BlueCross BlueShield of Texas

THIS MANUAL CONTAINS A REQUIRED DISCLOSURE CONCERNING CLAIMS PROCESSING PROCEDURES

# Blue Essentials℠, Blue Advantage HMO℠, Blue Premier℠ and MyBlue Health℠ - Provider Manual

**Please Note**

Throughout this provider manual there will be instances when there are references unique to **Blue Essentials, Blue Advantage HMO, Blue Premier** and **MyBlue Health**. These plan/network specific requirements will be noted with the plan/network name.
If a plan/network name is not specifically listed or plan/network is referenced, the information will apply to all HMO products.

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| **Health Care Providers Affiliated with a Capitated IPA/Medical Group - Important Note** | Health care providers who are contracted/ affiliated with a capitated IPA/Medical Group must contact the IPA/Medical Group for instructions regarding referral and prior authorization process, contracting and claims related questions.<br>Additionally, health care providers who are not a part of a capitated IPA/Medical Group but who provide services to a **Plan** member whose PCP is contracted/affiliated with a capitated IPA/Medical Group must also contract the applicable IPA/Medical Group for instructions. Health care providers who are contracted/affiliated with a capitated IPA/ Medical Group are subject to that entity's procedures and requirements for **Plan** physician or professional provider complaint resolution |

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| **Proprietary Information** | **The material contained in this Provider Manual is proprietary information and is intended for the exclusive use of participating Blue Essentials, Blue Advantage HMO, Blue Premier and MyBlue Health health care providers. The information is current as of publication but may be amended from time to time, as provided for in the provider agreements.** |

# Blue Essentials, Blue Advantage HMO, Blue Premier and MyBlue Health - Provider Manual

## Information Provided in this Provider Manual

This Provider Manual has been created for network physicians, professional providers, facility and ancillary providers. The member identification (ID) card furnishes information about **Plan** health care providers need to effectively serve their **Plan** members/subscribers. Give special attention to the member/subscriber ID number. Each card has a toll-free number to call for information and assistance. Obtaining the correct information will save your staff time and effort.

This manual will assist you in the day-to-day administration of the **Plan** networks, providing needed information including:

- Characteristics of the health benefit plans
- Instructions for obtaining patient eligibility information
- Referral authorizations
- Select Outpatient Prior Authorizations, and
- Inpatient Admissions

This manual has been developed to provide pertinent information about the **Plans**. Updates to this manual will be provided periodically, when changes occur.

## Modifications

The **Plans** may amend this Agreement or may modify the Provider Manual where such amendment or modification is materially adverse to physician, other professional provider or medical group and is not required by the applicable laws only upon ninety (90) days prior written notice to physician, other professional provider or medical group. Physician, other professional provider or medical group may terminate this Agreement by giving written notice of such termination to the health care provider or medical group within thirty (30) days of its receipt of such notice of amendment or modification, effective no earlier than the end of such amendment or modification notice period unless within sixty-five (65) days following the date of such amendment or modification notice **Plan** gives written notice to health care provider or medical group that it will not carry into effect such amendment or modification. Health care provider's or medical group's failure to give notice of termination to the **Plan** within thirty (30) days of its receipt of such notice of amendment or modification shall constitute agreement to and acceptance of such amendment or modification by health care or medical group.