side of the page.

Employees will receive detailed information, including this flier, in their Summer Enrollment packets before their enrollment phase begins.

Please encourage your employees to read this information and call BCBSTX if they have additional questions. Information also will be provided at Summer Enrollment fairs.

HealthSelect network

Q: How can my employees find out if their doctors or other providers will be in the BCBSTX network?

A: They should go to www.bcbstx.com/hs and click on “find a doctor or hospital” in the Find a Provider box. Then click on the box for their plan to see if their provider(s) has signed up to be in the BCBSTX network after September 1.

Q: Does a participant need to take any action if their PCP or providers are in-network?

A: No. A participant does not need to take any action if their providers will be in the BCBSTX HealthSelect network. PCP designation information will transfer from UnitedHealthcare to BCBSTX and members whose PCPs are in-network with BCBSTX will receive new ID cards in August. The ID cards will include the name of the each participant’s PCP.

Q: What do participants do if their provider was previously in-network but does not show in the BCBSTX network?

A: BCBSTX is continuing to add providers to the network, so participants should continue to check to see if their provider has signed up. If a provider does not sign up for the BCBSTX network, the participant will need to choose a new provider to receive in-network coverage. They can continue to see a non-network provider, but they will pay more.

Participants can fill out and submit the Nominate a Provider Form on the BCBSTX website.

Please keep in mind:

• The recommendation does not guarantee that the provider will be accepted into the network.
• It may take up to 90 days for the provider to be accepted into the network.
• Providers must meet all established credentialing requirements.
• Providers must agree to all contract provisions, policies and procedures.
ID Cards

Q. When will new ID cards be sent?

A. In late August, BCBSTX will mail medical ID cards and Optum RX will mail pharmacy ID cards to every participant enrolled in HealthSelect of Texas and Consumer Directed HealthSelect. Participants should use these separate medical and pharmacy cards beginning September 1, 2017.

Q: What should you do if you do not receive an ID card by September 1, 2017?

A: Call a Personal Health Assistant at 800-252-8039 or log into the secure website, which will be available after September 1, to print a temporary ID card and/or request a new card.

Transition of Care

Q: What if a participant is pregnant or has a serious health condition such as cancer or heart disease, and the provider they currently seek care from under UnitedHealthcare will be out-of-network under BCBSTX?

A: First check to see if the providers will be in the BCBSTX network. If so, the participant can continue care with that provider and still receive in-network benefits after September 1.

If a provider is not in the BCBSTX network, a participant may be eligible to continue care with that provider and receive in-network benefits for a period of time. To apply for transition of care benefits, participants need to complete the Transition of Care form. The form is available at www.bcbstx.com/hs on the Publications and Forms page.

A BCBSTX Personal Health Assistant will contact participants who submit a Transition of Care form additional information is needed. A BCBSTX clinician will contact the provider listed on the form to confirm medical information.

If a participant is approved for transition of care benefits, network benefits will be available for up to 90 days after September 1, 2017. After this, the participant’s benefits will be determined by BCBSTX.

Participants will receive an approval or denial of their Transition of Care forms verbally from a BCBSTX clinician once their form is reviewed. BCBSTX will send a letter to the participant with approval or denial information once BCSBTX receives the member’s eligibility information from ERS beginning in early August.

Q: What conditions are considered for transition of care?

A: Medical conditions that typically qualify for transition of care include:

- Existing pregnancy in the 2nd or 3rd trimester, or high risk pregnancy;
- Members currently under the care of an oncologist and receiving a course of chemotherapy or radiation therapy;
- Members who have a terminal illness with a prognosis of six (6) months or less to live;
- Members still inpatient in a hospital on August 31, 2017; and
- Transplant candidates.

Each case is considered on an individual basis depending on the specifics of the condition itself.
Referrals and Prior Authorizations

Q: Will participants need to get a new prior authorization or referral if they already have one from UnitedHealthcare?

A: Referrals and prior authorizations issued by UnitedHealthcare that extend beyond September 1, 2017, will be transferred to BCBSTX.

If the provider on the referral or prior authorization is still in the BCBSTX network, the referral/prior authorization will be honored through the original expiration date. If the provider on the referral/prior authorization will no longer be in the BCBSTX network, it will be honored and participants will get in-network benefits for that service for up to 90 days (November 30, 2017) or until the original referral or prior authorization end date, whichever comes sooner.

After 90 days, participants will need to get a new referral or prior authorization from BCBSTX.

BCBSTX will send letters to participants who have open referrals and prior authorizations with providers outside of the BCBSTX network to recommend changing to an in-network provider.

Q: Which services do not need a referral?

A: Referrals are not required for:

- Routine eye exams
- OB/GYN visits
- Visits to ophthalmologists and optometrists
- Mental health counseling
- Occupational, physical and speech therapy
- Chiropractic visits
- Virtual visits
- Urgent care centers and convenience care clinics

Participants enrolled in Consumer Directed HealthSelect do not need to designate a PCP or get a referral for any provider.

Q. Where can I find information about which services require referrals and prior authorizations?
Go to the Referrals and Prior Authorizations page at www.bcbstx.com/hs.

