Please Note
Throughout this provider manual, there will be instances when there are references unique to Blue Essentials, Blue Advantage HMO and Blue Premier. These network specific requirements will be noted with the network name.

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Please Note
Throughout this provider manual, there will be instances when there are references unique to Blue Essentials, Blue Advantage HMO, and Blue Premier. These network specific requirements will be noted with the network name.

Overview
Blue Essentials, Blue Advantage HMO, and Blue Premier are subsidiaries of Blue Cross and Blue Shield of Texas (BCBSTX), a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Geographical Regions
Blue Essentials, Blue Advantage HMO, and Blue Premier are organized into three geographical regions to provide service to our HMO customers.

- North Texas
- Southeast Texas
- Southwest Texas

The regions are staffed with Medical Directors and Network Management staff.

Support Areas
Blue Essentials, Blue Advantage HMO, and Blue Premier provide support to their contracted physicians, professional providers, facilities and ancillary providers through:

- Provider Customer Service Department
- Network Management Representatives
- Medical Directors
- Utilization Management Department
- Behavioral Health Services — for any mental health/chemical dependency care

You and your staff are encouraged to contact these sources when you have questions or need assistance.
Please Note

Throughout this provider manual, there will be instances when there are references unique to Blue Essentials, Blue Advantage HMO, and Blue Premier. These network specific requirements will be noted with the network name.

Commitment

Blue Essentials, Blue Advantage HMO, and Blue Premier are dedicated to serving our customers through the provision of health care coverage and related benefit services. Our mission calls for us to respond to our customers with promptness, sensitivity, respect, and dignity. In support of this mission, Blue Essentials, Blue Advantage HMO, and Blue Premier encourages appropriate utilization decisions; it does not sanction or encourage decisions based on inappropriate compensation. Physicians, professional providers and facilities and ancillary providers and the Blue Essentials, Blue Advantage HMO, and Blue Premier staff do not receive compensation or anything of value based on the number of adverse determinations, reductions or limitations of length of stay, benefits, services or charges. Any person(s) making utilization decisions must be especially aware of possible underutilization of services and the associated risks.

Products and Benefit Plans

Blue Essentials, Blue Advantage HMO, and Blue Premier offers or administers a variety of products and benefit plans:

- are offered to groups and has traditional HMO features.
- may also provide administrative services to self-funded group health plans (administrative services only).

Blue Essentials AccessSM and Blue Premier AccessSM

- Are considered “open access” HMO plans where no Primary Care Provider (PCP) selection or referrals are required when the member uses participating providers in their network.

Blue Advantage PlusSM HMO

- Members must use services through an in-network PCP with referrals to get in-network lower cost share.
- Allows members to use out-of-network providers. However, members must understand the financial impact of receiving services from an out-of-network physician, professional provider, ambulatory surgery center, hospital or other facility.
Blue Essentials, Blue Advantage HMO and Blue Premier Provider Manual - Support Services, cont’d

Please Note
Throughout this provider manual, there will be instances when there are references unique to Blue Essentials, Blue Advantage HMO, and Blue Premier. These network specific requirements will be noted with the network name.

Network Management Department Objective
The major objective of the Network Management Department is to develop and support relationships between physicians, professional providers, facilities and ancillary providers and Blue Essentials, Blue Advantage HMO, and Blue Premier to allow our members access to cost-efficient medical care.

Network Management Representatives
Network Management Representatives are available to provide information, answer questions, address concerns and offer assistance in resolving any issues you or your staff may have. You may contact them by telephone or in writing.

