

2020-21 TRS-ActiveCare Benefit Administrator Training FAQ

This document captures the most common questions TRS received from Benefit Administrators during the TRS-ActiveCare Spring 2020 trainings. Use the table of contents below to navigate to different sections within this document.

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Primary Care Provider Questions

1. Do participants need to pick a primary care provider (PCP)?

If a participant enrolls in TRS-ActiveCare Primary or TRS-ActiveCare Primary+, they will need to select a PCP in order to access health care services and specialists.

If they choose one of these plans and don't select a PCP, an in-network provider will be assigned to them based on their medical claims history.

If they do not have recent PCP claims, a PCP will be assigned based on proximity.

If they are currently enrolled in the TRS-ActiveCare Select plan and do not take action during Annual Enrollment, they will be enrolled in TRS-ActiveCare Primary+. The TRS-ActiveCare Select plan does not currently require a PCP while the new TRS-ActiveCare Primary+ plan does.

Be sure to encourage employees to pay attention to these details.

2. Do TRS-ActiveCare Primary and TRS-ActiveCare Primary+ participants need referrals to see providers outside of their PCP?

Yes, both TRS-ActiveCare Primary and Primary+ are physician-directed plans that require referrals from the participant's PCP to see specialists.

3. If a TRS-ActiveCare Primary or TRS-Active Primary+ participant does not select a PCP, will their claims be denied?

Yes, for these physician-directed plans, claims will be denied if those health care services are not provided by their PCP or by a specialist they obtained a referral for in advance.

However, if a participant does not choose a PCP at the time they enroll, one may be chosen for them. Blue Cross and Blue Shield of Texas (BCBSTX) will attempt to identify a PCP within a 25-mile radius from their home address and automatically assign that PCP to them and/or their family members.

If there is not a PCP within a 25-mile radius, they will be responsible for contacting BCBSTX to update their PCP in order to ensure they have coverage available to them and their family.

4. Can TRS-ActiveCare Primary and TRS-ActiveCare Primary+ participants only see their designated PCPs? Will claims be denied if they see a different PCP without first changing their PCP?

Claims will be denied if a participant sees a provider outside of their selected PCP's office/Tax ID number.

Starting Sept. 1, participants will be able to easily change their PCP at any time by signing into their online Blue Access for Members (BAM) account or by contacting a Personal Health Guide at 1-866-355-5999. A Personal Health Guide can change their PCP for them or help them navigate making the change in Blue Access for Members.

5. If an employee does not want to change their plan for next year, will they still need to designate a PCP?

If they are currently on a plan that does not require a PCP such as the TRS-ActiveCare 1-HD or TRS-ActiveCare 2 plan, they do not need to select a PCP during Annual Enrollment.

If they are currently enrolled in the TRS-ActiveCare Select plan, they will be enrolled in the TRS-ActiveCare Primary+ plan, which requires a PCP selection.

We encourage employees who need to make a PCP selection to do so. If they do not, in most cases, a PCP will be selected for them based on past claims data or proximity if they have no recent PCP claims.

6. What types of providers can be named as a PCP?

Participants can select the following provider types as a PCP: geriatric, family/general practitioner, pediatrics, ob-gyns, internists, nurse practitioner (NP) and physician assistants (PA).

7. Can a participant select a non-MD such as a nurse practitioner (NP) or physician's assistant (PA) as a PCP, or do they have to choose the doctor who supervises them?

A NP or PA can be assigned as a PCP. Participants will need to make sure that the billing physician is an in-network provider and matches one of the accepted PCP provider types (geriatric, family/general practitioner, pediatrician, ob-gyn, internist).

Participants can check to see if the practice, supervising physician or NP is in-network by using the provider search tool starting June 1 at www.bcbstx.com/trsactivecare or by calling a Personal Health Guide at 1-866-355-5999.

8. Can participants use walk-in clinics as PCPs?

As long as the provider bills as a PCP and is one of the accepted PCP provider types (geriatric, family/general practitioner, pediatrics, ob-gyn, internist, NP, PA), the participant will be able to select that provider as their PCP.