Plan benefits

Q: Where can my employees find the Summary of Benefits Coverage document for HealthSelect plans and the Master Benefits Plan Document (MBPD)?

A: The Summary of Benefits and Coverage for Plan Year 2018 documents are posted on the ERS and BCBSTX websites.

The Master Benefits Plan Document for Plan Year 2018 for HealthSelect medical plans will be available by September 1, 2017 at www.healthselectoftexas.com.


Q: Are the copays, deductibles, co-insurance, and out-of-pocket maximums changing?

A: The change in plan administrators does not directly affect rates or out-of-pocket costs like copays and coinsurance. ERS manages the contract and sets rates, eligibility and enrollment for all the health plans in the Texas Employees Group Benefits Program. ERS also sets the plan design, including copays, coinsurance and deductibles.
Due to a requirement in the budget passed by the Texas Legislature this year, out-of-pocket costs for non-network freestanding emergency rooms will increase on September 1. ERS will have more information by mid-August.

There will be a $0 copayment for virtual visits for HealthSelect of Texas participants, including HealthSelect Out-of-State—this means participants enrolled in these plans who use the virtual visit providers covered under the plan will pay nothing!

Airrosti is a chiropractic provider with a focus on accurately diagnosing orthopedic pain and then effectively treating the pain—sometimes in as few as three visits. Members who use Airrosti will owe a $25 copay (reduction from $40 copay previously), in addition to the removal of the $75 benefit maximum for services Airrosti provides.

Q: Will a participant’s accumulations towards deductibles, co-insurance, and out-of-pocket maximums be automatically rolled over from UnitedHealthcare to BCBSTX?

Yes. Any amounts a participant has met towards any applicable deductibles, copayment maximums, coinsurance maximums, and out-of-pocket maximums will carry over from UnitedHealthcare to BCBSTX on September 1, 2017.

Q: When do deductibles/out-of-pocket maximums reset?

A: All deductibles, coinsurance maximums, copayment maximums, and out-of-pocket maximums will reset on January 1, 2018. They reset on January 1 of each year.

Q: How is preventive care covered?

A: For both HealthSelect of Texas and Consumer Directed HealthSelect plans, preventive care is covered at 100% when participants use a in-network provider. The service must be coded as preventive.

Preventive care includes:
• Routine checkups
• Screenings
• Immunizations
• Prenatal care
• Well-woman visits
• Domestic violence screenings
• Contraception approved by the Food and Drug Administration.

Q: What are the bariatric benefits?

A: Benefits for bariatric services are not changing. Participants will be required to meet the same guidelines and requirements that exist today and will need to receive services at a Center of Excellence.

Q: Will there continue to be a 24/7 Nurse Line under BCBSTX?

A: Yes, a 24/7 BCBSTX Nurse Line will be available beginning September 1, 2017.

Through virtual visits (Doctor on Demand and MD LIVE) participants also will offer 24/7 access to care at $0 copayment (for HealthSelect of Texas and HealthSelect Out-of-State participants).

Q: What gyms are covered under the BCBSTX Fitness Program?
A: The BCBSTX Fitness Program includes a nationwide network of more than 8,000 participating fitness facilities. After September 1, 2017, participants will be able to search for participating gyms and other fitness centers in their area through a link on the HealthSelect website. Some of the larger participating chains may include 24 Hour Fitness, Curves, Planet Fitness, and Anytime Fitness, depending on the location. The listing is subject to change, but participants can always search online for the most up-to-date information.

Q: Will there be any type of Health Assessment through BCBSTX?

A: Yes, BCBSTX will offer a Health Assessment to covered participants in the HealthSelect plans. It will be accessible through the HealthSelect website after September 1, 2017. Participants will receive an email to certify that they have completed the health assessment.

Q: How are participants covered if they live or work outside of the state of Texas?

A: Participants living or working outside the state of Texas can choose to have coverage through the HealthSelect Out-of-State plan or through the Consumer Directed HealthSelect plan. The HealthSelect Out-of-State plan is available only to active employees, retirees not enrolled in Medicare, and their eligible dependents living or working outside the state of Texas.

The HealthSelect of Texas Out-of-State plan is a PPO, meaning participants receive a higher level of benefits when accessing care within the network, but they are not required to designate a PCP or obtain referrals. The benefits for the HealthSelect Out-of-State plan match the benefits for the HealthSelect of Texas plan, with the exception that a PCP is not required and participants aren’t required to obtain referrals.

Q: If a participant travels outside of the United States, will they have emergency coverage?

A: Yes, emergency coverage is provided for any participant traveling outside the United States for both HealthSelect of Texas and Consumer Directed HealthSelect. Information on steps that should be followed when seeking care outside the United States will be in benefits material available September 1, 2017.

Q: Does BCBSTX have a mobile app? Where can participants access their information through BCBSTX online?

A: Yes, BCBSTX has a mobile app. Participants will have access to the app, as well as other online tools, effective September 1, 2017. Participants will have to create a new account to login. More information will be available on www.bcbstx.com/hs in August.