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<tr>
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<td><strong>SOUTHWEST TEXAS REGION</strong></td>
</tr>
<tr>
<td>Blue Cross and Blue Shield of Texas</td>
<td>Blue Cross and Blue Shield of Texas</td>
</tr>
<tr>
<td>ATTN: Network Management Department</td>
<td>ATTN: Network Management Department</td>
</tr>
<tr>
<td><strong>Richardson Office:</strong></td>
<td><strong>Austin Office:</strong></td>
</tr>
<tr>
<td>1001 E. Lookout Dr., B.11</td>
<td>Arboretum Plaza II</td>
</tr>
<tr>
<td>Richardson, TX 75082</td>
<td>9442 Capital of Texas Hwy N Ste 500</td>
</tr>
<tr>
<td>Phone: 972-766-8900</td>
<td>Austin, TX 78759</td>
</tr>
<tr>
<td>Fax: 972-766-2231</td>
<td>Phone: 512-349-4847</td>
</tr>
<tr>
<td></td>
<td>Fax: 512-349-4853</td>
</tr>
<tr>
<td><strong>Lubbock/Amarillo Office:</strong></td>
<td><strong>Corpus Christi Office:</strong></td>
</tr>
<tr>
<td>P.O. Box 6484</td>
<td>4444 Corona, Ste 148</td>
</tr>
<tr>
<td>Lubbock TX 79424</td>
<td>Corpus Christi, TX 78411</td>
</tr>
<tr>
<td>Phone: 800-749-0966</td>
<td>Phone: 800-872-1518, press 6 or 361-878-1623</td>
</tr>
<tr>
<td>Fax: 806-783-4666</td>
<td>Fax: 361-852-0624</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SOUTHEAST TEXAS REGION</strong></td>
<td><strong>El Paso Office:</strong></td>
</tr>
<tr>
<td>Blue Cross and Blue Shield of Texas</td>
<td>114 Mesa Park Dr. Suite 300</td>
</tr>
<tr>
<td>ATTN: Network Management Department</td>
<td>El Paso, TX 79912</td>
</tr>
<tr>
<td><strong>Beaumont Office:</strong></td>
<td>Phone: 915-496-6600, press 2</td>
</tr>
<tr>
<td>2615 Calder, Ste 700</td>
<td>Fax: 915-496-6614</td>
</tr>
<tr>
<td>Beaumont, TX 77706</td>
<td></td>
</tr>
<tr>
<td>Phone: 713-663-1149</td>
<td><strong>Midland/Abilene/San Angelo Office:</strong></td>
</tr>
<tr>
<td>Fax: 713-663-1227</td>
<td>3300 North A St., Bldg 8, Ste 120</td>
</tr>
<tr>
<td></td>
<td>Midland, TX 79705</td>
</tr>
<tr>
<td><strong>Houston Office:</strong></td>
<td>Phone: 432-620-1406</td>
</tr>
<tr>
<td>1800 West Loop South, Ste 600</td>
<td>Fax: 432-620-1428</td>
</tr>
<tr>
<td>Houston, TX 77027</td>
<td></td>
</tr>
<tr>
<td>Phone: 713-663-1149</td>
<td><strong>San Antonio Office:</strong></td>
</tr>
<tr>
<td>Fax: 713-663-1227</td>
<td>17806 IH 10 West, Bldg II, Ste 200</td>
</tr>
<tr>
<td></td>
<td>San Antonio, TX 78257</td>
</tr>
<tr>
<td></td>
<td>Phone: 800-872-1518, press 6 or 361-878-1623</td>
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<td></td>
<td>Fax: 361-852-0624</td>
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Updated 06-26-2018
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Medical Directors and Medical Advisory Committees

BCBSTX Medical Directors are located throughout the state. They provide physician, professional provider, facility and ancillary provider support for BCBSTX quality and health management programs, including care management, medical policy, credentialing and recredentialing, quality of care review, and pharmacy.

BCBSTX has two statewide peer review committees whose primary responsibility is to review the credentials of new providers being credentialled and of established providers who are undergoing recredentialing. They are the Texas Medical Advisory Committee (TMAC) and the Texas Peer Review Committee (TPRC). The TMAC and TPRC members are practicing physicians, professional providers, facility and ancillary providers who also participate in networks serving members of BCBSTX health programs.

The Committees are chaired by the Medical Director, Health Care Quality, and Policy. Other medical directors who are assigned responsibilities in the credentialing and recredentialing process also sit on the Committees. The staff for both Committees includes representatives from Core Provider Services, Network Management and the nurses who perform utilization data (U/D) review and analysis. Each Committee meets monthly. Meetings are conducted by telephone conference call to accommodate the statewide distribution of the Committee membership.

