



# Washington 2015 Fall Workshop

An Independent Licensee of the Blue Cross Blue Shield Association

026794 (09-16-2015)





## Welcome and Introductions

# Agenda

- About Premera Blue Cross
- BlueCard®
- Networks
  - » Accountable Care Organizations/Tiering
  - » Exchange Metallic Plans (Affordable Care Act)
  - » Medicare Advantage
- Quality Programs
  - » HEDIS
  - » Commercial Risk Adjustment (CRA)
- Provider Website Updates
- Hot Topics



## About Premera Blue Cross

# About Premera

- We provide peace of mind to our customers about their healthcare
- Largest health plan in Washington
- More than 3,000 employees
- 35,000 contracted providers
- 100 contracted hospitals
- In business for more than 80 years

# About our Members

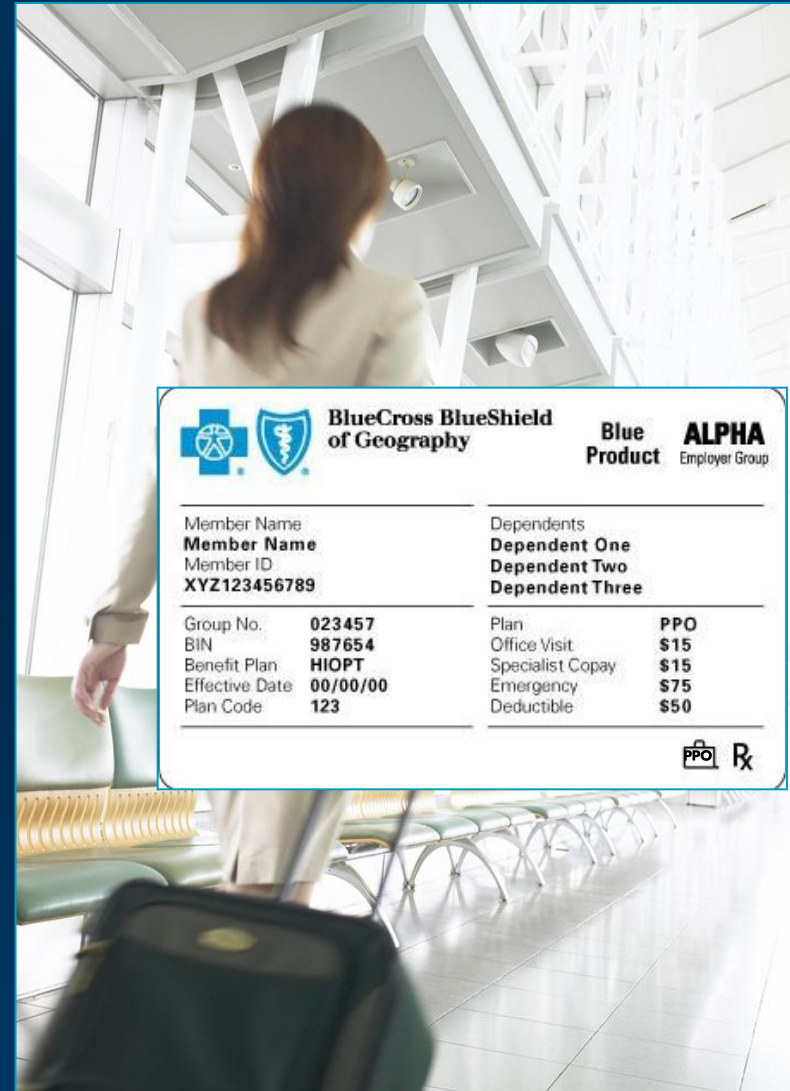
- Two million total members, including individual plans and large national accounts
- Companies that choose Premera for their employees:
  - Starbucks
  - Weyerhaeuser
  - Alaska Airlines
  - Amazon
  - Microsoft
  - Expedia



**BlueCard®**



# BlueCard

- Enables members to access healthcare services while traveling or living in another Blue plan's service area
- Equips providers with one source (Premera) for claims submission, claims payment, adjustments, and issue resolution for patients from other Blue plans





# Identifying Blue Members: ID Cards

	<b>BlueCross® BlueShield®</b>	<b>Blue Product</b>	<b>ALPHA</b> Employer Group
Member Name <b>Member Name</b>	Dependents <b>Dependent One</b>		
Member ID <b>XYZ 23456789</b>	<b>Dependent Two</b>		
	<b>Dependent Three</b>		
Group No. <b>023457</b>	Plan <b>POS</b>		
BIN <b>987654</b>	Office Visit <b>\$15</b>		
Benefit Plan <b>HIOPT</b>	Specialist Copay <b>\$15</b>		
Effective Date <b>00/00/00</b>	Emergency <b>\$75</b>		
	Deductible <b>\$50</b>		
		<b>R</b>	





3-letter prefix

Office visit copay

Suitcase identifier

It's important that you ask members at each visit for their current membership ID card, as new cards may be issued throughout the year

# Identifying Blue Members: Medicare Advantage

 <b>BlueCross BlueShield of Geophagy</b>		<b>Blue Product</b> <b>ALPHA</b> Employer Group	
<hr/>			
Member Name <b>Member Name</b> Member ID <b>XYZ123456789</b>		<hr/>	
Group No.	<b>023457</b>	Plan	<b>PPO</b>
BIN	<b>987654</b>	Office Visit	<b>\$15</b>
Benefit Plan	<b>HIOPT</b>	Specialist Copay	<b>\$15</b>
Effective Date	<b>00/00/00</b>	Emergency	<b>\$75</b>
Plan Code	<b>123</b>	Deductible	<b>\$50</b>
<hr/>			
			

**MEDICARE ADVANTAGE | HMO**

**MEDICARE ADVANTAGE | PPO**

  
**MEDICARE ADVANTAGE**

**MEDICARE ADVANTAGE | POS**

**MEDICARE ADVANTAGE | PFFS**

**MEDICARE ADVANTAGE | MSA**

Providers treating Medicare Advantage members must ensure that they submit clean claims according to the Medicare Managed Care Manual (Chapter 11 - §10)

# BlueCard Claims Processing



# Common Claim Scenarios

## Medical records

- Submit to Premera

## Medicare crossover

- Allow 30 days from Medicare process date

## Information from the patient

- Submitted to the patient's plan

# BlueCard Resources Page

Here you'll find BlueCard manuals, the alpha plan prefix list, and the medical policy & pre-certification/prior authorization router!

## Quick Links

[BlueCard® Resources](#)

[Electronic Funds Transfer](#)

[Enrollee Health Assessment Program](#)

[Healthcare Reform and Your Practice](#)

[ICD-10](#)

[Join Our Network](#)

[Medical Policies](#)

[Medical Policy & Precert/Preauth Router](#)

[OneHealthPort](#)

[Payment Policies](#)

[PremeraNews.com](#)

[ProviderSource](#)

[Reference Manuals](#)

Provider Home

## Time-Saving Tools

Access member eligibility, benefits and claims status.

Log In

# Eligibility & Benefits Search

Today's date: 08/13/2014 | Last login: 08/04/2014

## Eligibility & Benefits Search

Select if BlueExchange patient (out-of-area BlueCard members, FEP, and NASCO)

**1. Find eligibility & benefits for service on:**

8/13/2014

**For Benefit Type**  
General Medical Plan

**2. And, you must enter information for at least 2 of the 3 sections:**

**\* Alpha Prefix**  
  
3 character alpha or FEP "R"

**\* Member ID**  
  
Enter ID number and suffix (if known)

**Patient Name (both fields)**

**Last Name**  **First Name**   
Enter full last name

**Date of Birth**  
  
(mm/dd/yyyy)

**Selecting BlueExchange will cause the Alpha Prefix box to appear**

# Claims Search

## Claims and Payments Search

Today's date: 08/13/2014 | Last login: 08/04/201

- Claims for Premiera Members
- Claims for BlueExchange (out of area BlueCard members, FEP, and MA+CO)
- Claims for a Provider
- Payments (Explanation of Payment statements)

### My Links

[Bookmarked claims](#)

[My EOP Documents](#)  
1 Completed

### Claims for BlueExchange - Search Options

\* = Required

### Search by Claim Number

(12 digits numeric)

Patient is:  Subscriber  Dependent

#### Patient Information

\* Alpha Prefix:

