Blue Choice PPO℠ and Blue High Performance Network℠ (BlueHPN)℠ Provider Manual - Provider Roles and Responsibilities - Networks and ID Cards

Important Information

Throughout this provider manual there will be instances when there are references unique to Blue Choice PPO, Blue High Performance Network, Blue Edge, EPO and the Federal Employee Program These specific requirements will be noted with the plan/network name. If a Plan/network name is not specifically listed or "**Plan**" is referenced, the information will apply to **all PPO** products

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Overview

This section of the provider manual introduces providers to our provider networks and how to identify Blue Cross and Blue Shield of Texas (BCBSTX) member's plans.

ID Card

The **Plan** member's identification card (ID card) provides information concerning eligibility and contract benefits and is essential for successful claims filing. The three-character prefix is a critical part of the ID number and identifies what group benefits apply or which Blue Cross and Blue Shield plan are responsible for payment. When submitting a claim, the prefix should always be entered as it appears on the ID card. If the correct prefix is not provided, the claim may be unnecessarily delayed or denied.

- **Note**: The term "member" is used herein as this term is defined in the provider's network participation agreement.

Using the ID Card

Each **Plan** member receives an ID card upon enrollment. Refer to the samples shown on the following page. This card is issued for identification purposes only and does not constitute proof of eligibility. Health care providers should check to make sure the current group number is included in the subscriber's records.

To assist in ensuring that your office always has the most current information for your **Plan** member, it is recommended that you copy the member's ID card (front and back) for your files at each visit.

The ID card should be presented by the member each time services are rendered. The ID card displays:

- The member's unique identification number
- The employer group number through which coverage is obtained
- The current coverage date
- Plan number
- Applicable coinsurance, copayment, deductible and/or cost-sharing to Covered Services

Definitions:

- **Coinsurance** means, if applicable, the specified percentage of the Allowable Amount for a Covered Service that is payable by the member. The member's obligation to make coinsurance payments may be subject to an annual out-of-pocket maximum.
- **Copayment** means the amount required to be paid to a health care provider, pharmacy, etc., by or on behalf of a member in connection with the services rendered.

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Using the ID Card, cont.

- **Cost Sharing** is the general term used to refer to the member's out-of-pocket costs (e.g., deductible, coinsurance, and copayments) for Covered Services a member receives.
- **Covered Services** means those health services specified and defined as Covered Services under the terms of a member's health plan.
- **Deductible** means, if applicable, the specified annual amount of payment for certain Covered Services, expressed in dollars that the member is required to pay before the member can receive any benefits for the Covered Services to which the Deductible applies.

The member is required to report immediately to BCBSTX Customer Service any loss or theft of his/her ID card. A new ID card will be issued. The member is also required to notify BCBSTX within 30 days of any change in name or address. BCBSTX members are also required to notify BCBSTX Customer Service regarding changes in marital status or eligible dependents.

Note: The member is not allowed to let any other person use his/her **Plan ID** card for any purpose.

ID Card Information

The member's identification card (ID card) provides information concerning eligibility and contract benefits and is essential for successful claims filing. The three-character prefix is a critical part of the ID number and identifies what group benefits apply or which Blue Cross and Blue Shield plan are responsible for payment. When submitting a claim, the three-character prefix should always be entered as it appears on the ID card. If the correct prefix is not provided, the claim may be unnecessarily delayed or denied.

Much of the information you will need is printed on the face and reverse side of your patient's ID card. Please note the copayment amount is usually indicated on the face of the ID card. Please call BCBSTX Provider Customer Service at **1-800-451-0287** to verify a member's applicable coinsurance, copayment, and/or deductible or if you have questions.

Texas Department of Insurance (TDI) Requirements

TDI requires carriers to identify members who are subject to the requirements of prompt pay legislation. ID cards that reflect an indicator "TDI" signify members who are subject to the requirements of prompt pay legislation.

