

Premera HMO Core Plus plan

Provider Training
December 7, 2022



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Introduction to HMO

ANNOUNCING

Premera Blue Cross HMO

Premera HMO Core Plus is a forward-thinking plan that offers personalized healthcare with seamless and simplified experiences for providers and members.

The Blue-branded HMO product launches January 1, 2023, for Washington employers with employees who live or work in Pierce, Thurston, and Spokane counties.



Premera HMO?

Premera Blue Cross HMO supports Premera's focus on primary care by offering affordable, high-quality healthcare.

Members enrolled in the HMO Core Plus plan will receive whole person care that centers around a primary care provider who has a complete picture of their health. This plan is an innovative partnership between health plan and provider which promotes excellent care for the members.

Additionally, the HMO's expert customer service agents, known as the HMO Plus Team, support members with a seamless experience between their plan and provider.



Sherwood HMO network

The HMO network is built from committed providers who are focused on providing the best care possible at the lowest cost. **It's available in Pierce, Thurston, and Spokane counties**, with further expansion in 2024 and beyond.

THE SHERWOOD HMO NETWORK INCLUDES



15 hospitals



66 urgent care clinics



More than **1,900** PCPs



11,000 Specialists

THE SHERWOOD HMO NETWORK PROVIDERS INCLUDES

- MultiCare Health System
- MultiCare Indigo Urgent Care
- MultiCare Rockwood Clinics
- MultiCare Capital Medical Center
- Rockwood Inland Eye Surgery Center
- NAVOS
- Wellfound Behavioral Health Hospital
- Greater Lakes Mental Healthcare
- Mary Bridge Children's Hospital
- Seattle Children's Hospital
- Kinwell Clinics - primary care for Premera HMO Core Plus members



Providers

Providers

Primary care providers

A key part of the Premera HMO is that each member has a primary care provider. By having a designated PCP, a member knows that they're working with someone who knows their medical history and can refer them to a specialist when needed.

Members are encouraged to select a PCP as soon as they enroll. If a member doesn't select a PCP, Premera will suggest a PCP for the member using their claim history. The members have the choice to change their PCP at any time during their plan to best suit their needs.

The PCP selection process is important to members so they can receive care from someone who knows their health history so they can better avoid gaps in their care plan.

Providers

How does Premera Blue Cross HMO choose a PCP for a member?

The process starts with a review of a member's claims history to identify if the member has received care from a particular PCP in the past. If the review does not suggest an existing PCP relationship, a PCP will be suggested based on:



Location

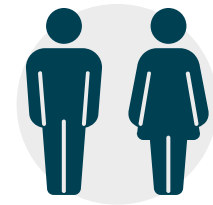
(nearest to member's home address)



Type of provider



Specialty



Gender

Providers

Premera Blue Cross HMO will only suggest PCPs in the Sherwood HMO network that are accepting new patients.

The member-PCP relationship is an important part of the Premera HMO plan because the PCP will guide the members and their dependents through their healthcare needs.

The PCP will be the member's main point of contact for care. Members can choose from different provider specialties for their PCP selection, such as:

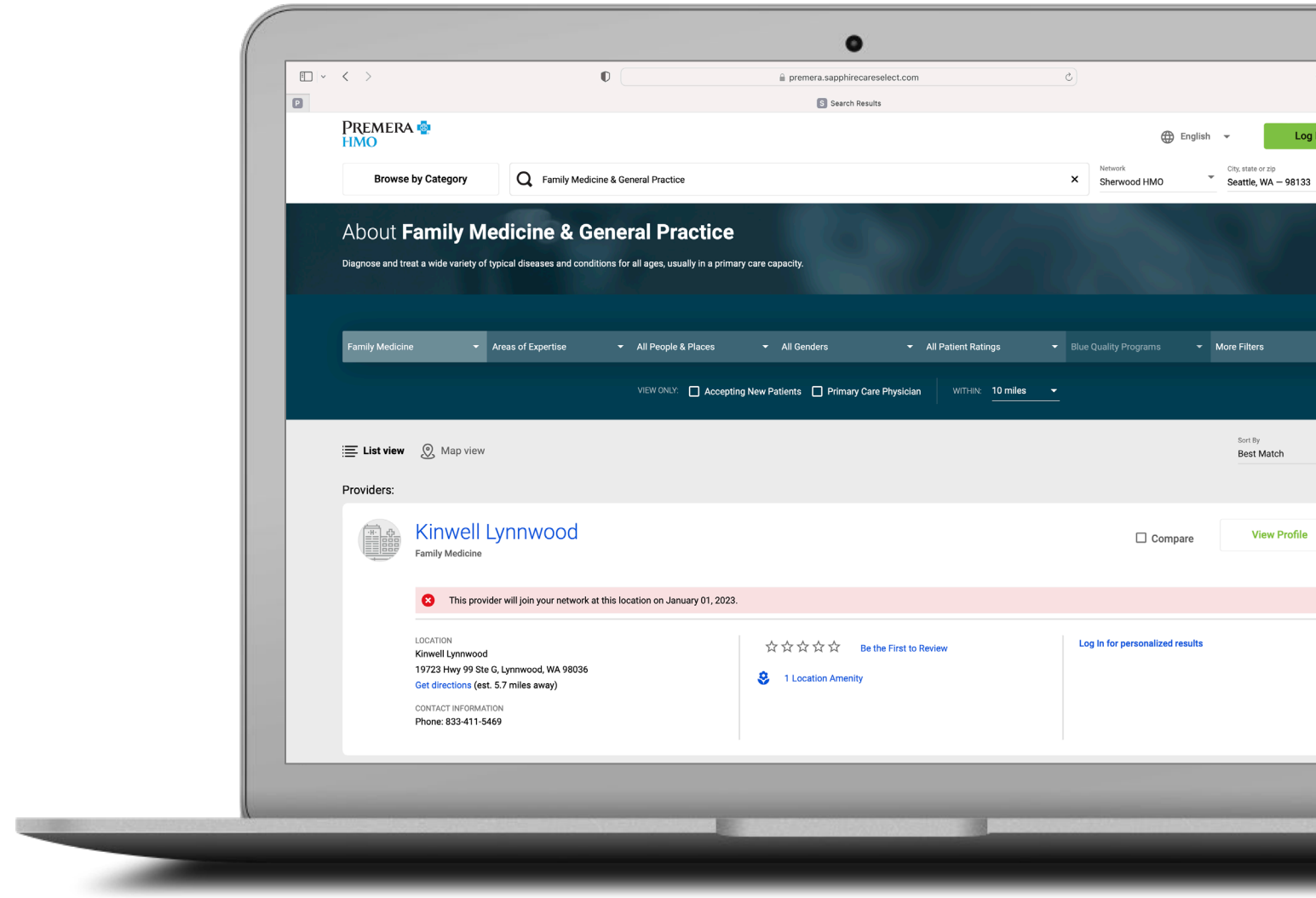
- + Family medicine
- + Geriatric medicine
- + General practice
- + Gynecology
- + Internal medicine
- + Adolescent medicine
- + Naturopathy
- + Pediatrics

Note: PCP provider types can be doctor of medicine (MD), doctor of osteopathic medicine (DO), advanced register nurse practitioner (ARNP), nurse practitioner (NP), and physician assistant (PA).