In addition to peer review of credentialing and recredentialing, the Committees provide oversight of the Quality of Care process and as requested provide review and feedback on clinical matters such as clinical practice guidelines, utilization review criteria, and quality improvement initiatives.
Please Note
Throughout this provider manual, there will be instances when there are references unique to Blue Essentials, Blue Advantage HMO and Blue Premier. These network specific requirements will be noted with the network name.

Blue Essentials Only
Limited Provider Networks are interrelated medical professionals and facilities working together as a group to provide Blue Essentials members health care services in a coordinated, timely, efficient and cost-effective manner. Within a Limited Provider Network, each member will select a primary care physician/provider (PCP) who will coordinate all the Blue Essentials member’s health care needs and act as the gatekeeper to services within the same Limited Provider Network of specialty care physicians, professional providers, facilities and ancillary providers.

Blue Essentials Only
Selection of a Primary Care Physician/Provider for Limited Provider Network
To enroll in Blue Essentials and receive eligible health care services, the member must select a pediatrician, internist, family physician, general physician, physician assistant or advanced practice registered nurse to be listed as his/her primary care physician/provider (PCP). The selected PCP will be responsible for managing all of the member’s health care needs within the PCP’s provider network.
Each member will select the PCP of his/her choice from the list of those participating in the Blue Essentials Provider Network. Each eligible family member may choose a different PCP physician.

The Blue Essentials member must complete the Enrollment Application correctly and submit it to his/her employer for processing.
PCP’s who are not accepting new patients are not eligible for selection unless the member is an existing patient. If the selected PCP is not accepting new patients the member is notified and provided with a list of participating PCP's who are accepting new patients.
Please Note

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Blue Essentials Members Only Referrals in a Limited Provider Network

The PCP must refer Blue Essentials members to physicians and professional providers who are in the same Limited Provider Network as the Blue Essentials member’s PCP. An alpha/numeric “PORG Code” is used by Blue Essentials to identify the PCP’s Limited Provider Network. Any referral to a physician or professional provider outside of the member’s Limited Provider Network requires prior authorization by Blue Essentials. The PORG code appears on the membership ID card to the right of the PCP’s name.

Example: PCP Paul Smith xxxx xxx-xxx-xxxx
### Please Note

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### Changing Primary Care Physicians/Providers (PCP)

The **Blue Essentials, Blue Advantage HMO, and Blue Premier** member may change their PCP by calling or writing the Customer Service Department for **Blue Essentials, Blue Advantage HMO, and Blue Premier** members or by obtaining a **Change Request Form** from his/her employer. The member completes the Change Request Form and sends it to the **Blue Essentials, Blue Advantage HMO, or Blue Premier** Customer Service Department for processing.

After the Change Request Form is processed, the member is sent a new member ID card showing the name of the new PCP.

The change is effective the first day of the month following receipt of the Change Request Form.

**Note:** **Blue Essentials, Blue Advantage HMO, and Blue Premier** members may not select or change a PCP more than once in any **30-day** period.

### Blue Essentials Only Away From Home Care

The following information defines Away From Home Care for **Blue Essentials**:

- Away From Home Care (AFHC) is an out-of-area program sponsored by the Blue Cross and Blue Shield Association that is available to members of participating Blue Cross and Blue Shield (BCBS) sponsored HMOs. The program enables members to receive Guest Membership benefits from other participating BCBS HMOs while traveling outside of their HMO service area.

- Guest Membership is defined as courtesy membership for members who are temporarily residing outside of the Home HMO service area. Members receive a courtesy enrollment in a participating Host HMO and have access to a comprehensive range of benefits, including routine and preventive services.

- AFHC is reimbursed on a fee-for-service basis for physicians, professional providers, facility and ancillary providers.

- The AFHC Program remains committed to serving BCBS HMOs by providing members with access to quality care whenever they are away from home.
**Please Note**

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**Employer/Employee Training**

Employer/employee training is emphasized in the Blue Essentials, Blue Advantage HMO, and Blue Premier. Blue Essentials, Blue Advantage HMO, and Blue Premier provide employers and employees with educational materials and training to better understand the program and the benefits of seeking care from Blue Essentials, Blue Advantage HMO, and Blue Premier physicians, professional providers, facilities and ancillary providers.