9. Will TRS-ActiveCare Primary plan and Primary+ participants need referrals from a PCP for gynecological wellness exams or well woman exams?

No, women do not need referrals to see an ob-gyn or to receive services related to their well woman exam.

10. Can women have two PCPs – a general practitioner and an ob-gyn?

No, two PCPs cannot be assigned to one participant.

However, a participant can have their PCP provide general care and issue referrals to specialists while simultaneously seeing their ob-gyn as needed without a referral from their PCP.

11. If a participant goes to their PCP for a sick (non-preventive care) visit, do they pay the copay, or do they have to meet the deductible first?

TRS-ActiveCare Primary, TRS-ActiveCare Primary+ and TRS-ActiveCare 2 participants will pay copays for office visits before they meet the deductible.

TRS-ActiveCare HD participants would be responsible for meeting their deductible in full. If they've already met their deductible, they would only pay 20% coinsurance.

12. Are pediatricians considered PCPs for children? For children over 18, can a pediatrician be a PCP?

Yes, a pediatrician can be selected as a dependent child's PCP. BCBSTX does not have an age limit, but the provider's office may have their own age limit for the patients they serve.

13. If a dependent has a pediatrician listed as the PCP, and a parent or guardian takes them to a local health care clinic for a minor illness like a sore throat because the PCP is far away or not open, will it be covered?

Yes, it will be covered. Benefits for services rendered are determined based on the place of service billed by the walk-in clinic.

If the billed place of service is a walk-in clinic or urgent care clinic, then urgent care benefits apply according to the selected plan. If the billed place of service is an office, then office visit benefits will apply based on provider type (primary or specialist) and the selected plan.

We recommend using TRS Virtual Health options to address minor issues such as a sore throat for convenience and lower cost.

14. How often can a participant change their PCP?

Participants may change their PCP whenever necessary. If the participant utilizes Blue Access for Members (BAM) to update the PCP on their plan, it will not take effect until the first of following month.

We encourage participants that need an urgent PCP update to call a Personal Health Guide at 1-866-355-5999. The Personal Health Guide will be able to make the PCP update retroactive to the first day of the current month.

15. When can we share the phone number members can call to speak to a Personal Health Guide? Do we need to wait to distribute that information once Annual Enrollment begins?

Participants can begin contacting a Personal Health Guide on June 1 from 7:00 a.m.- 6:00 p.m. Central Standard Time M-F. Starting on Sept. 1, they will be available 24/7.

16. Do specialists need to be in-network?

For TRS-ActiveCare Primary and Primary+, both the PCP and the specialists that participants are referred to need to be in-network to receive benefits.

The provider search tool where participants can find in-network PCPs and other providers is available starting June 1 at www.bcbstx.com/trsactivecare.

TRS-ActiveCare HD and TRS-ActiveCare 2 have out-of-network benefits. However, going out of the network will almost always cost more, so we encourage participants to choose in-network providers.

17. Once an employee chooses a PCP during Annual Enrollment, do they then have to have an office visit to their PCP to obtain the referral, or can the PCP refer them to a specialist without an office visit?

The TRS-ActiveCare Primary and Primary+ plans are physician-directed plans. This means that participants choose an in-network PCP who then issues any referrals needed to a specialist or supplemental care.

Some PCPs may require a participant to come into the office for a referral while others may not. We recommend participants check with their PCP about their policy to ensure they have the referral in advance of any specialist visit.

18. If a participant currently sees a Kelsey-Seybold Clinic provider, is it possible for their PCP or other provider to be out of network on Sept. 1?

Yes, it is possible the provider could no longer be in the network.

Please check the provider finder at www.bcbstx.com/trsactivecare to confirm the provider is in-network with the desired plan.

19. Does BCBSTX offer wellness programs?

TRS-ActiveCare participants who are 22 years of age and older have access to 26 diet/obesity counseling sessions per plan year. Up to ten of those visits may be utilized for healthy diet counseling.

Additionally, through the Well onTarget portal, participants have access to a range of self-management programs with over 20 topics available. This includes an option to join the BCBSTX fitness program, which provides access to a network of gyms across the U.S.