Providers

Check to see if a provider is in the HMO network

Premera Blue Cross HMO



Providers

Direct Access

PCP referrals are required for specialty services. There are certain services that are Direct Access and do not require a referral.

There is a listing of those services here [Direct Access services](#)

Services that don't require a referral from a PCP

Direct Access Services

Alternative medicine

- Acupuncture
- Chiropractic care
- Naturopathic services
- Outpatient physical, occupational and speech therapy, massage therapy (benefit limits apply)
- Spinal manipulations

Hospital Based Services

- Anesthesia (Regardless of Location)
- Blood bank services

Preventive services

- (Link to all Preventive services)

Other services

- Ambulance/Air ambulance (emergent/urgent care only)
- Ancillary services (x-ray, lab, pathology)

- DME purchases / rentals / supplies (some supplies require authorization)
- Emergency services / Urgent care
- Eye exam (adult and pediatric)
- Family planning services
- Hearing hardware
- Inpatient hospital ancillary professional fees
- Male & female sterilization
- Newborn care (up to 31 days)
- Pediatric dental
- Obstetric care
- Outpatient behavioral health (includes hypnosis)
- Urgent care centers
- Vision hardware (includes contacts)

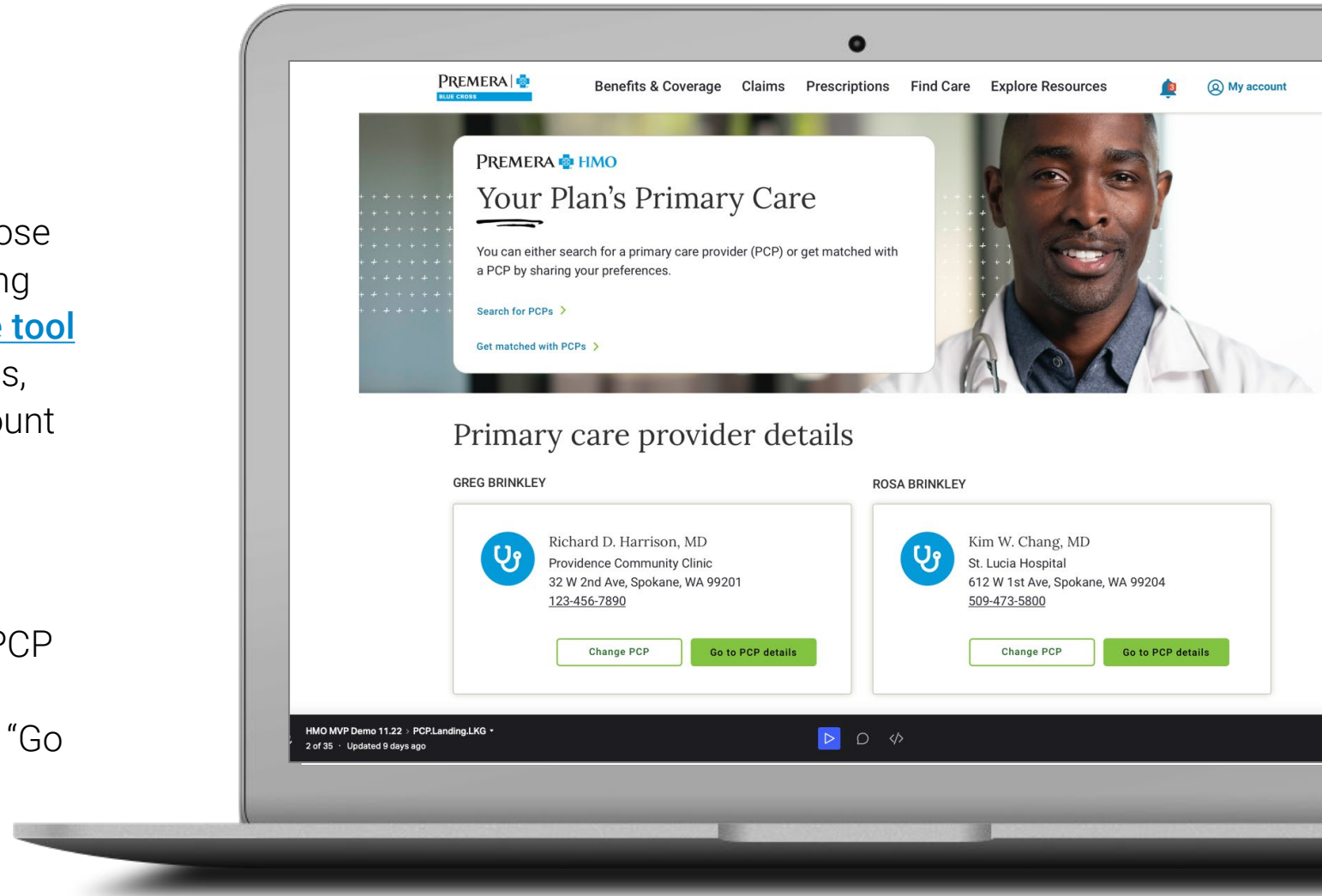
Providers

Find Care Tool

HMO members and their dependents can choose an in-network primary care provider (PCP) using the Find Care tool. They can use the [Find Care tool](#) to change their PCP at any time. To access this, they will need to sign up or sign into their account or member portal.

PCP details page

Users will land on this page after clicking the PCP notification call to action within their member portal. From here, users may “Change PCP” or “Go to PCP details.”