**Provider Orientation/Training**

Blue Essentials, Blue Advantage HMO, and Blue Premier will send a Welcome Letter to each participating physician, professional provider, facility or ancillary provider. The welcome letter includes the participating physician’s, professional provider’s, facility or ancillary provider’s effective date, as well as the name and phone number of the BCBSTX Network Management office.

Blue Essentials, Blue Advantage HMO, and Blue Premier recommend that all physicians, facility and ancillary providers and their office personnel become familiar with each section of this Provider Manual, and other resources available on the BCBSTX provider website at bcbstx.com/provider.

**Online Provider Directory/Website Information**

Blue Essentials, Blue Advantage HMO, and Blue Premier participating physicians, professional, facility or ancillary providers can be identified through the Internet on the online Provider Directory, Provider Finder. The online Provider Directory is updated daily. To view the online Provider Directory, visit the BCBSTX provider website at bcbstx.com/provider, select Provider Finder.

**Blue Review Newsletters**

Blue Review newsletters are available on the BCBSTX provider website. The Blue Review newsletter is produced monthly. Participating physicians, professional providers, facility and ancillary providers that have provided BCBSTX with an email address will be sent monthly newsletters. To view the most current Blue Review newsletter or archived versions online, visit the BCBSTX provider website at bcbstx.com/provider, under the News & Updates area, go to Related Resources for the Blue Review Newsletter offering.

To receive the Blue Review newsletters, please provide your email address to your BCBSTX Network Management Representative.
Please Note
Throughout this provider manual, there will be instances when there are references unique to **Blue Essentials, Blue Advantage HMO, and Blue Premier**. These network specific requirements will be noted with the network name.

Secure Server Policy

**Please note:** BCBSTX staff will accept and open emails from its Business Associates and other providers sent via their own Secure Server technology when the emails contain PHI, SPI, and/or BCI. Any emails not containing PHI, SPI, and/or BCI should not be sent via Secure Server technology. Rather, in order to allow for more efficient and productive exchanges (with documentary email trail), BCBSTX will encourage external parties to send emails that do not contain PHI, SPI, and/or BCI via regular unencrypted email.

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Updated 06-26-2018
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Provider Access & Servicing Strategy (PASS) Education Opportunities

The BCBSTX Provider Access and Servicing Strategy (PASS) Group offers customized instructions to all BCBSTX participating physicians, professional providers, facilities and ancillary providers. PASS is committed to offering focused and educational opportunities to maximize effectiveness and satisfaction in the BCBSTX networks.

- **Comprehensive Education includes:**
  - BlueCard (Out of State Members)
  - Clear Claim Connection (C3) Web-based auditing reference tool
  - EFT ERA EPS *(Electronic Funds Transfer, Electronic Remittance Advice, Electronic Payment Summary)*
  - Fully Funded vs. ASO Groups
  - Predeterminations
  - Provider Website Tour
  - Refund & Recoupment Process
  - And much more!

- **Self-Service Education**
  - Availity® for verification of patients’ eligibility, benefits, claims status and more
  - Electronic Refund Management (eRM)
  - Interactive Voice Response (IVR) System – Guided assistance to include FAX Back functionality
  - iExchange for Select Outpatient Preauthorizations and Inpatient Admissions and Referral Authorizations, Patient Claim Summary, and more!

This information is posted on the BCBSTX Provider website at [www.bcbstx.com/provider](http://www.bcbstx.com/provider). Go to the Education & Reference menu and select Provider Training, then select Educational Webinar/Workshop Sessions.
Blue Essentials, Blue Advantage HMO and Blue Premier Provider Manual - Support Services, cont’d

**Please Note**
Throughout this provider manual, there will be instances when there are references unique to Blue Essentials, Blue Advantage HMO, and Blue Premier. These network specific requirements will be noted with the network name.