TRS-ActiveCare Primary Plans Questions

20. How do the networks for the TRS-ActiveCare Primary and TRS-ActiveCare Primary+ plans compare to the current networks for Aetna?

The TRS-ActiveCare Primary and TRS-ActiveCare Primary+ plans offer a robust network providing over 96% coverage across the state. They are also statewide networks and do not vary depending on which Texas county a participant lives in.

21. Can out-of-state dependents who are on TRS-ActiveCare Primary and TRS-ActiveCare Primary+ plans receive coverage outside the network?

Employees on the statewide network plans, TRS-ActiveCare Primary and TRS-ActiveCare Primary+, will still need to seek care within Texas, but there is a process available for dependents or spouses who live out of state.

For a dependent or spouse to be approved for out-of-state coverage, the employee must submit an attestation form. Upon approval, the out-of-state coverage for dependents or spouse would be effective for one year from the approval date.

Employees can obtain additional information about this out-of-state coverage process by contacting a Personal Health Guide at 1-866-355-5999.

If the employee must have access to coverage outside of the state, TRS-ActiveCare HD, which has a broad nationwide network, is likely to be the best fit for them.

22. Does a dependent living out of state who's covered on TRS-ActiveCare Primary or TRS-ActiveCare Primary+ have to be in college for them to be eligible for out-of-state coverage?

No, it can be any dependent or spouse who lives out of state. The employee will need to submit an attestation form for the out-of-state dependent or spouse allowing them to obtain care outside of the state.

23. On the TRS-ActiveCare Primary and TRS-ActiveCare Primary+ plans, do copays count toward the deductible?

Copays do not apply toward the deductible on these plans. However, they do apply to the maximum out of pocket.

24. If a participant is currently enrolled in an HMO for the 2019-20 plan year and will have a baby after the new plan year begins, how will that impact employees' costs if they move to the TRS-ActiveCare Primary or TRS-ActiveCare Primary+ plans?

Please check the provider finder at www.bcbstx.com/trsactivecare to confirm the provider and facility are in-network with the desired plan. If not, a Transition of Care form may be necessary to ensure they receive in-network benefits for delivery.

From a cost standpoint, standard benefits will apply based on the chosen plan during Annual Enrollment with an effective date of Sept. 1. Information showing the comparison of premiums is available at www.trs.texas.gov.

25. Does a Flexible Spending Account (FSA) work with TRS-ActiveCare Primary or TRS-ActiveCare Primary+?

Yes, these plans are compatible with FSAs. Please note TRS does not administer FSAs.

26. How will TRS-ActiveCare Primary and TRS-ActiveCare Primary+ plans work for surgical procedures when the surgeon and facility is in network, but the anesthesiologist or anyone else on the surgery team is out of network?

If a participant has either a planned or emergency surgery at an in-network facility and does not have a choice in the providers involved in their care, such as an anesthesiologist, participants are protected from being billed over the allowed amount due to new patient protections in Senate Bill 1264.

This is known as balance billing. The new law prohibits balance billing by:

- out-of-network providers and facilities who provide emergency care,
- out-of-network providers who provide care at an in-network hospital and
- out-of-network lab and diagnostic services that are related to an in-network hospital stay

We encourage participants to ask whether all providers involved in their care will be in-network. In-network providers have agreed to accept BCBSTX's allowed amount and provide cost-effective, quality care that makes the most of TRS-ActiveCare's health fund.

27. Will the TRS-ActiveCare Primary and TRS-ActiveCare Primary+ plans have the same providers and hospitals in Texas that the TRS-ActiveCare HD and TRS-ActiveCare 2 plan networks have?

The TRS-ActiveCare Primary and TRS-ActiveCare Primary+ plans use a different network than the TRS-ActiveCare HD and TRS-ActiveCare 2 plans.