(3-character alpha or FEP "R")

\* Subscriber ID:

\* Last Name:

\* First Name:

\* Gender:

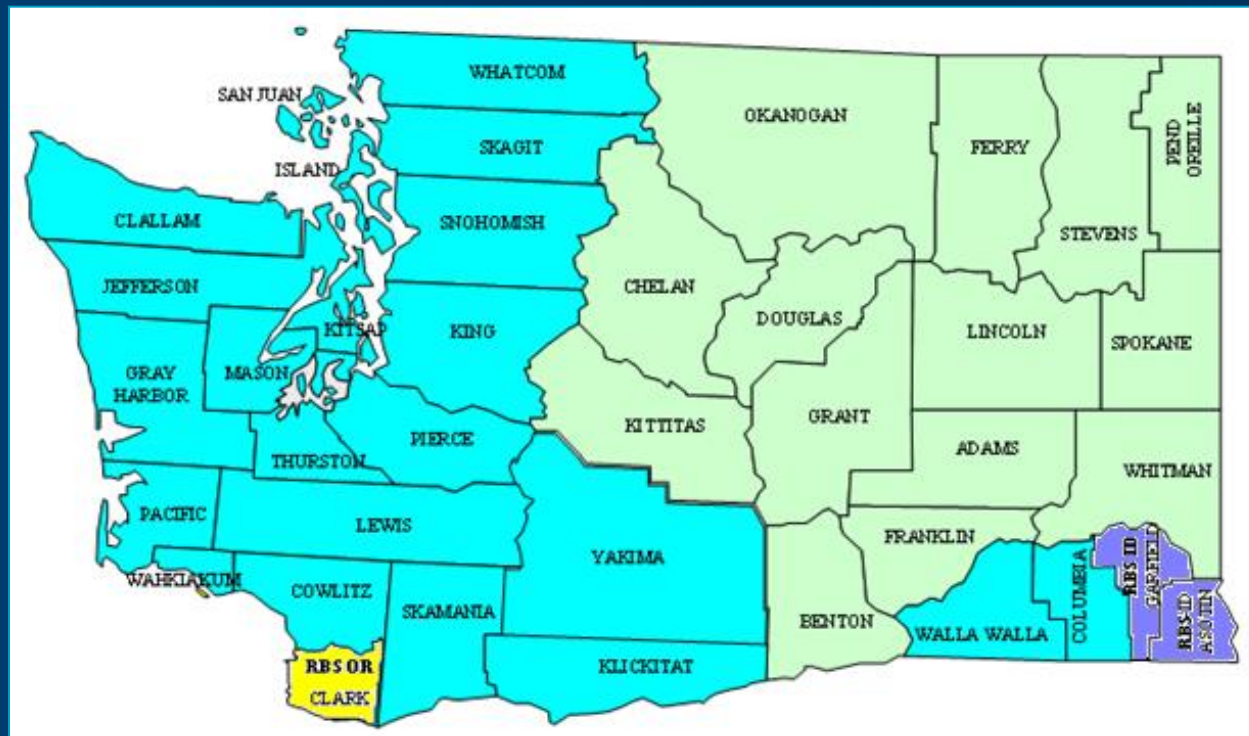
\* Date of Birth:





(mm/dd/yyyy)

#### Claim Information

Alpha Prefix

# Premera Shared Service Area



-  Premera shares the service area with Regence BlueShield WA
-  Premera is the exclusive Blue Cross Blue Shield (BCBS) plan
-  Regence BCBS OR is the exclusive plan
-  Premera shares the service area with Regence BS of ID

The Alpha Plan Prefixes list is available at [premera.com/wa/provider](https://premera.com/wa/provider)





## Networks

# Accountable Care Organizations/Tiering



# New Washington Tier 5 Network

- Premera has contracted with Accountable Care Organizations (ACOs) for our new PersonalCare Partner Systems network (Tier 5)
- Goal is to contract with ACOs to enable members to receive medical care within a network of providers who are managed and/or owned by an ACO that coordinates care from an integrated approach

# PersonalCare Partner Systems

- Tier 5 providers and practitioners included in new network effective Jan. 1, 2016
- PCP referral-based individual and small group benefit plans for Blue plans only in Snohomish, Pierce, and King counties (referrals required to see specialists)
- Gold, Silver, and Bronze PersonalCare plans will be offered both on and off the Exchange beginning with 2016 open enrollment
- Premera only contracted with Accountable Care Organizations to build this network

# What's an ACO?

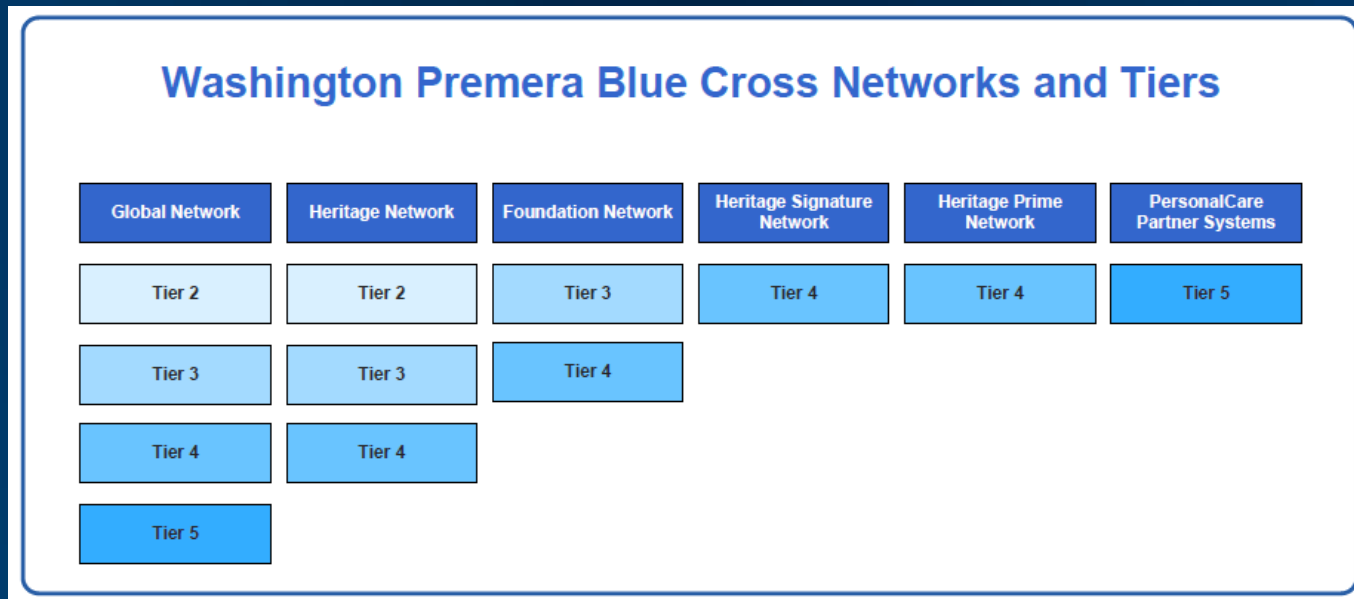
- An Accountable Care Organization (ACO) can be defined as a set of healthcare providers—including primary care physicians, specialists, and hospitals—who work together collaboratively and accept collective accountability for the cost and quality of care delivered to a population of patients

# What's an ACO?

- ACOs feature these key components:
  - Providers within the ACO:
    - Buy in and accept the culture of the ACO model
    - Accept accountability for care, health, experience, and cost of members who select them through services they directly provide and arrange for
    - Agree to measure and report on quality, access, customer satisfaction
  - Total cost of care reimbursement methodology
  - Integrated data analytics and information flow

# New Tiering Standards

- Blue plans only in Snohomish, Pierce, and King counties
- PersonalCare Plan member's PCP can refer to Heritage Signature/Heritage Prime networks under Tier 4 (requires a PCP referral)
- No out-of-network benefits, except emergency services or with prior authorization