Providers

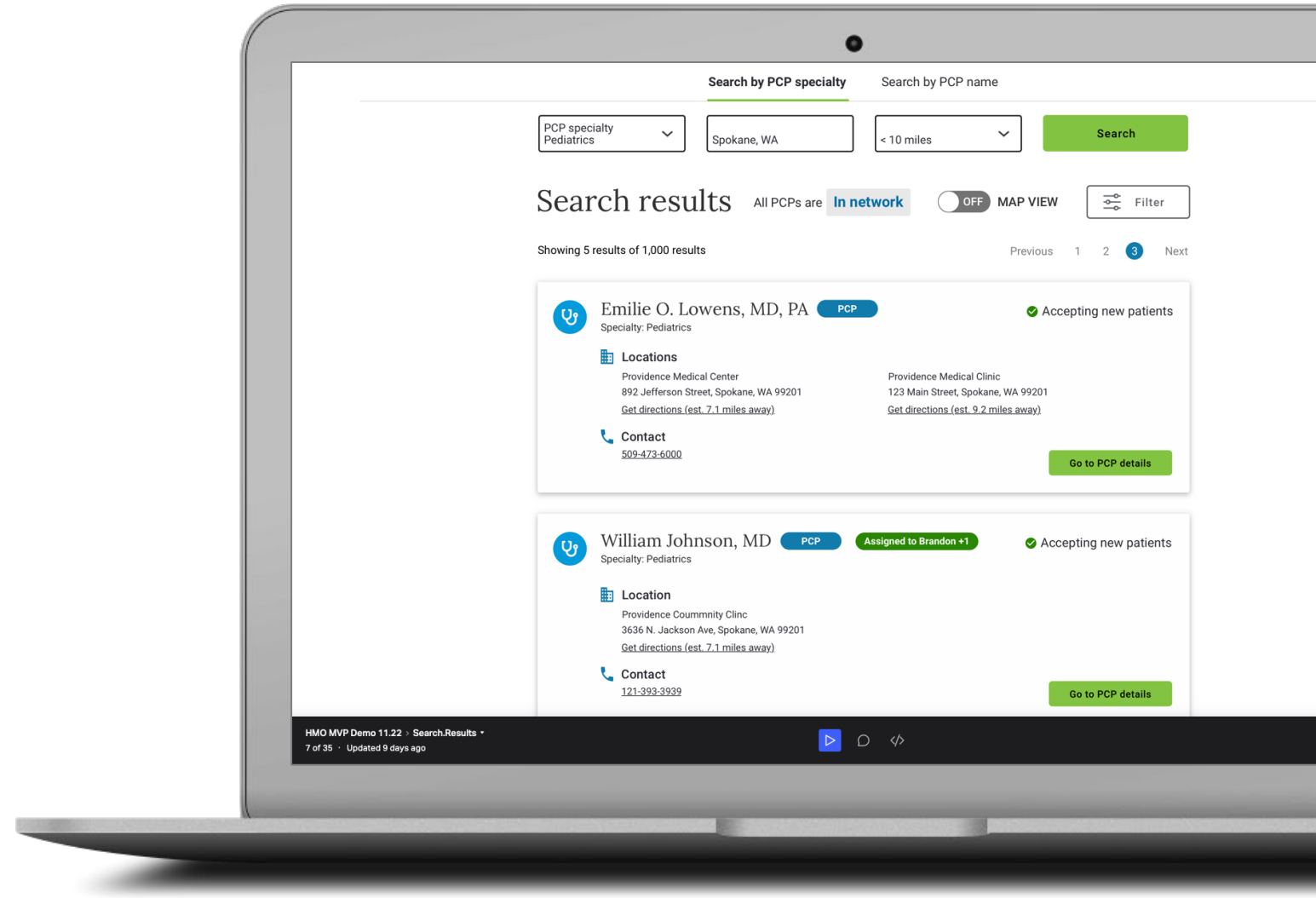
Sherwood HMO Provider directory

HMO members have access to the Sherwood HMO provider directory to help them pick the right PCP for their needs.

[HMO providers directory](#)

Changing/Selecting a PCP

If a member chooses to change or manually search for a PCP, they will be directed to this page.





ID cards

ID cards

HMO ID cards serve as a members' health plan identification and ensure that a member is covered. Check the member's eligibility and benefits through [Availability](#).

The HMO card has unique HMO plan features listed. The plan name can be identified by the Premera Blue Cross HMO logo and the network name Sherwood HMO on the front of the ID card. For more information, see our [ID card guide](#).

HMO ID card and guide

PREMERA HMO

Member
PREMERA MEMBER
Prefix Identification # Suffix
Z3T 123456789 01

Medical Network SHERWOOD HMO

Group # 1234567 BCBS 431
Rx Group # BCWAPDP Rx Plan E4
BIN# 610014

OFFICE VISIT COPAY \$5 / SPECIALIST COPAY \$50
URGENT CARE COPAY \$35 / EMERGENCY ROOM \$300

In Network Only
Deductible Individual \$1000
Deductible Family \$2000
Out of Pocket Max Individual \$4000
Out of Pocket Max Family \$8000

RETAIL RX \$10/\$70/40%/50%
MAIL-ORDER RX \$25/\$175/40%/50%

Rx

Visit www.premera.com for coverage details, on-line services and health-related information.
Customer Service 1-844-722-HMO1 (4661)
TTY for the deaf and hard of hearing 711
Provider Questions 1-844-722-HMO1 (4661)
Mail Order Pharmacy 1-800-391-9701
24-Hour NurseLine 1-800-841-8343

PROVIDERS/MEMBERS: Specialty services require a referral from a primary care provider (PCP). Some services and medications require prior authorization. Contact your PCP to request a referral or prior authorization.
PROVIDERS: Please submit all claims with ID number, prefix and group number to the local Blue Cross Blue Shield Plan.

This card is not a guarantee that the member's coverage is currently in effect.

MEMBER/PROVIDER: Send paper claims and correspondence to:
Premera Blue Cross HMO
P.O. Box 91059
Seattle, WA 98111-9159 10/07/2022

MEMBERS: Please show this card when you receive services. See your benefit booklet for covered services. If you have questions, call or chat with Customer Service or write us at the address on this card.
Providers: Verify eligibility and benefits, check claim status, or submit a prior authorization at Availability.com or call Customer Service prior to providing services. This member does not have benefits outside of their network other than urgent/emergency care.



Program benefits

Program benefits

Premera HMO Core Plus

A forward-thinking health plan

The HMO Plus Team - HMO customer service experts

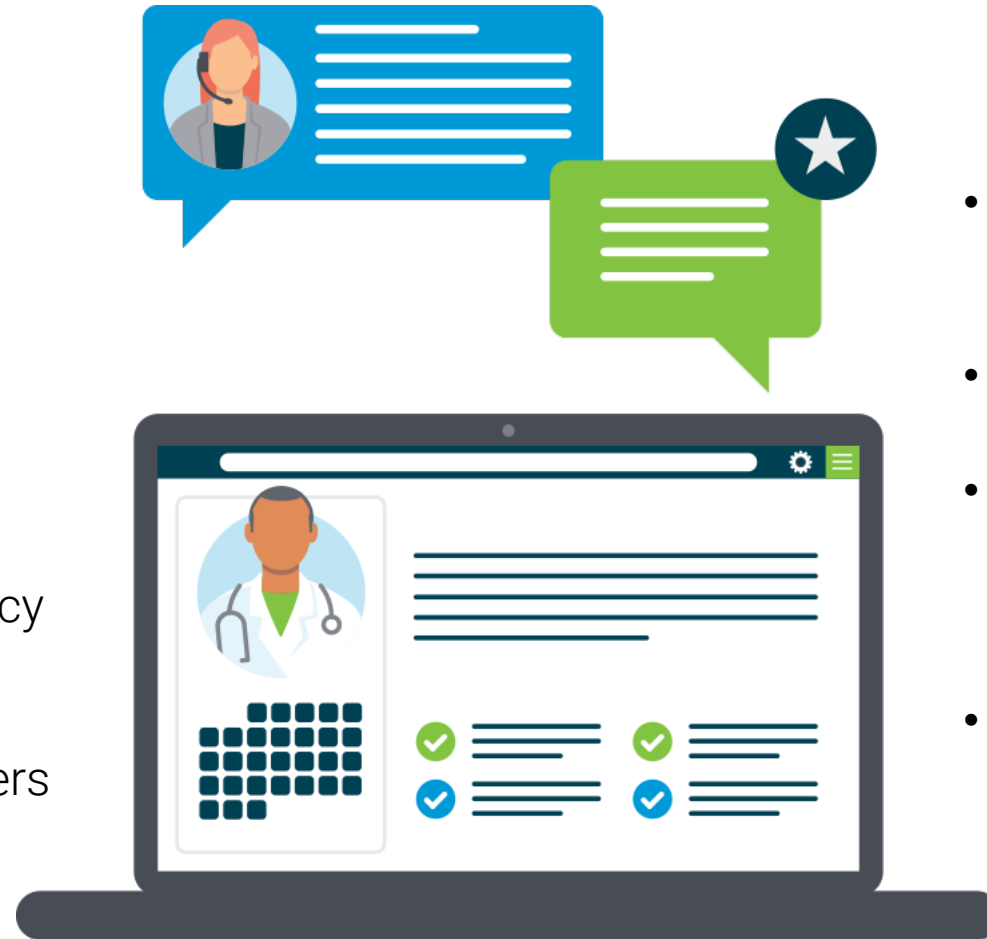
- HMO Plus Team has the skills and autonomy to guide both members and providers through their entire journey while resolving any issues along the way, in real time.
- This team is focused specifically on HMO and will be able to collaborate directly with providers and respond quickly when an issue arises.
- Providers can call provider customer service for HMO: 844-PBC-HMO1 or 844-722-4661 or email hmoplusprovidersupport@premera.com for support.