**Provision of Contract Copies**
Blue Essentials, Blue Advantage HMO, and Blue Premier shall provide a copy of its contract with a particular participating physician, professional provider, facility or ancillary provider (including without limitation a contract with a Physician Organization or a Physician Group in which such participating physician, professional provider, facility or ancillary provider participates) to such participating physician, professional provider, facility or ancillary provider, upon receipt by BCBSTX of a written request by such participating physician, professional provider, facility or ancillary provider to provide such copy, except in circumstances where Blue Essentials, Blue Advantage HMO, and Blue Premier are restricted from providing a participating physician, professional provider, facility and ancillary provider with a copy of the Blue Essentials, Blue Advantage HMO, and Blue Premier contracts with a Physician Organization or Physician Group specifically because of terms contained in that contract.
Please Note
Throughout this provider manual, there will be instances when there are references unique to Blue Essentials, Blue Advantage HMO and Blue Premier. These network specific requirements will be noted with the network name.

How to Request a Sample of Maximum Allowable Fees

Providers can request a sample of maximum allowable fees for your specialty online or by contacting your Network Management office. Please provide the following information on the request:

- Physician’s, Professional Provider’s, Facility or Ancillary Provider’s National Provider Identifier (NPI) Number(s)
- Physician’s, Professional Provider’s, Facility or Ancillary Provider’s name
- Physician’s, Professional Provider’s, Facility or Ancillary Provider’s address
- Physician’s, Professional Provider’s, Facility or Ancillary Provider’s phone number
- Primary Specialty
- Office Contact name, phone number, and fax number
- Product Type: Blue Essentials, Blue Advantage HMO or Blue Premier
- Facility or Non-Facility
- Requested Fee Schedule’s Effective Date

You can access and submit a Schedule Request online from the BCBSTX provider website at bcbstx.com/provider. Under the Standards & Requirements menu, select General Reimbursement Information, enter password "manual", and under Reimbursement Schedules & Related Information, go to Professional and select Schedule Request.
Blue Essentials, Blue Advantage HMO, and Blue Premier Provider Manual - Support Services, cont’d

Sample Professional Fee Schedule Request Online Form

* Indicates a required field

National Provider Identifier (NPI) Number(s):

* Tax Identification Number:

* Provider Name:

* Primary Specialty:

* Address:

* City/ State/Zip:

* County:

* Provider Office Phone Number:

* Contact Name:

* Contact Phone Number:

* Contact Fax:

* Contact E-mail:

* Product:

☐ BlueChoice℠ Facility ☐ Non - Facility

☐ Blue Advantage HMO℠ Facility ☐ Non - Facility

☐ Blue Medicare Advantage (PPO)℠ Facility ☐ Non - Facility

☐ Blue Medicare Advantage (HMO)℠ Facility ☐ Non - Facility

☐ Blue Essentials℠ Facility ☐ Non - Facility

☐ Blue Premier℠ Texas Facility ☐ Non - Facility

☐ ParPlan Facility ☐ Non - Facility

* Fee Schedule Effective Date: Select Month…

i.e. January 01 2012

Reset Submit

Your request should be completed within 30 days. Please contact your Network Management office if you have not received your request within the allotted timeframe.
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Provider Customer Service

The Blue Essentials, Blue Advantage HMO, and Blue Premier Provider Customer Service Advocates are dedicated to serving Blue Essentials, Blue Advantage HMO, and Blue Premier physicians, professional providers, facility and ancillary providers. Blue Essentials, Blue Advantage HMO, and Blue Premier Customer Service Advocates are available to provide prompt inquiry responses concerning:

- Benefits
- Claims
- Subscriber eligibility
- Current PCP and SCP information
- General network concerns, including claim review requests

To contact Provider Customer Service, refer to the numbers listed below:

- **Blue Essentials** – 877-299-2377
- **Blue Advantage HMO** – 800-451-0287
- **Blue Premier** - 800-876-2583

**Note:** For employees and dependents of Blue Cross and Blue Shield of Texas, call: **888-662-2395** and for Employee Retirement System of Texas refer to Section M of this Manual.