# Provider Type/Services Not Requiring a PCP Referral

**Provider types:** Acupuncturists, Chiropractors, Naturopaths


## Services

Acupuncture <sup>1</sup>	Hospital based services	Routine* eye exams, including Pediatric	Travel immunizations
Anesthesia	Lab and Pathology services	Routine* family planning services <sup>1,2</sup>	Telehealth Virtual Care services
Behavioral Health <sup>1</sup>	Male and female sterilization <sup>1,2</sup>	Routine* mammograms <sup>1,2</sup>	Women's health services including routine gynecological (GYN) care <sup>1,2</sup>
Chiropractic Care	Outpatient physical, occupational and speech therapy; massage therapy (limit on # of services may vary) <sup>3</sup>	Routine* x-ray (basic)	
DME purchases up to \$500	Pre-natal visits <sup>1,2</sup>	Tobacco cessation counseling sessions	
Emergency Services <sup>1,2</sup>	Preventive immunizations	Transplant related travel and lodging	
Note: Urgent Care services require a referral			

■ 1–State Requirement
■ 2–Federal requirement
■ 3–Requires Rx
■ \*Screening/preventive



# Verify the Member's Network

**PREMERA** | 

**BLUE CROSS**

An Independent Licensee of the Blue Cross Blue Shield Association

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**Member**  
IMA MEMBER

Prefix	Identification #	Suffix
XXX	123456789	01

**Group #** 1234567  
**Rx Group #** BCWAPDP  
BIN# 610014



**BCBS** 430  
**Date Printed** 04/09/2015

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**PersonalCare Partner System**  
XXXXXXXXXX  
**PCP**  
JOE BLACK  
**REFERRAL NETWORK:** HERITAGE SIGNATURE  
**Dental** PEDIATRIC DENTAL **Rx Plan** X3

**REFERRAL PLAN IN WA ONLY**

PCP COPAY \$15  
OFFICE VISIT COPAY \$45  
EMERGENCY ROOM \$250  
RETAIL RX \$10/\$45/\$45/20%  
MAIL-ORDER RX \$30/\$135/\$135/20%

# Exchange



## Your Life, Your Coverage

Healthplanfinder offers you the way to find coverage for yourself and your family members.

[Renew My Coverage](#)

Are you an employer? [Return to homepage.](#)




### Your Stories




*It's a relief to know I'll never be denied health coverage because of my pre-existing kidney condition. Now I can get the care I need.*

– Chelsea, Law Student, Seattle, WA

### Program Updates

 Washington Healthplanfinder is a new way for you to access free and low cost health insurance.

### Your Support

 Healthplanfinder has a network of customer support across Washington so you can get help from someone that works in your community. A Navigator can help you search, apply and manage your coverage.

[Find a Broker](#) ▶ [Find a Navigator](#) ▶ [?](#)

### Before You Begin

#### Your Renewal Checklist

What you should have on hand before you renew:

- ✓ [Social Security numbers for all applying members](#)
- ✓ [Your household's estimated income](#)

# The Washington Exchange HealthPlanFinder

- Marketplace for consumers to compare, purchase, and enroll in health plans
- The only place where subsidies can be obtained
- Consumers can enroll directly with Premera if not subsidy eligible
- Open enrollment for 2016 will run from Nov. 1, 2015 through Jan. 31, 2016 on: [wahbexchange.org/](http://wahbexchange.org/) or [wahealthplanfinder.org/](http://wahealthplanfinder.org/)

# 2015 Individual and Small Group Membership

- Exchange
  - Approximately 158,000 individual members enrolled on the Washington Exchange
  - Premera enrolled 48 percent of the market share with 76,000 members
- Premera enrollment outside the Exchange
  - 72,000 individual members
  - 50,000 members covered through Washington small group business

# Networks

- Premera created a separate network for this metallic based membership—Heritage Signature
- Important to direct care to other in-network providers
- This tier of providers also supports the network for our value-based commercial products—Heritage Prime



# Provider Website – PCP Roster

Download a roster of patients who've selected you as their PCP



Providers ▾

Providers

for Providers

Tools

Find a Doctor

Rx Search

Eligibility & Benefits

PCP Roster

Electronic Funds Transfer

Claims & Payments

Claims Editor

Change Clinic/Facility

Utilization Review

Library

Pharmacy

## Provider Home



## Time-Saving Tools

Access member eligibility, benefits and claims status.

Log In

## News and Updates

### Company Closure Notice

Premera will be closed on Monday, September 1. During this time, all of our online tools will be available. We expect higher-than-normal call volumes on Tuesday, September 2 so we encourage you to continue using our online tools to avoid long wait times.

# Provider Website – PCP Information

**Utilization Review**  
Prospective Review  
Advanced Imaging  
Admission Notification

**Library**  
Forms  
Reference Info  
Communications  
Health Management  
Pharmacy  
Provider Contacts  
EDI  
HIPAA

**Subscriber**  
**Name:** John Smith  
**Prefix:** ABC  
**ID:** 123456790  
**Address:** 123 Any Street  
Seattle, WA 98111

**Group**  
**ID:** 1234567  
**Name:** Any Group USA

Eligibility as of:   [Expand all](#) [Collapse all](#)

**Plan Eligibility**

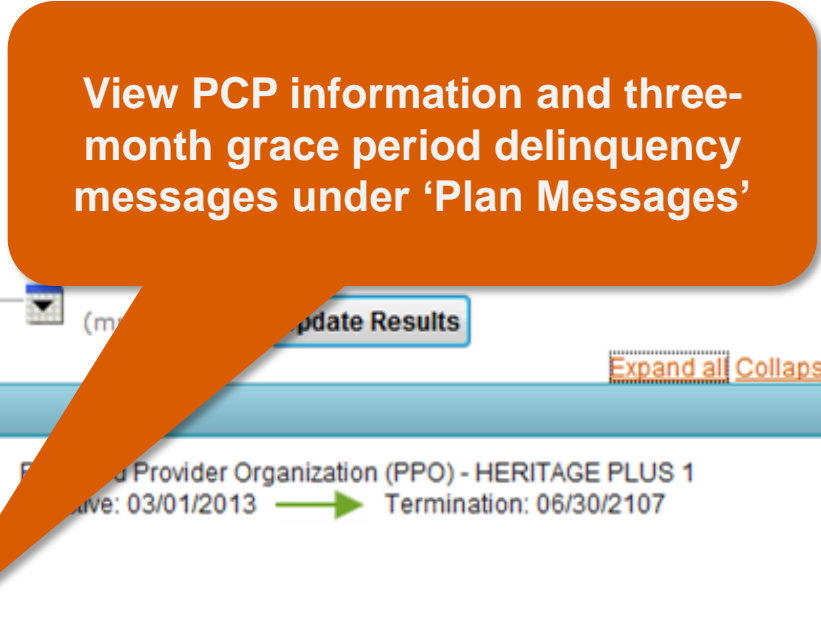
Eligible on 04/09/2013

Provider Organization (PPO) - HERITAGE PLUS 1  
Effective: 03/01/2013 → Termination: 06/30/2107

**Plan Messages**

- PRIMARY CARE PROVIDER
- ENTITY PRIMARY CARE PROVIDER LAST/ORG NAME SMITH, JANE HEALTH ID 1234567890
- TELEPHONE 4251234567 FAX 4251234568

**Deductibles and Maximums**





# Three-Month Grace Period Reminder

- Department of Health & Human Services regulates the grace period rules
- The grace period only applies to those who receive the Advance Premium Tax Credit (APTC)
- During the first month of delinquency, claims are paid by the carrier
- If no payment is received during the second and third months, claims will be pended
- Premera will notify providers by letter of their patient's claim status when the patient has entered the second month of the grace period

# Finding Grace Period Status

- Available through:
  - Customer Service eligibility and benefit quotes
  - Provider website - expand the plan messages section on the Eligibility & Benefits Tool
  - HIPAA 270/271 Transactions, messaging “Awaiting Premium”

# New Payment Structure



Washington Health Benefit Exchange

About Us

Coverage Basics

How to Enroll

Customer Resources

## Customer Resources

Application Quick Tips

Outages & Maintenance

Verification Forms

Appeals

Making a Payment

Using Your Coverage

Your 1095-A Statement

## Making a Payment

Starting Sept. 24, 2015, all individual and family customers must make their monthly premium payments directly to their Qualified Health Plan (QHP) and Qualified Dental Plan (QDP). Washington Healthplanfinder will no longer accept customers' premium payments for health and dental insurance. **Current customers are encouraged to get started right away paying monthly premium payments directly to their health and dental insurance company.**

Any financial help – such as tax credits or cost-sharing reductions – that you're receiving won't be affected by this change.