Program benefits

The team will:

- Manage inbound and outbound member and provider calls
- Answer chats and emails
- Coordinate with case management and pharmacy
- Communicate proactively with members and providers



- Strengthen provider partnerships
- Support referral processes
- Move non-clinical work from medical management to a more appropriate venue
- Decrease claims rework

Program benefits

Dedicated HMO medical director

A dedicated medical director will work closely with primary care providers to optimize referrals and better integrate behavioral health needs.

The medical director will provide:

Long-term collaboration
with provider groups for
operation success

Ongoing reviews of
population health data for
impactful initiatives

Data to drive managed
care initiatives to keep
members healthy

Member-centric programs
and primary care
prioritization



Program benefits

Behavioral Health Navigator

The pandemic has brought mental health even further into the spotlight and now it's become a critical topic. To help our members find the care they need, and to assist providers to ensure that their patients are getting help, we offer a navigation service.

With one phone call to our HMO Plus Team number (844-PBC-HMO1 or 844-722-4661), Premera can help a member find a provider that meets their needs and is accepting patients.



Program benefits

Urgent & emergency care

Our HMO is an in-network offering only. However, when an urgent situation arises, an HMO member can utilize urgent care and emergency care anywhere in the United States. Emergency care is explained from Premera's contract team as:

- “Examination and treatment as required to stabilize a patient to the extent the examination and treatment are within the capability of the staff and facilities available at a hospital.”
- “Stabilize means to provide medical, mental health, or substance use disorder treatment necessary to ensure that, within reasonable medical probability, no material deterioration of an emergency condition is likely to occur during or to result from the transfer of the patient from a facility; and for a pregnant member in active labor, to perform the delivery.”
- “Ambulance transport is needed in support of the services above.”

Program benefits

Urgent care comes to the member with Dispatch Health

Members can avoid wait times for urgent care with Dispatch Health, a provider group contracted with Premera.

At the cost of a copay, members can have Dispatch Health come to their home or work.

They provide on-demand, qualified, acute care to keep patients out of the hospital seven days per week, 8 a.m. to 10 p.m. Pacific Time.

A provider, case manager, or patient can request care via phone or web.

To eliminate barriers to getting care and the need for transportation, Dispatch Health sends a care team directly to a patient's home.








Once on the scene, the care team can provide 60-70% of care available in the ER.

Dispatch Health collaborates closely with the patient's primary care provider for close follow up if needed.

Program benefits

Premera believes in helping members at all points of their care journey. There are partnerships in place with many best-in-class organizations to help members live healthier lives. HMO member have access to virtual care provider through the Premera MyCare app.

Virtual care providers are as follows:

	98point6
	24-Hour NurseLine
	Doctor On Demand
	Workit Health
	Boulder Care
	Talkspace
	Livongo

Program benefits

Enhanced digital experience

To give HMO members more control over the management of their healthcare, the HMO program provides digital tools like:



PCP selection



**Referral and authorization
notifications**



**Digital care
management**



Virtual visits

Program benefits

Pharmacy services

HMO pharmacy services include dedicated support from the HMO Plus Team and proactive outreach focusing on providing the right care at the right time.

Premera pharmacists are available for clinical consultations with members and providers to answer any medication questions they may have. Most HMO plans (SEBB not included) require the use of exclusive home delivery using the Express Scripts mail-order pharmacy for maintenance medications—it's designed to be a cost-saving strategy for members.



Program benefits

Core pharmacy programs

- Dedicated support to members pharmacy needs
- Proactive outreach to focus on the right care at the right time

Formulary

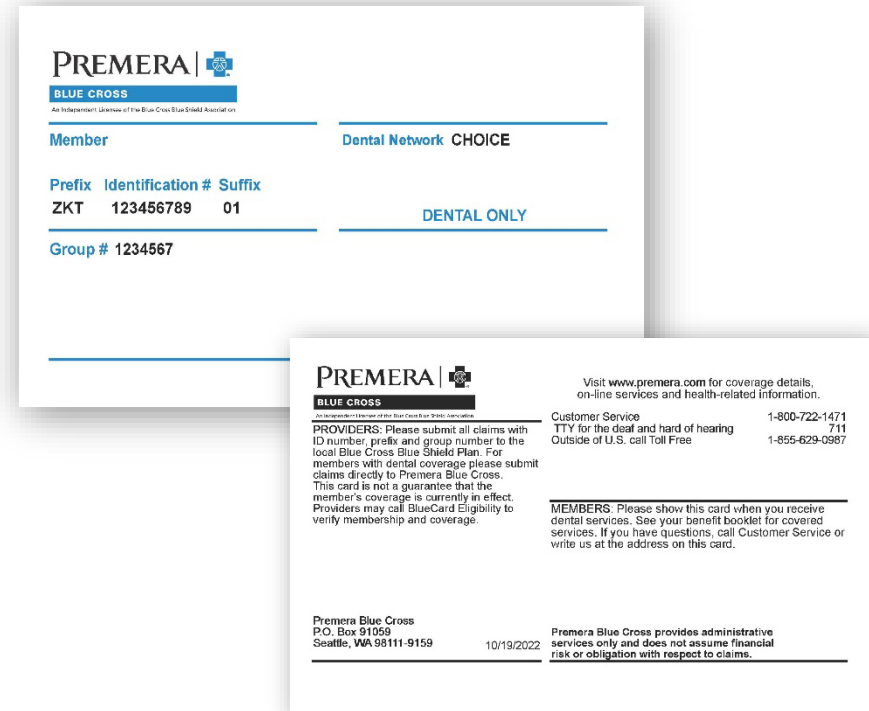
- Allows for the most restrictive and high-value options for medications through medication exclusions and unique tiering options
- Exclusions reduce the pricing of high-cost, low-value drugs, and steer members to lower cost alternatives in select classes
- Tier 4 has non-preferred generics, brand, and specialty medications to reduce use of high-cost, low-value medications

Program benefits

Dental care

HMO plans cover certain medical services that are provided by a dental provider, which are listed as covered under the medical plan, but dental services are offered separately from HMO.

Beginning Jan 1, 2023, with the HMO medical product, an employer can select a Premera-branded dental plan. If the employer selects a dental plan, their employees will have dental coverage. If an employer doesn't select a Premera Blue Cross dental plan, then the member will not have dental coverage through Premera.



