

PROVIDER ORIENTATION

Blue Cross Medicare Advantage (PPO)SM

Blue Cross Medicare Advantage (HMO)SM

Blue Cross Medicare Advantage Dual Care (HMO SNP)SM



Online Access Overview

Go to [our website](#) scroll down to



Government Programs

Blue Cross Medicare Advantage

- HMO/SNP
- PPO

Blue Cross Medicare Advantage Service Area Details

[Blue Cross Medicare Advantage \(HMO\)SM and Blue Cross Medicare Advantage Dual Care \(HMO SNP\)SM](#)

HMO/D-SNP please refer to [Resources](#) on the provider tab at BCBSTX.com to access this information

[Blue Cross Medicare Advantage \(PPO\)SM](#)

PPO please refer to [Resources](#) on the provider tab at BCBSTX.com to access this information

[Provider Finder Directory](#)

Sample MA HMO Member Cards

[Blue Cross Medicare Advantage \(HMO\)SM](#)

[Blue Cross Medicare Advantage Dual Care \(HMO SNP\)SM](#)

[Blue Cross Medicare Advantage \(PPO\)SM](#)

[Blue Cross Medicare Advantage Flex PPOSM](#)

[Blue Cross Group Medicare Advantage Open Access \(PPO\)SM](#)

[Blue Cross Group Medicare Advantage Open Access \(PPO\)SM \(UT CARETM\)](#)

Always contact Customer Service number found on the back of the members ID card to obtain Benefit Plan Overview

Prior Authorization Requirements

Medicare Prior Authorization List

How to access and use Availity Authorizations & Referrals:

1. Log in to Availity
2. Select Patient Registration menu option, choose Authorizations & Referrals, then Authorizations*
3. Select Payer BCBSTX, then choose your organization
4. Select a Request Type and start request
5. Review and submit your request

Providers who are not yet registered with Availity, can sign up today at Availity, at no charge. If you need registration assistance, contact Availity Client Services at 1-800-282-4548.

For additional questions, please contact
Blue Medicare Advantage Customer Service: **1-877-774-8592**

eviCore® Prior Authorization Program



Blue Cross and Blue Shield of Texas has contracted with eviCore healthcare to provide certain utilization management prior authorization services.



For a detailed list of procedure codes that require prior authorization through eviCore for Blue Cross Medicare Advantage HMO and Blue Cross Medicare Advantage PPO, access the

[eviCore implementation site](#)


[select Blue Cross Blue Shield Texas](#)

[Medicaid/Medicare](#) select the Solution

Resources tab.

The Blue Cross Medicare Advantage procedure codes lists can be found here based on the type of service being rendered.



[eviCore®](#)  is a trademark of eviCore healthcare, LLC, formerly known as CareCore, an independent company that provides utilization review for select health care services on behalf of Blue Cross and Blue Shield of Texas.

Medicare Advantage Provider Resources

[Blue Cross Medicare Advantage Provider Quick Reference Guide](#)

- Customer Service
- Provider Finder
- Claims & Payment Information – Electronic Payor ID 66006
- Supporting Vendors

Provider Manuals

- [Blue Cross Medicare Advantage \(HMO\)SM Supplement](#)
- [Blue Cross Medicare Advantage \(PPO\)SM Supplement](#)

[Pharmacy Information](#)

- Preferred Network Pharmacy List
- Home Delivery

[Availity® Essentials](#) - online services and Web portal for BCBSTX providers, is a complimentary tool to assist in claim processing and management.

- No set-up or monthly fees
- Free to providers for claim submission, eligibility and benefits, claims status, authorizations, referrals and remittance
- Offers a variety of services via a single secure web portal connection
- [Submit training requests](#)
- [Access webinars](#) about self-service electronic tools and features available with Availity

Medicare Advantage Claims and Billing Reminders

- Filing deadline is 180 days from date of service/discharge for HMO and 90 days from date of service/discharge for PPO, or as allowed per contract
- Payments and remittance advice for Blue Cross Medicare Advantage (HMO/D-SNP/PPO) members will be paid in the same method as your existing BCBSTX business, i.e., check or Electronic Funds Transfer (EFT).
- Electronic Remittance Advice (ERA) and Remittance Advice (RA) has plan codes to identify products, Blue Cross Medicare Advantage (HMO) code is MCH and Blue Cross Medicare Advantage (PPO) is PMC.
- The claim should include the member's ID as it appears on their ID card, including the **3-character prefix**
- Medicare edits and coding guidelines should be followed for Blue Cross Medicare Advantage

Medicare Marketing Guidelines

“Do’s and Don’ts”

Remaining neutral is essential when assisting with enrollment decisions.

DO: • Provide the names of Plans/Part D Sponsors with which [you] contract and/or participate (see section 60.5 – Provider Affiliation Announcements for additional information). • Distribute unaltered, printed materials created by CMS , such as reports from Medicare Plan Finder, the “Medicare & You” handbook, or “Medicare Options Compare” including in areas where care is delivered • Provide the names of Plans/Part D sponsors with which they contract and/or participate • Answer questions or discussing the merits of a plan or plans, including cost-sharing and benefit information (these discussions may occur in areas where care is delivered) • Refer patients to other sources of information, such as State Health Insurance Assistance Program representatives, plan marketing representatives, State Medicaid Office, local Social Security Office, CMS’ website , or 1-800- MEDICARE • Make available and/or distribute plan marketing materials received from Blue Cross and Blue Shield of Texas. • Refer patients to Plan marketing materials available in common areas • Provide information and assistance in applying for the low-income subsidy.

DON’T: • Accept Medicare enrollment applications/forms. • Make phone calls or direct, urge or attempt to persuade beneficiaries to enroll in a specific plan based on financial or any other interests of the provider. • Mail marketing materials on behalf of Plans/Part D Sponsors. • Offer inducements (e.g., Free Health Screenings, Cash, etc.) to persuade beneficiaries to enroll in a particular plan or organization. • Distribute materials/applications within an exam room setting.

For a more in-depth review of the guidelines that are applicable to providers, please refer to the [Medicare Marketing Guidelines](#) on the CMS website.