Premium payments will continue to be accepted by Washington Healthplanfinder until 4:59 p.m. on Sept. 23 for coverage for the month of October. As for future monthly payments, deadlines may vary by insurance company.

*This change does not impact Washington Healthplanfinder Business customers. Impacted customers include individuals or families covered by QHPs and QDPs not offered through Washington Healthplanfinder Business.*

## Paying Your Insurance Company

If you are already paying your insurance company directly, you can continue to do this. If you are paying your premium to Washington Healthplanfinder through electronic check, credit/debit or money order/paper check, you don't need to take any steps to cancel your current payment method online. You can immediately begin paying your insurance company directly.

If you have auto pay set up through Washington Healthplanfinder, follow these steps before Sept. 24 to cancel it:

1. Sign in to your Washington Healthplanfinder account at [www.wahealthplanfinder.org](http://www.wahealthplanfinder.org)
2. Click the "Billing & Payments" tab from your account dashboard
3. Select "Edit/Cancel Auto Pay"
4. Select "Delete payment method"

**Remember: After canceling auto pay with Washington Healthplanfinder, set up your premium payment with your insurance company right away! Please contact your insurance company for available payment methods they offer.**

You can locate the new payment information at [wahbexchange.org/customer-resources/payments-billing/](http://wahbexchange.org/customer-resources/payments-billing/)

# Resources

- Washington Healthplanfinder  
[wahealthplanfinder.org](http://wahealthplanfinder.org)
- Premera provider website  
[premera.com/wa/provider](http://premera.com/wa/provider)

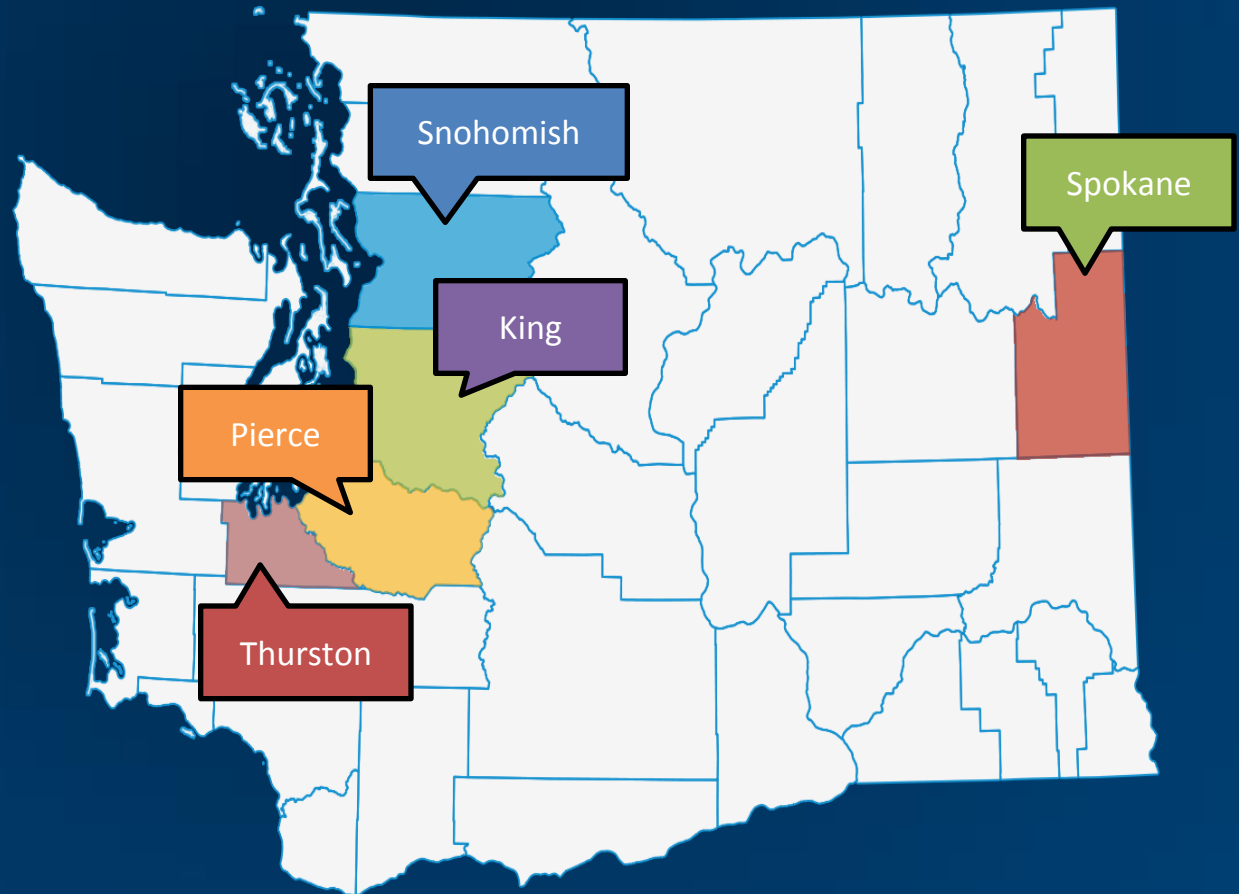
# Premera Blue Cross Medicare Advantage



# Premera Blue Cross Medicare Advantage

Premera offers Medicare Advantage plans in five counties:

- Snohomish
- King
- Pierce
- Thurston
- Spokane



# Premera Blue Cross Medicare Advantage Plans

- Open enrollment dates: Oct. 15, 2015, through Dec. 7, 2015
- Current statewide membership: 25,433
- Four plans:
  - Premera Blue Cross Medicare Advantage (HMO)
  - Premera Blue Cross Medicare Advantage Plus (HMO)
  - Premera Blue Cross Medicare Advantage (HMO/POS)
  - Premera Blue Cross Medicare Advantage Plus (HMO/POS)

# Member ID Card (HMO Plans)

Members enrolled in the HMO plans may only access in-network providers

The image shows the front of a Medicare Advantage HMO Member ID Card. The card is white with blue and black text. At the top left is the Premera logo and the Blue Cross logo. The cardholder's name is GEORGE PORGIE, and the ZNP Prefix Identification # is 0091865900. The group number is 110939, RXBIN is 012353, and RXPCN is 06670000. The plan name is Premera Blue Cross Medicare Advantage (HMO). The PCP is KANDEL, BANDANA S., and the PCP phone number is 425-316-5188. The insurer number is 80840. The card also displays BCBS 430 and CMS-H7245 001. At the bottom, it features the MedicareRx logo and the Medicare Advantage HMO logo.

**PREMERA** |   
**BLUE CROSS**  
AN AMERICA'S BLUE SHIELD PLAN

Member:  
**GEORGE PORGIE**  
Prefix Identification #  
**ZNP 0091865900**

Group #: **110939**  
RXBIN: **012353**  
RXPCN: **06670000**

BCBS 430

**MedicareRx**  
Prescription Drug Coverage

**Premera Blue Cross**  
**Medicare Advantage (HMO)**


Medical Network  
**Medicare Advantage**  
PCP: **KANDEL, BANDANA S.**  
PCP Ph: **425-316-5188**

Insurer: **80840**

CMS-H7245 001

W **Medicare Advantage HMO**

The image shows the back of the Medicare Advantage HMO Member ID Card. It features the Premera logo and Blue Cross logo at the top left. The card provides contact information for customer service, pharmacist call, prior authorization, mental health/chem dep, and a 24/7 nurse line. It also includes instructions on how to locate a provider and how to handle emergencies. The card is not a guarantee of coverage. At the bottom, it provides the address for Premera Blue Cross in Seattle, WA.

**PREMERA** |   
**BLUE CROSS**  
AN AMERICA'S BLUE SHIELD PLAN

To locate a provider visit [www.premera.com](http://www.premera.com)

**Customer Service** 1-888-850-8526  
**TTY** 711  
**Pharmacist Call** 1-888-844-9253  
**Prior Authorization** 1-855-339-8127  
**Mental Health/Chem Dep** 1-800-711-4577  
**24/7 Nurse Line** 1-855-339-8123

**PROVIDERS:** Send claims to local Blue Cross Blue Shield plan with alpha prefix and ID number.

This card is not a guarantee of coverage.