Program benefits

Digital care management (powered by Wellframe)

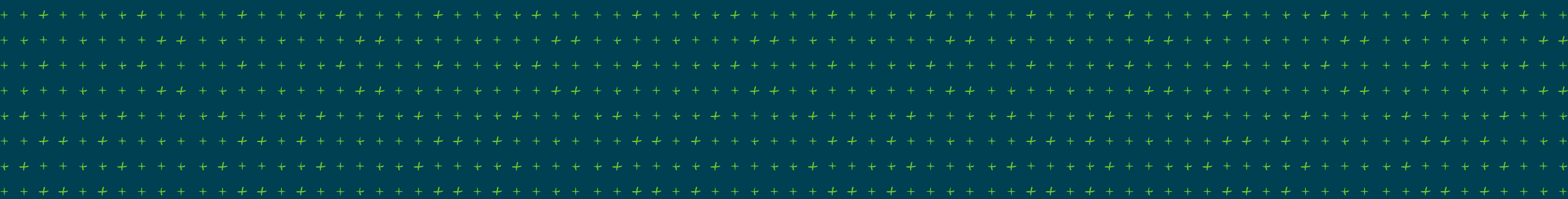
Our digital care management service meets members where they are in the mode and cadence they prefer. The service offers digital text and chat functionality between a member and their care manager. It also provides:

- Digital programs curated for a digital user with case management support
- Care transition management
- Behavioral health coordination
- Condition management
- Lifestyle management

To refer a member to Premera's case and digital management service:

- Email: case.management@premera.com
- Contact a case manager: 1-888-742-1479





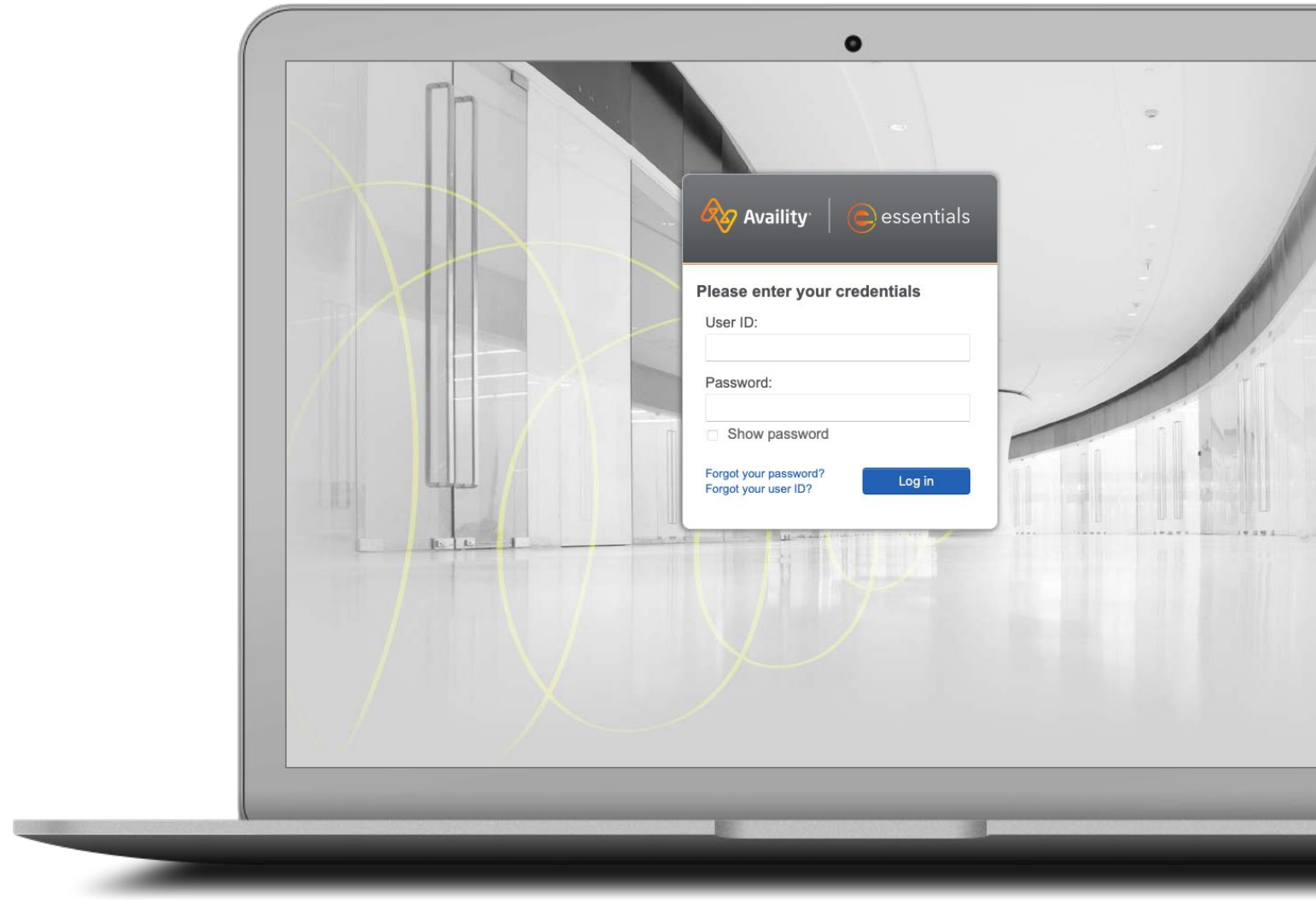
Availability

Availity

Online provider tools

Premera has implemented Availity as the one-stop shop secure website for all Premera HMO provider needs.

Availity is a single-source platform for the HMO health plan that allows providers to check member eligibility and benefits; monitor claims statuses and submissions; submit referrals and prior authorizations; and more.



Availity

Availity is a free service. [Sign in to Availity](#) or [register and get training](#).
View our [Availity provider FAQ](#) for more details.

Availity offers the quickest way to obtain secure, personalized, easy-to-use information. Providers can:

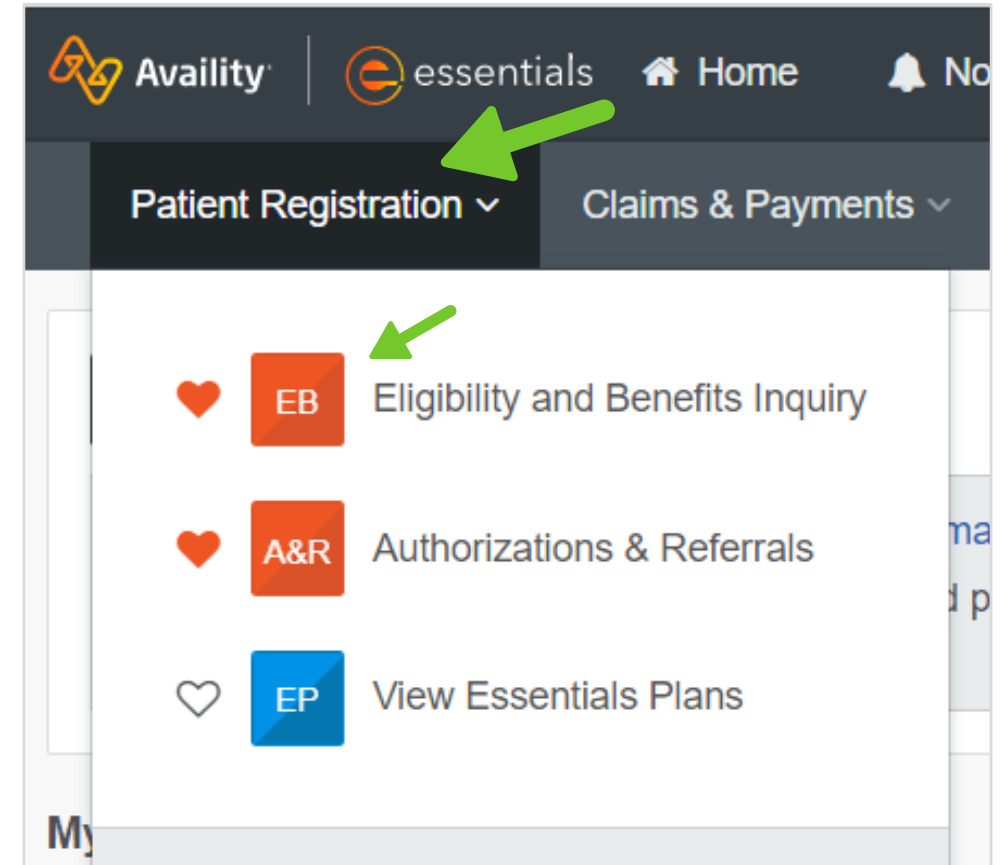
- + Verify member eligibility and benefits (including plan effective dates)
- + Verify information about deductibles, copays, and coinsurance
- + Verify benefit limit accumulators
- + Check the status of a claim
- + Submit a professional or facility claim (free service through the Premiera HMO Payer)
- + Submit and check the status of a prior authorization and referral
- + View check and explanation of payment (EOP) information
- + Register for electronic funds transfer (EFT) for enrollment or cancellation using Premiera and Affiliates as a Health Plan payer