While the TRS-ActiveCare Primary and TRS-ActiveCare Primary+ plans have a robust statewide network. Not all providers in the TRS-ActiveCare HD or TRS-ActiveCare 2 network are in-network for the TRS-ActiveCare Primary and TRS-ActiveCare Primary+ plans. TRS-ActiveCare HD and TRS-ActiveCare 2 have a broad nationwide network are likely to be the best fit for employees who must have access to providers in other states.

Please check the provider finder at www.bcbstx.com/trsactivecare to confirm the provider is in network with the desired plan.

28. How do the new TRS-ActiveCare Primary and TRS-ActiveCare Primary+ plans handle rural area issues? For example, how is blood work at the local hospital lab covered? Will that be included with the copay or will that be an additional cost?

The TRS-ActiveCare Primary and TRS-ActiveCare Primary+ plans have a robust network throughout the state. On the TRS-ActiveCare Primary and TRS-ActiveCare Primary+ plans, outpatient lab work performed at an in-network hospital setting is subject to the deductible and coinsurance. Lab services at a hospital, rural or otherwise, would be an additional cost and would not be covered by the ordering physician's office visit copay.

However, lab services received at an independent lab or at a provider's office are covered as part of the copay for the doctor's visit on the TRS-ActiveCare Primary and TRS-ActiveCare Primary+ plans.

Referral Questions

29. If a participant has established care with a specialist, can they continue seeing them when they move to the new plan?

Participants can check the provider finder at www.bcbstx.com/trsactivecare to confirm the specialist is in-network with their desired plan. As long as the selected PCP and desired specialist is in-network with that plan, the participant can continue with the established care.

Beginning Aug. 17, their PCP will be able to send BCBSTX the referral to the specialist and the referral can be valid for up to a year.

30. When can the PCP start sending specialist referrals?

If the specialist is in network with BCBSTX, their PCP will be able to issue the referral to the specialist on Aug. 17, and the referral can be valid for up to a year.

31. Participants with complex health conditions often see a specialist (such as an oncologist) every few months. How can they avoid a disruption in their care due to the change to BCBSTX on Sept. 1?

First, check the provider finder at www.bcbstx.com/trsactivecare to confirm the specialist is in-network with the desired plan. If the specialist is in-network, no disruption of care will occur.

Remember, for the TRS-ActiveCare Primary and TRS-ActiveCare Primary+ plans, a specialist referral is required.

If there are additional questions about referrals, filling out the Transition of Care form, or locating the Transition of Care form on the participant website, then please contact a Personal Health Guide at 1-866-355-5999 for further assistance.

32. What is the turnaround time for approval on referrals?

If the PCP submits all the necessary information for a review, the process takes one to three business days. If the request is missing information, the process can take longer. On the TRS-ActiveCare Primary and TRS-ActiveCare Primary+ plans, out-of-network referrals are not allowed as there is no out-of-network coverage on these plans.

Note: A standard referral to see an in-network specialist is quickest when the provider submits it electronically. This will allow the referral to process faster and rarely take the full three business days. Keep in mind, referrals late on Fridays or holidays can impact turnaround time.

33. If a participant sees multiple doctors at one facility, will they need a referral for each specialist?

Generally, a participant will need a referral for each specialist they will receive care from.

Referrals are matched at the Tax ID number. Often, specialists that are part of the same specialty group will have the same Tax ID number; in that case, having one referral on file with the specialty group Tax ID number will be sufficient.

We encourage participants to call a Personal Health Guide at 1-866-355-5999 to make sure all referrals are entered ahead of care being received.

34. Is there a list of specialists that do not require a referral?

On the TRS-ActiveCare Primary and Primary+ plans, all specialists require a referral. The following provider types are considered primary care providers and do not require a referral: geriatric, family/general practitioner, pediatrics, ob-gyns, internists, nurse practitioners (NPs), and physician assistant (PA).

In addition, women do not need referrals to see an ob-gyn or to receive services related to their well woman exam.

Employees on the TRS-ActiveCare Primary and Primary+ plans will need to choose a PCP to issue any necessary referrals.

ID Card Questions

35. Can a Benefit Administrator (BA) order an ID card for an employee if the district has a TPA?

Yes, the TPA will only collect the initial PCP selection during Annual Enrollment. After that, BAs can go to Blue Access for Employers (BAE) to print temporary ID cards.