For emergencies dial 9-1-1 or go to the nearest hospital emergency room.  
For non-urgent medical advice call the nurseline at the number above.

**Premera Blue Cross**  
**Po Box 91059**  
**Seattle, WA 98111-9159**



# Member ID Card (HMO-POS Plan)

Members enrolled in HMO-POS plans can access care outside the network

**PREMERA** |   
**BLUE CROSS**  
An Equal Opportunity Employer

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Member:  
**RYAN PHILLIPS**  
Prefix Identification #  
**ZNP 70091868000**

---

Group #: **110939**  
RXBIN: 012353  
RXPCN: 06670000

---

BCBS 430

---

**MedicareRx**  
Prescription Drug Coverage **X**

Premera Blue Cross Medicare Advantage **(HMO-POS)**

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Medical Network  
Medicare Advantage  
PCP: **HATFIELD, KEVIN S.**  
PCP Ph: **206-329-1760**

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Insurer: 80840

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CMS-H7245 002

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W **Medicare** ADVANTAGE **HMO**

**PREMERA** |   
**BLUE CROSS**  
An Equal Opportunity Employer

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To locate a provider visit [www.premera.com](http://www.premera.com)

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**Customer Service** 1-888-850-8526  
**TTY** 711  
**Pharmacist Call** 1-888-844-9253  
**Prior Authorization** 1-855-339-8127  
**Mental Health/Chem Dep** 1-800-711-4577  
**24/7 Nurse Line** 1-855-339-8123

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For emergencies dial 9-1-1 or go to the nearest hospital emergency room.  
For non-urgent medical advise call the nurseline at the number above.

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**Premera Blue Cross**  
**Po Box 91059**  
**Seattle, WA 98111-9159**

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# Medicare Advantage Primary Care Providers (PCPs)

- PCP reminders:
  - PCP change is effective the first day of the following month
  - Providers can't request a PCP change on behalf of a member
  - Members can be seen by another PCP provider type within the same TIN
  - PCP provider types include: internal medicine, family medicine, general practice or pediatrician
  - PCP rosters are available online
  - PCPs are asked to schedule annual wellness visits for each Medicare Advantage member

# Premera Enhanced Annual Wellness Visits (AWVs)

- Visits need to be performed by a PCP or a contracted nurse practitioner
- Typical visit lasts 45 to 60 minutes
- Visit is a no-cost service to the patient (includes preventive labs)
- In addition to the traditional AWV CPT codes G0438/G0439, Premera allows for an additional code of S0250 (3.0 RVU) to cover the extra time involved for a chronic conditions assessment
- The goal is to see every Medicare patient each year and bill the service once per calendar year
- The benefit refreshes January 1; no need to wait 365 days between visits

# Risk Adjustment/Diagnosis Coding

- Risk adjustment helps to accurately reimburse providers and health plans for their patients' care—specifically care for higher-risk patients
- Risk adjustment scores are higher for patients with a greater disease burden, lower for healthier patients
- The diagnosis codes reported on provider claims determine a patient's disease burden and risk score
- Chronic conditions must be reported once per year
- *Each January 1, the risk adjustment slate is wiped clean. All of your Medicare patients are considered completely healthy until diagnosis codes are reported on claims*

# Medicare Advantage HEDIS Medical Record Review

- Time sensitive record review: February–May
- Remote EMR access can ease burden on office staff
- Registered nurse record reviewers may come on-site, if no remote access
- Requires copies of records to verify data
- Accurate, complete coding reduces need for record review (consider CPT II codes)

*CPT: Current Procedural Terminology*

*EMR: Electronic Medical Record*

*HEDIS: Healthcare Effectiveness Data and Information Set, a product of NCQA*

# Accessing the Provider Website

PREMERA | 

[Home](#) | [Contact Us](#) | [24-Hour NurseLine](#) | [About Us](#) | [Careers](#)

[Log In](#) | [Forgot Password](#)  
[Create Account](#)

BLUE CROSS

for Providers

Choose your location: AK - WA

for Providers

[Provider Home](#)

[Log In / Register](#)

[My Premera](#)

[FEP](#)

[Medicare Advantage](#)

Tools

[Find a Doctor](#)

[Rx Search](#)

[Eligibility & Benefits](#)

[Claims & Payments](#)

[Claims Editor](#)

[Change Clinic/Facility](#)

Utilization Review

[Prospective Review](#)

[Advanced Imaging](#)

[Admission Notification](#)

Medicare Advantage

New Plans, New Patients, New Benefits

Watch a free, informative webinar that explains how Healthcare Reform may impact your future patients and practices.

[Watch Now](#)


## News and Updates

Free Webinar: [Washington New Individual and Small Group Plans: What You Need to Know](#)

Free Webinar: [How Healthcare Reform May Affect Your Patients & Practice](#)

- ALERT: Vision Hardware Benefit
- Choosing Wisely® Promotes Appropriate Treatments
- Medicare Advantage
- Provider Credentialing Staff Reminder
- ICD-10 Reminder

# Medicare Advantage Landing Page

**PREMERA** |   
**BLUE CROSS**

[Home](#) [Find A Doctor](#) [Forms](#) [Contact Us](#)

[premera.com/wa/provider/medicare-advantage](https://premera.com/wa/provider/medicare-advantage)

## Premera Blue Cross Medicare Advantage Plans

Premera Blue Cross offers four Medicare Advantage plans in Snohomish, King, Pierce, Thurston, or Spokane County for Medicare-eligible individuals who have Medicare Parts A and B and are:

- Age 65 or older
- Under age 65 who have certain disabilities
- Current residents of Snohomish, King, Pierce, Thurston, or Spokane County

Premera Blue Cross Medicare Advantage plans offer your patients Medicare benefits — plus extra benefits for prescriptions and fitness programs — all in one easy-to-use plan. Medicare open enrollment occurs October 15 through December 7 every year.

For more information about participating with Premera while caring for your Medicare Advantage patients, please see our [Provider Reference Manual](#) .

- [Pharmacy Information](#)
- [Network for Premera Blue Cross Medicare Advantage Plans](#)
- [Training for Providers and Office Staff](#)
- [Information for Your Patients](#)

## Care Management Program

- [Program information](#)
- [Annual Wellness Visits: Frequently Asked Questions \(FAQs\)](#)



## Policy Updates

### Secure Tools and Resources for Providers

- [Patient Inquiry](#)
- [Claims Inquiry](#)
- [Claim Connection](#)
- [Explanation of Payment](#)
- [PCP Roster](#)
- [Clear Coverage](#)
- [Referral and Prior Auth Inquiry](#)
- [Policies](#)

[Secure Tools and Resources](#)

### Recent Policy Updates

- [Medical Policy Updates August 1, 2015](#) 
- [Pharmacy Policy Updates August 1, 2015](#) 
- [Payment Policy Updates August 1, 2015](#) 

**Easy access to non-secure pages**

**Click on Secure Tools and Resources**

# Medicare Advantage Reminders and Resources

- Check patient ID card at every visit
- Verify Eligibility
  - Customer Service **888-850-8526**
  - PCP Roster
- Tiered networks do not include MA
  - When patients ask if you're participating with Premera, confirm the specific network
- Separate address for Medicare Advantage claims, appeals, prior authorization, and referrals





## Quality Programs

# HEDIS



# What is HEDIS and why is it important?

- HEDIS is a set of standardized performance measures designed to ensure that purchasers and consumers have the information they need to reliably compare healthcare quality.
- HEDIS emphasizes prevention, detection, and treatment that can help patients better manage their health. It also:
  - Identifies possible gaps in patient care
  - Identifies possible outreach and education to patients
  - Gives consumers and employers a comparison of performance regarding providers and health plans
- Premera is committed to partnering with providers to ensure quality patient outcomes

*\*HEDIS = Healthcare Effectiveness Data and Information Set, a product of NCQA*

# Seven Measure Focus

- We have targeted seven metrics in which we believe providers can significantly influence patient behavior
  - Seven HEDIS Focus Measures
    - Breast cancer screening
    - Cervical cancer screening
    - Colorectal cancer screening
    - Chlamydia screening
    - Medical attention for nephropathy
    - Eye exam for diabetics
    - HbA1c testing for diabetics