Availity

Eligibility and benefits

Our secure provider website through Availity offers the quickest way to obtain secure, personalized, easy-to-use information. With Availity, providers can verify members' eligibility and benefits (including plan effective dates), basic demographic information, deductible, and benefit limit accumulators.

[Sign in to Availity](#) In the Availity menu bar, click **Patient Registration | Eligibility and Benefits Inquiry**. Select Premera Blue Cross HMO as a payer and complete the required fields to submit a request.



Availability

Eligibility and benefits payer and summary:

Select the Premera Blue Cross HMO payer from the drop-down menu and complete the rest of the required fields.

New Request

[Watch a quick demo](#)

• Payer ?

PREMERA BLUE CROSS HMO

Provider Information

Select a Provider ?

Search for a Provider

• NPI ?

Service Information

• As of Date ?

11/22/2022

• Benefit / Service Type ?

Health Benefit Plan Coverage

Patient Information

Patient Search Option ?

Patient ID

• Patient ID ?

Search

Patient Relationship to Subscriber ?

Please Select a Relationship

Availity

Eligibility and benefits payer and summary:

The eligibility and benefit summary page has a section at the top that includes important information about the member's plan like the required PCP referral requirements and whether the provider is in the member's network.

Date of Service Nov 28, 2022 Transaction ID: 23498223 Transaction

Subscriber

Member ID
DOB
Gender

Plan / Coverage Date Jan 01, 2022 - Dec 31, 9999

PREMERA HMO

INFORMATION RECEIVER IS PARTICIPATING IN THIS NETWORK - SHERWOOD HMO
ALL COST SHARES ARE WAIVED FOR COVID-19 DIAGNOSTIC TESTING
COVID-19 VACCINES ARE PROVIDED BY THE GOVERNMENT; ADMINISTRATION FEES ARE COVERED BY THE CODES
ALL COST SHARES ARE WAIVED FOR VIRTUAL CARE VISITS FOR CONTRACEPTIVE MANAGEMENT
A REFERRAL FROM A PCP IS REQUIRED FOR MOST SPECIALTY SERVICES. CHECK THIS PLAN'S DIRECT ACCESS LIST AT WWW.PREMERA.COM/HMO/DOCUMENTS/059783.PDF FOR SERVICES THAT DO NOT REQUIRE A REFERRAL

Patient Information Coverage and Benefits

FILTER BY NETWORK All Networks In Network Out Of Network

Health Benefit Plan Coverage - 30

Active Coverage

Insurance Type Other

Plan / Product FULLY INSURED HMO SHERWOOD HMO

*This section includes important information about the member's plan if the provider is in the member's plan network.

* It also includes important information about the PCP referral requirements. A referral from a PCP is required for most specialty services. Check this plan's Direct Access List at www.premera.com/hmo/documents/059783.pdf for services that do **NOT** require a referral

Based on the network message above. The "Filter By Network" section display defaults to the provider's network. In this example the provider is participating in the member's network and the display defaults to "In Network"

Availity

Eligibility and benefits payer and summary:

The Patient Information section displays information about the member's plan and policy expiration date. It also provides details about the member's PCP.

Date of Service Nov 28, 2022 Transaction ID: 23498223 Transaction Date: Nov 28 1:48 pm Customer ID: 278779

Plan / Coverage Date Jan 01, 2022 - Dec 31, 9999

PREMERA HMO

INFORMATION RECEIVER IS PARTICIPATING IN THIS NETWORK - SHERWOOD HMO
ALL COST SHARES ARE WAIVED FOR COVID-19 DIAGNOSTIC TESTING
COVID-19 VACCINES ARE PROVIDED BY THE GOVERNMENT; ADMINISTRATION FEES ARE COVERED BY THE HEALTH PLAN USING CORRECT CODES
ALL COST SHARES ARE WAIVED FOR VIRTUAL CARE VISITS FOR CONTRACEPTIVE MANAGEMENT
A REFERRAL FROM A PCP IS REQUIRED FOR MOST SPECIALTY SERVICES. CHECK THIS PLAN'S DIRECT ACCESS LIST AT WWW.PREMERA.COM/HMO/DOCUMENTS/059783.PDF FOR SERVICES THAT DO NOT REQUIRE A REFERRAL.

Patient Information Coverage and Benefits

Subscriber Information

Group Number
Group Name
Policy Expiration Date Dec 31, 2022

Member ID
PRIOR ID NUMBER

Primary Care Provider

Name: BENEDETTO, JETTE T
NPI: 1740282565
1326 N STANFORD LN
LIBERTY LAKE, WA 99019
Contact Information
P: 509-755-6760
F: 509-755-6761
Period Date Feb 16, 2022