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Check Eligibility and Benefits	Patient eligibility and benefits should be checked through Availity® or your preferred vendor prior to rendering services. Eligibility and benefit quotes include membership, coverage status and other important information, such as an applicable copayment, coinsurance and deductible amount. It's strongly recommended that providers ask to see the member's ID card for current information and photo ID to guard against medical identity theft. When services may not be covered, members should be notified that they may be billed directly. Refer to the Eligibility and Benefits section on the provider website for more information.
Member Access	**Plan** members have direct access to all participating primary care physicians as well as to all participating specialty care physicians or providers. A **Plan** member does not need to obtain a referral from their primary care physician in order to seek services/care from a participating specialty care physician or provider. **Plan** subscribers receive in-network benefits by selecting services/care from participating **Plan** physicians and professional providers. If an out-of-network physician or professional provider is necessary due to network inadequacy or continuity of care, **prior authorization is required by BCBSTX**.

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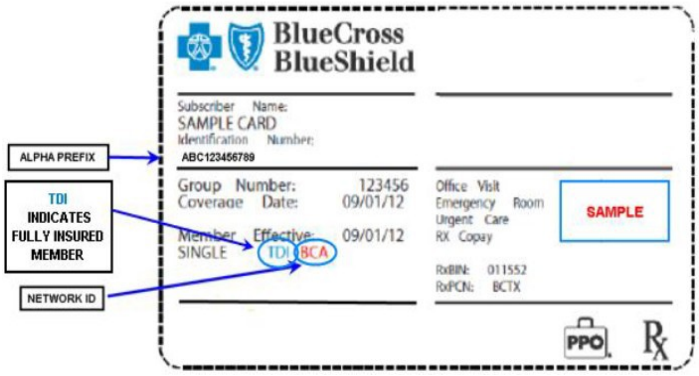
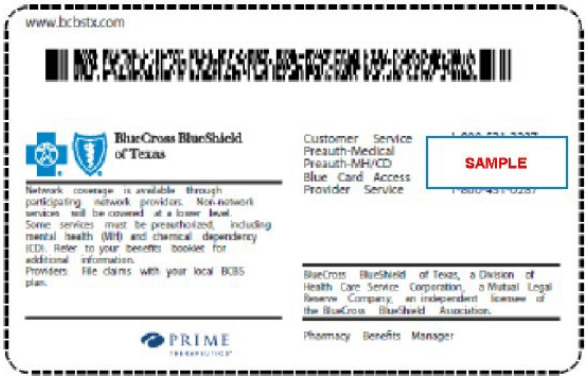
Blue Choice PPO – Sample Group ID Card

The three (3) alpha characters displayed in the **red** font will identify the plan/network that a member is enrolled in. **NETWORK ID BCA = Blue Choice PPO Network**

FRONT



BACK



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Blue High Performance Network (BlueHPN)

BlueHPN, a national high-performance network for large Administrative Services Only (ASO) employer groups effective January 1, 2021.

- **BlueHPN** follows the current processes and requirements of our Blue Choice® PPO network
- **BlueHPN** follows the current processes and requirements of our Blue Choice® PPO network *
- There are no Primary Care Provider (PCP) or referral requirements for in-network specialists
- In service areas, members have access to emergent care with non-BlueHPN providers
- In non-BlueHPN service areas, members have access to urgent and emergent care
- **BlueHPN** member ID cards will have the Blue High Performance Network name and "HPN" in the suitcase logo on the front of ID cards

For BlueHPN service areas within Texas, refer to the table below of counties in and near Austin, Dallas-Fort Worth, Houston and San Antonio.