# Reports Available to You

- **HEDIS Care Gap Report**
  - Three tabs available – Clinic (pictured here), Provider, and Member
  - Gaps are categorized as up to date, past due, and due soon (due soon: member will be due within next three months of when report was ran)
  - Reports available via sFTP or secure email

HEDIS Care Gap Report - Clinic Aug 2015

**Clinic Care Gap Summary for Premera Patients**  
 Based on claims received and paid through **08/29/2015**  
 Includes currently covered patients attributed to: xx CLINIC TIN: 123456789

Clinic Name	Patients With Care Gap	Total Care Gaps
Clinic Names Listed Here....	2	2
	9	9
	154	189
	4	11
	48	59
	351	441
	285	348
	45	64
	3	3
	69	87
	280	346
	77	96
	108	130
	10	16
	20	28
	253	312
	9	11
<b>All Clinics Total</b>	<b>1,727</b>	<b>2152</b>

# What do I do with the reports?

- Use the member level list to validate there is a true gap and if so, conduct outreach calls to members who didn't receive their annual screenings and schedule appointments
- Document all care in patients' medical records and accurately code all claims
- Encourage patients to schedule preventive exams
- Remind patients to follow up with any ordered tests

# Additional HEDIS Measurements



# Available Resources

- [premera.com/wa/provider/reference/HEDIS/](https://premera.com/wa/provider/reference/HEDIS/)
- Tip Sheets
- Quick Reference Coding Guide

The screenshot displays the Premera Blue Cross website interface. At the top left is the Premera Blue Cross logo. A navigation bar includes a 'Providers' tab. On the right, there is a 'Log In' button and a location selector set to 'AK - WA'. A left-hand sidebar menu lists various categories: Providers, Tools, Utilization Review, Library, Forms, Reference Info, Communications, Health Management, EDI, HIPAA, and Pharmacy. The main content area is titled 'HEDIS' and contains a descriptive paragraph about the Healthcare Effectiveness Data and Information Set, a paragraph about the importance of accurate coding, and a section for 'HEDIS Measures' with a link to a 'quick reference coding guide'. Below this, there is a list of measure categories with arrows pointing to the right: Behavioral Health, Cardiovascular Conditions, Diabetes, Prevention and Screening, and Respiratory Conditions.

Contact Darci Brown at 425-918-5445 or [darci.brown@premera.com](mailto:darci.brown@premera.com) to request your report today!



# Commercial Risk Adjustment



Documentation and Coding Requirements

# How it all started...



The Affordable Care Act established commercial risk adjustment (CRA)



Risk stabilization mechanism



Applies to non-grandfathered individual and small group plans, both inside and outside of the Health Insurance Marketplace

# How CRA Impacts Your Practice



**Documentation**

**Diagnosis codes**

# Improving Documentation

Complete note



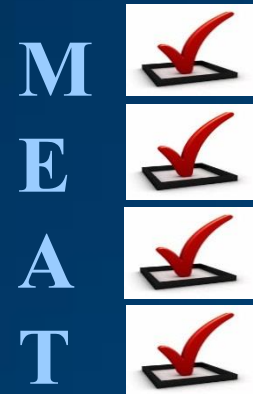
Diagnoses status



Medication list



Supporting documentation



# Improving Coding



Co-existing conditions



Specificity



Annual review of chronic conditions



Status codes



# Premera's Medical Records Review

Annual retrospective medical chart review

ACA required

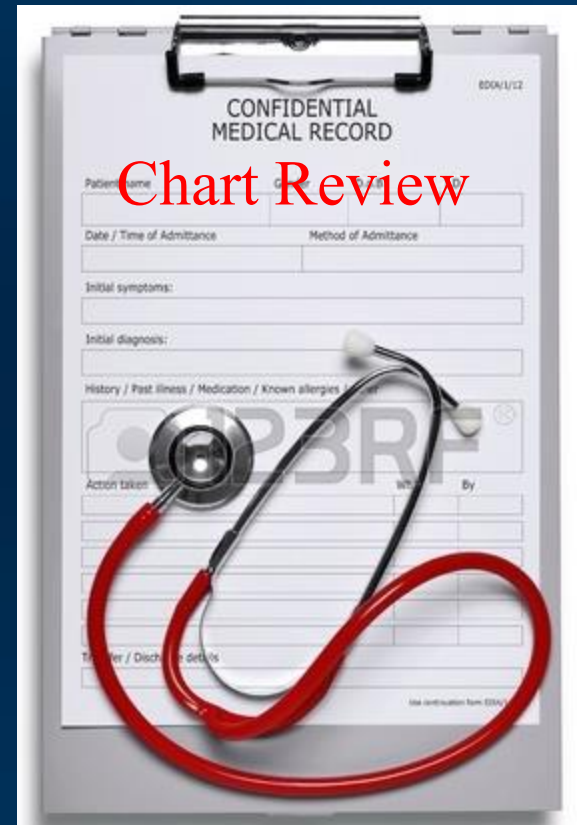
Can affect any provider office

Data is being used for:

- Preparation for Initial Validation Auditor
- Supplemental coding

# HHS Initial Validation Audit

- Insurance plans are required by Health and Human Services (HHS) to select an Initial Validation Auditor (IVA) entity (third-party vendor)
- A sample of chart notes is requested every calendar year
- IVA entity performs an audit and reports the findings to HHS



# Auditor's Checklist

- Is the date of service present for the face-to-face visit?
- Is the record legible?
- Are the valid credentials documented?
- Does the record contain a signature?
- Is there a diagnosis on the record?
- Is diagnosis supported by documentation?



# Summary

- Commercial Risk Adjustment is required by the Affordable Care Act
- Initial Validation Audit is mandatory and will affect providers annually
- Quality of documentation and coding is under the spotlight
- Premera will perform annual medical records chart review

# Free ICD-10 Webinar Series

- **Ready:** ICD-10 Coding & Documentation
  - » Presented by Teresa Stallman, AHIMA approved ICD10 trainer
  - » **Recording is available on our website**
- **Go!** ICD-10 Coding, Risk Adjustment, Audit Preparation
  - » Presented by Tonya Owens, Coding Quality Educator
  - » **November 17, 12 to 1p.m.**

# Contact Information

- Provider Engagement Team
  - » [ProviderEngagementTeam@premera.com](mailto:ProviderEngagementTeam@premera.com)
  - » 877-342-5258, option 4



## Provider Website Updates

# Send Us Your Photos and Bios for the Find a Doctor Tool!

Visit us at [premera.vitalsdata.com](http://premera.vitalsdata.com) and complete the online form

**John A Damergis MD**  
Internal Medicine, Oncology  
Gender: Male

6100 219th St SW Ste 400, Mountlake Terrace, WA 98043  
View map and directions

1 more location

[630] 941-2600

**Accepts New Patients**

15 min average wait time

2 Awards

5.0 ★★★★★

**Networks Accepted**

- AK Global
- AK Heritage Plus
- AK Heritage Select
- Foundation & Foundation Plus 1
- Global

Show 3 more

**Biography**

Dr. Damergis finds it rewarding to care for a wide variety of medical problems within the context of long term patient relationships. He finds time to pursue outside interests in basketball, rock climbing and running, while maintaining strong ties to his community.

# Provider Website & ICD-10

- We're updating our tools for ICD-10!
- Each tool will be updated to accept
  - ICD-9 codes for dates of service prior to Oct. 1
  - ICD-10 codes for dates of service on/after Oct. 1
- Claims Editor–What if Tool
- Real-Time Estimate/Claims Tool
- Prospective Review Tool

# Prospective Review Tool

- Recent changes pave the way for future enhancements
- New features include:
  - User friendly, easy-to-read display
  - Diagnosis code description
  - Pre-populated contact information
  - Additional provider information display to help narrow search results
  - Check review status available on left menu

# Enhanced Design

The new design walks you through each step. It's easy to navigate!

The screenshot displays the 'Prospective Review Tool' interface. On the left is a navigation menu with the following items: providers, for Providers, Tools, Utilization Review, Prospective Review, Check Prospective Review Status (highlighted with a green box), Advanced Imaging, Admission Notification, and Library. The main content area features the title 'Prospective Review Tool' and the instruction: 'Use this tool to determine if a prospective review is required or recommended and to submit a review online.' Below this is the heading 'Submit a review request'. A search form is highlighted with a green box, containing tabs for 'Member', 'Date', 'Codes', 'Additional Info', and 'Submit'. The 'Member' tab is selected. Below the tabs are two search options: 'Search by Member ID' and 'Search by Name'. The 'Search by Member ID' option is active, showing a text input field for 'Member ID' and a smaller field for 'Suffix (optional)'. A blue 'Search' button is positioned below the input fields.