Name: MULTICARE ROCKWOOD LIBERTY LAKE CLINIC
Type: Group
NPI: 1730687161
1326 N STANFORD LN
LIBERTY LAKE, WA 99019

Plan / Product Information

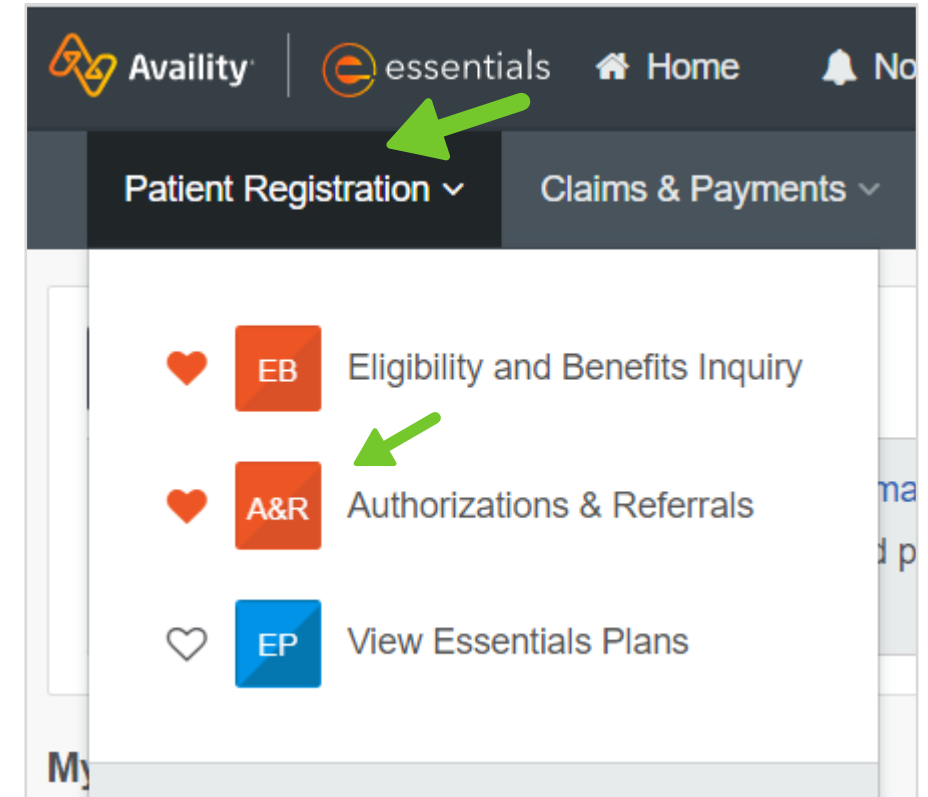
Under the Patient information section, the member's primary care provider details displays towards the top of the section.

Availity

Prior authorization

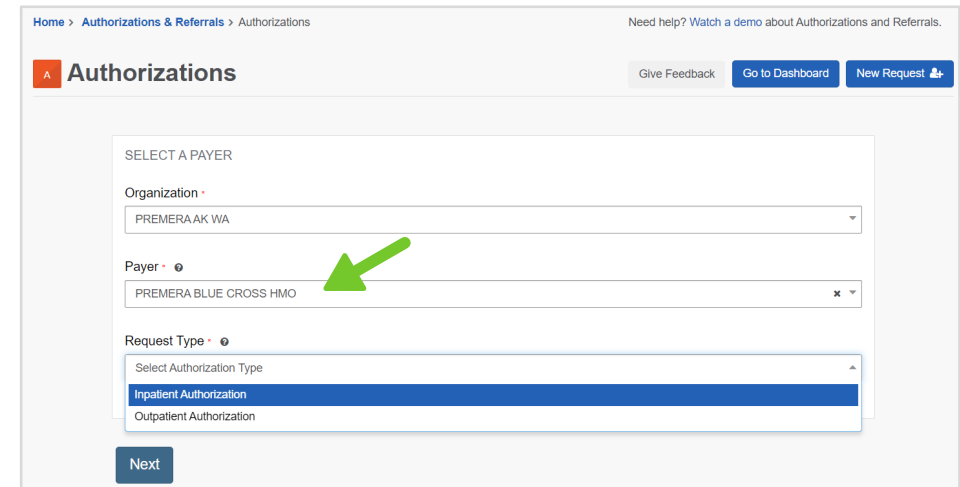
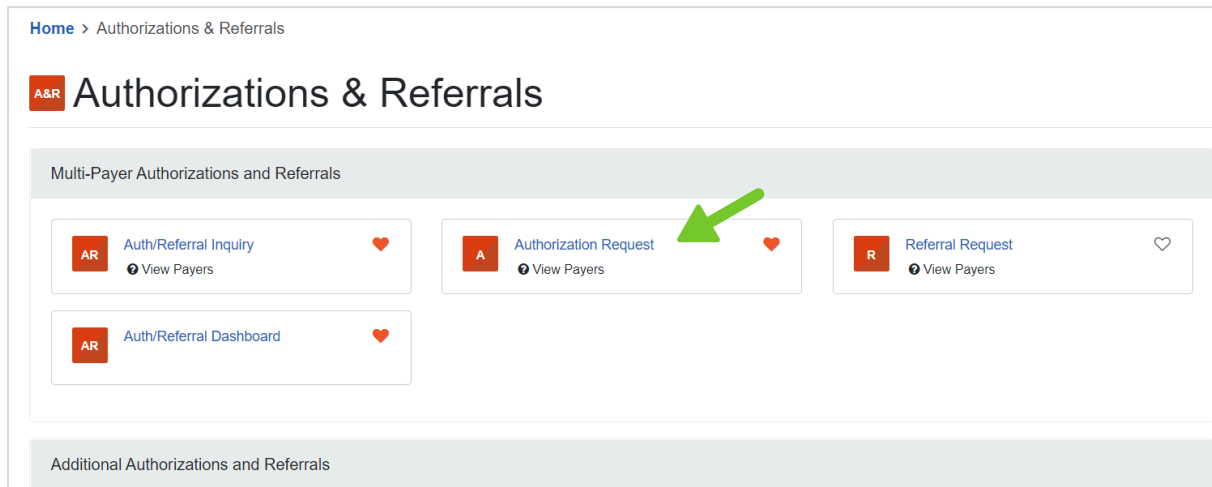
[Sign in to Availity](#) to access the prior authorization tool for Premera Blue Cross HMO. The Availity prior authorization tool considers a member's eligibility and coordination of benefits. The status of these requests can be checked through Authorization & Referrals inquiry tool or dashboard. If the request is denied, a letter will be mailed to the provider and member.

In the Availity menu bar, click **Patient Registration** | **Authorizations & Referrals**.



Availity

On the Authorizations & Referrals page, click **Authorization Request**. Select Premera Blue Cross HMO as a payer and complete the steps to complete a request.



Availability

During the prior authorization process providers can identify a provider's network status to ensure members are seen by an in-network HMO provider.

Providers can check the status of a request through the Authorization/Referrals dashboard.

PROVIDER SEARCH RESULTS

Provider Info	Specialty / Taxonomy	Address	
Cascade Medical Center NPI: 1962406389 Tax ID: 910856279 In Network: Yes	207Q00000X - Family Medicine	817 Commercial St Leavenworth, WA 988261316	Select
Cascade Medical Center NPI: 1962406389 Tax ID: 910856279 In Network: Yes	208M00000X - Hospitalist	817 Commercial St Leavenworth, WA 988261316	Select
Cascade Medical Center NPI: 1962406389 Tax ID: 910856279 In Network: Yes	282N00000X - General Acute Care Hospital	817 Commercial St Leavenworth, WA 988261316	Select

First « Prev 1 Next »

Home > Authorizations & Referrals > Auth/Referral Dashboard

Need help? [Watch a demo](#) about the Auth/Referral Dashboard.