36. Why do cards go out before enrollment ends?

ID cards are sent prior to the end of Annual Enrollment to ensure as many participants as possible have ID cards in hand on Sept. 1. This ensures that participants can access care once they move to BCBSTX.

Should a participant have any questions upon receiving their ID card, please contact a Personal Health Guide at 1-866-355-5999.

Third Party Administrator (TPA) Questions

37. Can we open Annual Enrollment to employees through our TPA prior to July 15?

Annual Enrollment does not open until July 15. Any Annual Enrollment transaction must occur between July 15 and Aug. 21.

38. Are newborns still covered for the first 31 days?

If it is a newborn of an employee, the newborn will automatically have coverage for the first 31 days. For the newborn to remain covered beyond the initial 31 days, the employee must contact their district's BA to add the newborn to their health plan as this is considered a qualifying event.

If it is a newborn of a dependent, coverage is not provided automatically. Instead, the employee will need to contact their BA to add coverage for the newborn within 31 days from the newborn's date of birth if they meet the guidelines for covering grandchildren as outlined by TRS.

39. If a district uses a TPA, declinations are recorded on the benefits sites. Do BAs need to get a hard copy signed for the employees' files?

TRS does not require hard copy enrollments. Instead, all enrollments must be documented with an electronic enrollment transaction. Hard copies may be kept at the district level for recordkeeping purposes, but the enrollment must be entered into the bswift or TPA portal.

40. What is the date for new TPAs to submit files?

The deadline for TPA changes for July 1 through Annual Enrollment was May 1, 2020. Any requests for a change after this date would not be effective until Oct. 1, 2020.

41. What day do TPAs have to send weekly change files?

Change files for the current plan year will be received on Fridays through August 2020. Beginning in September 2020, the dual year changes will be sent on Thursdays through October and the ongoing TPA files will be sent on Friday of every week.

42. What is the first date that TPAs will send an Annual Enrollment file? Is there a schedule?

The first Annual Enrollment file will be received on Aug. 3 with additional files being sent on Aug. 10, Aug. 17, and Aug. 24. BCBSTX will receive the first eligibility file Aug. 7.

Health Savings Account (HSA) Questions

43. Which plans are compatible with a health savings account (HSA)?

The TRS-ActiveCare HD plan meets the IRS requirements to be paired with an HSA.

44. Can I enroll in the TRS-ActiveCare Primary plan and enroll in an HSA, but use it to pay for care for a spouse or dependent who is not enrolled on the plan?

If you have an existing HSA, you can use it to pay for your non-covered dependent's health care needs. However, HSAs are only compatible with the TRS-ActiveCare HD plan.

If you already have an existing HSA from previously being on an eligible plan, those funds can still be used for eligible expenses if you enroll on the TRS-ActiveCare Primary plan.

However, you would no longer be able to actively contribute to the HSA. Please note: the HSA would be the responsibility of the participant as TRS does not administer HSAs.

HMO Questions

45. Does the Blue Essentials HMO plan allow for PCP changes, and are they done in the same manner?

Participants on the Blue Essentials HMO may change their PCP whenever necessary. If the participant utilizes Blue Access for Members (BAM) to update the PCP on their plan, it will not take effect until the first of following month.

We encourage participants that need an urgent PCP update to call a Personal Health Guide at 1-866-355-5999. The Personal Health Guide will be able to make the PCP update retroactive to the first day of the current month.

46. What if an employee lives in San Antonio (Bexar County) but works in Hays county? Can they enroll in Scott & White HMO? Will their benefits be based on their home or work zip code? Does the member have a choice?

Participants are eligible to enroll in an HMO if they work, live, or reside in a servicing county. In this example, participants would have a choice since they work in a county in the Scott & White Care Plan's service area.

47. Can districts in the Panhandle sign up for the Scott & White Care Plan or only the Blue Essentials?

Blue Essentials is replacing FirstCare as the only HMO option in the Panhandle.