# Prospective Review Tool

Use this tool to determine if a prospective review is required or recommended

## Submit a review request

Member Date Codes **Additional Info** Submit

Enter Diagnosis Code for Jane Smith on 04/06/2015

ICD-9  ICD-10

789

Check

### New!

- ICD-10 for dates of service after October 1
- Diagnosis code description
- Search by NPI
- Provider type and specialty added to narrow search results

Description: OTHER SYMPTOMS INVOLVING ABDOMEN AND PELVIS

## Requesting/ordering physician

Search by:

Name  
NPI Number

b

st name

mc

Find

Name	Type	Specialty	Address
Bones McCoy	All-Around Practitioner	Sci-Fi Surgery	123 Enterprise Street, Seattle WA 76121

# Electronic Provider Access (EPA)

- Submit pre-service review requests for out-of-area members
- Log in to our website at [premera.com/wa/provider](https://premera.com/wa/provider)
- In BlueCard Resources, click on the Medical Policy and Pre-authorization for Out-of-area Members
- Enter the member's alpha prefix
- We'll let you know if the member's home plan participates in EPA
- You're free to use the pre-service tools provided by the member's plan!

# EPA: Pre-service Review for Out-of-area Members

PREMERA | 

BLUE CROSS

Log In

Providers

Choose your location: [AK](#) - [WA](#)

Providers

## Provider Home

Quick Links

[BlueCard® Resources](#)

for Providers

Provi

Log In

Providers

for Providers

Tools

Find a Doctor

Rx Search

Eligibility & Benefits

PCP Roster

Electronic Funds Transfer

Claims & Payments

Claims Editor

Change Clinic/Facility

Utilization Review

Library

Pharmacy

## BlueCard® Resources

### Tools and information

#### Alpha plan prefix list

Unsure where to submit your claims? View this list of common alpha plan prefixes and Blue Plans to find out.

[Alpha Plan Prefix List](#)

#### Medical policy & pre-authorization for out-of-area members

View medical policies, check pre-certification and pre-authorization requirements, and submit pre-service reviews for out-of-area Blue Plan members

[Medical policy and pre-service](#)

#### BlueCard eligibility, benefits and claims

When using these tools, check the BlueExchange box. You'll need the member's alpha prefix, ID number, and date of birth or first and last name.

[Eligibility and Benefits](#) 

[Claims and Payments](#) 

# Medical Policy and Pre-service Review

Find medical policy and supporting documentation requirements (no login required)

Submit pre-service review requests online via the member's home plan website (login required)

Choose your location: AK - WA

## Out-of-Area Member Resources

### View medical policy or pre-service info

To view the out-of-area Blue Plan's medical policy or general pre-certification/pre-authorization information, please select the type of information requested, enter the first three letters of the member's identification number on the Blue Cross Blue Shield ID card, and click "Go."

#### Type of information being requested:

- Medical Policy
- General pre-certification/pre-authorization information

#### Alpha prefix:

If you experience difficulties or need additional information, please contact 800-676-BLUE.

### Request a pre-service review (log in required)

If you have verified the member's benefits and determined that a pre-service review is required, click "Request Review" to log in and begin a review process.

# Pre-Service Request Information

Please submit the following information before beginning a pre-service review

## Alpha plan prefix

Enter the first three letters of the member's identification number from the

Alpha plan prefix:

Enter the alpha prefix and search for the requesting provider to get routed to the member's plan site

## Requesting provider

Search by

- Name
- Organization
- NPI Number

Last name

Name ▲	Type	Specialty	Address
Sobczak, Jacek M	Practitioner	Neurology	14420 W Meeker Blvd, Ste 203 Sun City West,AZ 85375

# EPA: Premera Member



BLUE CROSS

Providers ▾

providers

for Providers

Tools

Utilization Review

Library

We'll let you know if the plan is not participating, or if you enter a Premera alpha prefix

## Pre-Service Request Information

Please submit the following information before beginning a pre-service review.

### Alpha plan prefix

Enter the first three letters of the member's identification number from the Blue Cross Blue Shield ID card.

Alpha plan prefix:

pbv|



Find

Premera plan member. Please use our [Prospective Review process](#) for pre-certification/pre-authorization review.

# Electronic Funds Transfer

## Providers

Provider Home  
Log Out  
My Premera  
FEP  
Medicare Advantage

## Tools

Find a Doctor  
Rx Search  
Eligibility & Benefits  
PCP Roster

## Electronic Funds Transfer

Claims & Payments  
Claims Editor  
Change Clinic/Facility

## Utilization Review

Prospective Review  
Advanced Imaging  
Admission Notification

## Library

Forms  
Reference Info  
Communications

## Electronic Funds Transfer (EFT) Enrollment

Get faster payments and save trips to the bank! Sign up today for Electronic Funds Transfer (EFT). [Learn more about EFT on our provider homepage.](#)

Get Started Now

Get started and sign-up for EFT!

### What you need to know before you

- EFT enrollment automatically turns your business entities and affiliates (except FEP and NASCO).
- EFT enrollment is per tax ID number. Only one bank account number is allowed for each TIN. If you have more than one bank account associated with your TIN, EFT may not work for you.
- You'll receive direct deposit for all Premera, Premera Medicare Advantage and Premera affiliate payments (except FEP and NASCO, which are not supported by EFT).
- You'll receive your first direct deposit within 15 days after submitting your enrollment form.

### How to Enroll in EFT

- **Complete the online enrollment form.** Have your EFT Administrator log in to OHP to access the enrollment page and complete the online enrollment form.
- **Contact your bank or check your bank account online to view deposits.** You can access your explanation of payment (eEOP) on the secure Claims & Payment tool on the left hand navigation.
- **Print a copy of your enrollment form.**
- **Confirm your enrollment status by returning to this page.**

*Your first online payment may take up to 15 business days to process.*

# Email Subscriptions Deliver News!

Log in at  
[premera.com/wa/provider](http://premera.com/wa/provider)  
and sign up for  
an email subscription  
today!

## My Email Subscriptions

- ☐ **Medical Network News Notice**  
Receive an email notice when a new edition is available
- ☐ **Dental Network News Notice**  
Receive an email notice when a new edition is available
- ☐ **News Brief Notice**  
Receive an email notice when a News Brief has been published
- ☐ **News Flash**  
Receive an email notice when a News Flash has been published

Email Address:

To change your email address, type in the new address and click Save S

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Provider News Update

Premera Medical Network News is now online!

Check out the November 2014 Issue today.

Highlights include:

- Putting Ourselves in the Provider's Shoes: Provider Experience Mapping Project
- New ICD-10 Date Extends Use of Former CMS 1500 Claim Form
- Premera Blue Cross Medicare Advantage Updates
- Bone Mineral Density Screening
- Synaxis Policy Updated to Reflect New AAP Guidelines
- Online Services Updates
- Medical Policy and Payment Policy Updates
- Pharmacy Updates

View current issue now

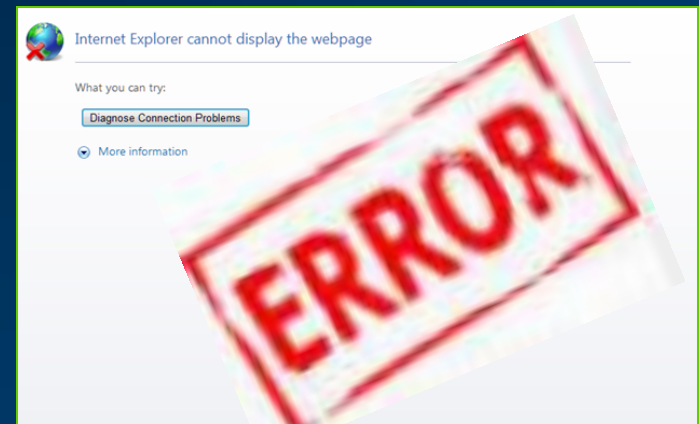
Facebook Twitter LinkedIn

Premera Blue Cross is an Independent Licensee of the Blue Cross Blue Shield Association.  
P.O. Box 327  
Seattle, WA 98111