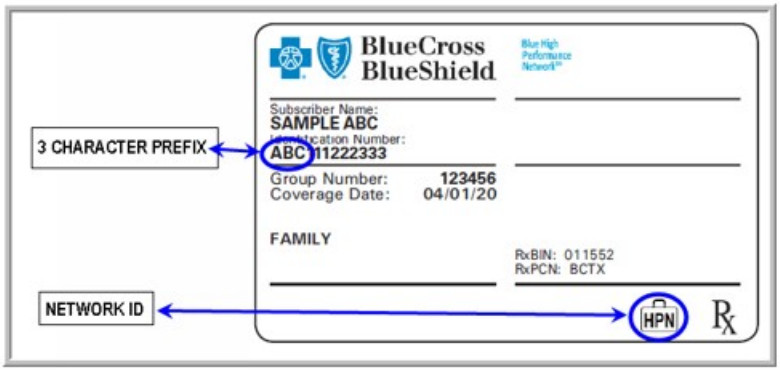
*Network Management Office (city with designated BlueHPN county service areas)	Telephone Number	Fax Number
Austin (Hayes, Travis and Williamson)	800-336-5696 / 512-349-4847	512-349-4853
Dallas & Fort Worth (Collin, Dallas, Denton, Ellis, Johnson, Rockwall & Tarrant)	972-766-8900 / 800-749-0966	972-766-2231
Houston & Beaumont (Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty & Montgomery)	713-663-1149 / 800-637-0171 press 3	713-663-1227
San Antonio & Laredo (Atascosa, Bandera, Bexar, Comal, Guadalupe & Kendall)	361-878-1623	361-852-0624
Ancillary - Visit BCBSTX **Contact Us** at bcbstx.com/provider/contact_us.html to ***find phone and fax by specialty.***		

Blue Choice PPO and Blue High Performance Network (BlueHPN) Provider Manual - Provider Roles and Responsibilities - Networks and ID Cards

BlueHPN ID Card Sample

The member's identification card (ID card) provides information concerning eligibility and contract benefits and is essential for successful claims filing. The three-character prefix is a critical part of the ID number and identifies what group benefits apply or which Blue Cross and Blue Shield plan are responsible for payment. When submitting a claim, the three-character prefix should always be entered as it appears on the ID card. If the correct prefix is not provided, the claim may be unnecessarily delayed or denied.

FRONT



BACK

Blue Choice PPO and Blue High Performance Network (BlueHPN) Provider Manual - Provider Roles and Responsibilities - Networks and ID Cards

Exclusive Provider Organization (EPO) Plan

EPO is a network only PPO plan utilizing the **Blue Choice PPO** network in Texas. This plan provides no coverage for out-of-network services except for medical emergencies or accidents. To receive benefits, subscribers must seek care from network health care providers. Primary Care Physician (PCP) selection is not required.

BlueEdge Products

Highlights of the BlueEdge product portfolio:

- The BlueEdge products utilize the **Blue Choice PPO** network of physicians and professional providers
- To receive the highest level of benefits, BlueEdge subscribers must receive medical care from network health care providers.
- No referrals are required.
- Primary Care Physician (PCP) selection is not required.
- Network physicians and professional providers may only bill BlueEdge subscribers for cost share (coinsurance) and deductibles, where applicable. There are no copayments within the benefit plan.

- A **Health Care Account (HCA)** is established for each employee enrolled in BlueEdge:
  - The HCA is a specific dollar amount per year for initial health care costs, for example, $750 for an individual and $1500 for a family.
  - First dollars spent are paid from the HCA and applied toward the deductible.
  - Covered services are paid from the HCA until the balance is spent.
  - BlueEdge benefits are applied once the HCA is depleted and the self-pay requirement is satisfied, which equals the deductible.
- A **Health Savings Account (HSA)** can be funded by an employer, employee or both:
  - Amounts paid for PPO-eligible expenses are applied to meeting the deductible.

BlueEdge Products, cont.

- If the member elects, claims are paid by BCBSTX using available HSA account balance until the account is depleted.
- The member may also access their available funds by use of a debit card or checkbook issued by the HSA administrator.

Both products provide:

- Preventive/Wellness care is covered at 100% in-network even before the deductible is met. There are no deductibles or office visit copayments for preventive/wellness services:
  - Physicals
  - Diagnostic tests
    - Routine lab & x-ray
    - Mammograms
  - Well child care and immunizations

The Provider Claim Summary (PCS) will notify you of any patient responsibility. Following receipt of the PCS, the member may be billed for any deductible and coinsurance amount.