# Technical Issues

- For the best experience, use a web browser we support:
  - Firefox, Chrome, Internet Explorer (11)
- For technical support, call 800-722-9780, weekdays, 6 a.m. to 6 p.m.
- They can even use Live Help to see your screen!
- Email us 24/7 at:  
[support@premera.com](mailto:support@premera.com)





## Hot Topics

# ICD-10 Update

- Oct. 1, 2015 is the compliance date to transition to ICD-10
- Premera will accept claims billed with ICD-10 codes on or after October 1
- Accepting prior authorization requests with ICD-10 codes now
- Visit [premera.com/wa/provider/eligibility-and-claims/ICD-10/](http://premera.com/wa/provider/eligibility-and-claims/ICD-10/) for updates and links to resources:
  - Road to 10: The small Physician Practice's Route to ICD-10
  - Health Information and Management Systems Society
  - [OneHealthPort.com](http://OneHealthPort.com)

# Credentialing Overview


- ProviderSource—Washington Practitioner Application
  - Required for most physicians, providers, and facilities
  - Notify Provider Relations when completed applications are available
- Credentialing process can take 60 to 90 days from receipt of application
  - Information is verified
  - Missing or incomplete information can slow down the process
- Contact Provider Relations:
  - Phone: 877-342-5258, option 4
  - Email: [provider.relationswest@premera.com](mailto:provider.relationswest@premera.com)

# Calypso Overview

- Overpayment Detection
- Subrogation
- Customer Solutions and Recovery
- Refund Request
- Statement of Recovery Activity (SORA)
- Provider Reference Manual located on our provider website at [premera.com/wa/provider/reference/](https://premera.com/wa/provider/reference/)
- Calypso contact information:
  - Phone: 800-364-2991
  - Fax: 425-918-4722

# Prior Authorization Reminder

- Requirement to obtain approval in advance of certain services
- Failure to obtain prior authorization will result in payment penalty and/or denial
- Visit [premera.com/wa/provider](https://premera.com/wa/provider) for the full list of services

**PREMERA** |   
BLUE CROSS

Log In

Providers

Choose your location: **AK** - **WA**





## Requesting a Review

Log in and use our Prospective Review Tool where you can:

- Check if prior authorization is required or pre-service review is recommended
- Submit a new review
- Check the status of an existing review

[Launch Prospective Review Tool](#)


The following requests are not currently available via the online tool, but can be submitted via the links below:

- [Home health care](#)  and [durable medical equipment](#)  (DME)
- [Out-of-area requests](#)  (providers outside of Washington)
- [Inpatient admission notifications/confinements](#)
- [See the Clinical Review by Code List](#)  for all codes needing review


## Resources

### Forms

**For most pre-service, prior auth requests:**

[Pre-service Request Form](#) 

**For Durable Medical Equipment (DME) requests:**

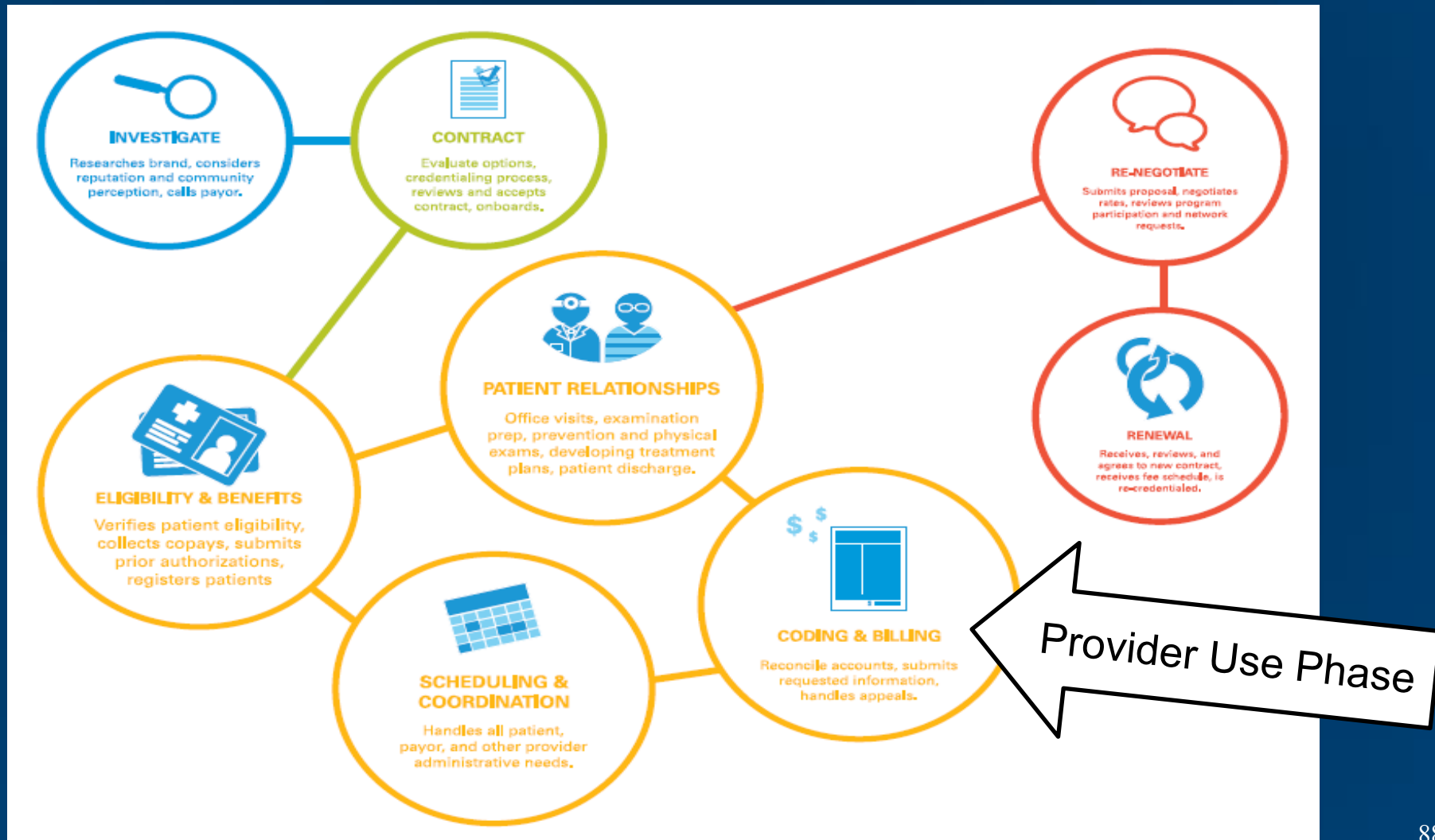
[DME Pre-service Request Form](#)  [Home medical](#)

# Contact Us

- Customer Service
  - Claim and payment issues
  - Member benefit and eligibility questions
  - General inquiries regarding doing business with Premera
  - 877-342-5258, option 2 (reserved for providers)
- Provider Relations (Provider Network Representatives or PNRs)
  - Demographic changes
  - Provider adds, terminations, and changes
  - Notification of credentialing applications available on ProviderSource
  - 877-342-5258, option 4, or [ProviderRelationsWest.com](http://ProviderRelationsWest.com)
- Provider Contracting (Provider Network Associates/Provider Network Executives or PNAs/PNEs)
  - Escalated claim and payment issues
  - Payment policy questions
  - Contract and fee schedule information

# Why is Premera focused on Provider Experience?

An easy “use” phase for providers translates into smooth healthcare delivery to our customers





# Here are some of the things we're working on!

Improved Online Benefits & Eligibility Display



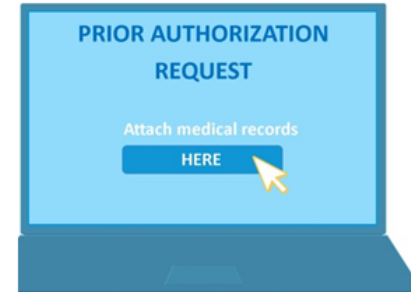
Provider Recognition Program



Helping your patients understand how to use their health insurance



Prior Authorization Medical Record Attachment





**Thank You for  
Attending!**

An Independent Licensee of the Blue Cross Blue Shield Association