Give Feedback New Request

Search Search Sort by: Last Updated

Filter List Applied Filters: STATUS: ALL TYPE: ALL ORGANIZATION: ALL PAYER: ALL DATE RANGE: ALL

All Items Followed Items Drafts Trash

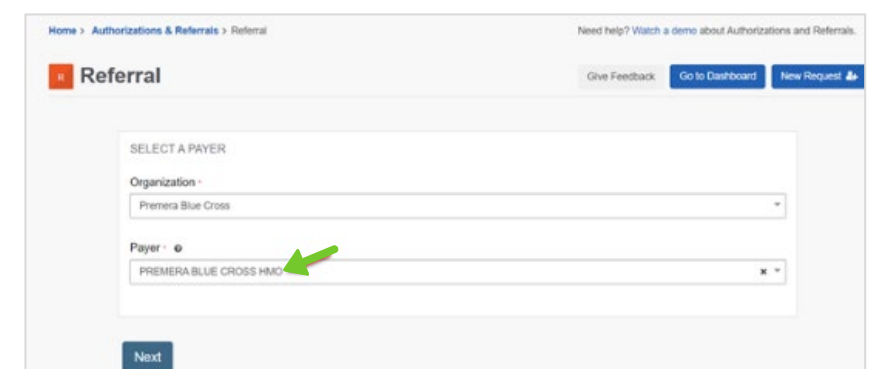
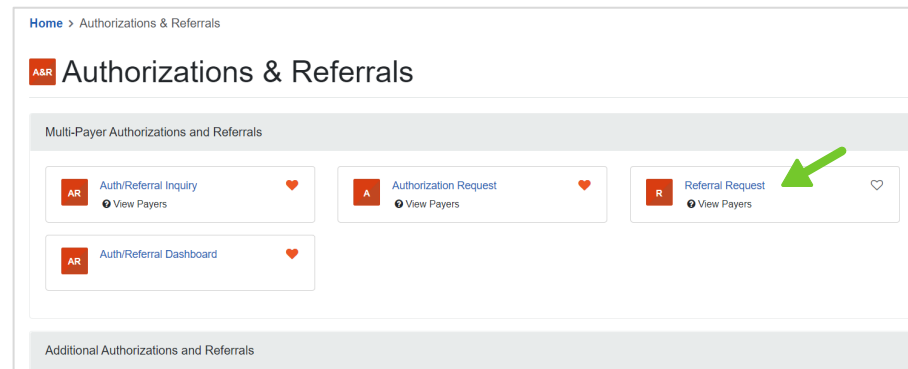
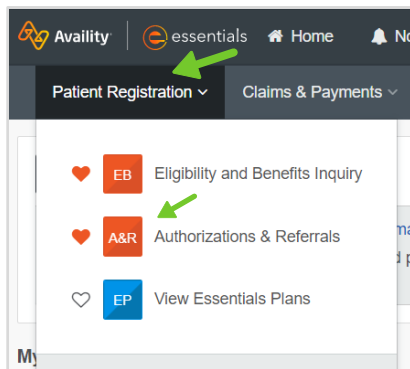
Type	Cert #	Patient	Payer	Submitted	Last Updated	Service Info	Status	View/Action
Authorization Inpatient	22010013Z		PREMERA BLUE CROSS HMO	2022-11-22	6 hours ago	2022-11-22 - NA	PENDING REVIEW	
Referral	22010010Z		PREMERA BLUE CROSS HMO	2022-11-22	6 hours ago	2022-11-22 - NA	PARTIALLY APPROVED	
Referral	22010008Z		PREMERA BLUE CROSS HMO	2022-11-22	7 hours ago	2022-11-23 - NA	PENDING REVIEW	

Availity

Referrals

An HMO member is required to have a referral from their PCP for most specialty services. The referral tool is available in Availity. There are certain services that are Direct Access and do not require a referral. [Direct Access services](#).

[Sign in to Availity](#). In the Availity menu bar, click **Patient Registration | Authorizations & Referrals**. On the **Authorizations & Referrals** page, click **Referral Request**. Select Premera Blue Cross HMO as a payer and complete the steps to complete a request.



Availity

Referral Direct Access list and network status

Authorizations & Referrals > Referral

Need help? Watch a demo about Authorizations and Referrals

eferral

Start a Referral

Add Service Information

Rendering Provider/Facility

Add Attachments

Review and Submit

Check this plan's Direct Access List for services that do not require a Referral

Transaction Type

Referral

Organization

PREMERA BLUE CROSS HMO

Payer

PREMERA BLUE CROSS HMO

PREMERA HMO

PATIENT INFORMATION

Select a Patient

Search by any combination of patient name (first and last), DOB, or Member ID

Member ID

Relationship to Subscriber

PROVIDER SEARCH RESULTS

Provider Info

Specialty / Taxonomy

Address

Select

Cascade Medical Center

207Q00000X - Family Medicine

817 Commercial St
Leavenworth, WA 988261316

Select

NPI: 1962406389

Tax ID: 910856279

In Network: Yes

Cascade Medical Center

208M00000X - Hospitalist

817 Commercial St
Leavenworth, WA 988261316

Select

NPI: 1962406389

Tax ID: 910856279

In Network: Yes

Cascade Medical Center

282N00000X - General Acute Care Hospital

817 Commercial St
Leavenworth, WA 988261316

Select

NPI: 1962406389

Tax ID: 910856279

In Network: Yes

First

Prev

1

Next

Referral dashboard

Home > Authorizations & Referrals > Auth/Referral Dashboard

Need help? Watch a demo about the Auth/Referral Dashboard

Auth/Referral Dashboard

Give Feedback

New Request

Search

Search

Sort by: Last Updated

List View

Detail View

Filter List

Applied Filters:

STATUS: ALL

TYPE: ALL

ORGANIZATION: ALL

PAYER: ALL

DATE RANGE: ALL

All Items

Followed Items

Drafts

Trash

Type	Cert #	Patient	Payer	Submitted	Last Updated	Service Info	Status	View/Action
Authorization Inpatient	22010013Z		PREMERA BLUE CROSS HMO	2022-11-22	6 hours ago	2022-11-22 - NA	PENDING REVIEW	
Referral	22010010Z		PREMERA BLUE CROSS HMO	2022-11-22	6 hours ago	2022-11-22 - NA	PARTIALLY APPROVED	
Referral	22010008Z		PREMERA BLUE CROSS HMO	2022-11-22	7 hours ago	2022-11-23 - NA	PENDING REVIEW	

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PREMERA HMO

Availity

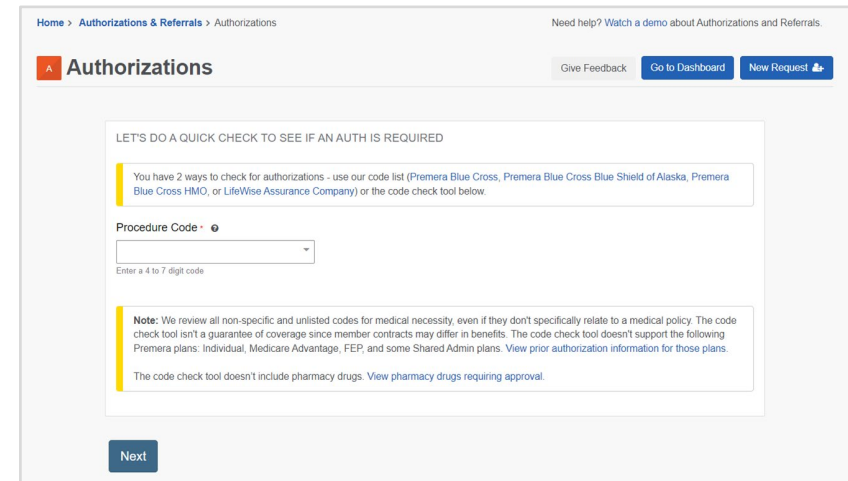
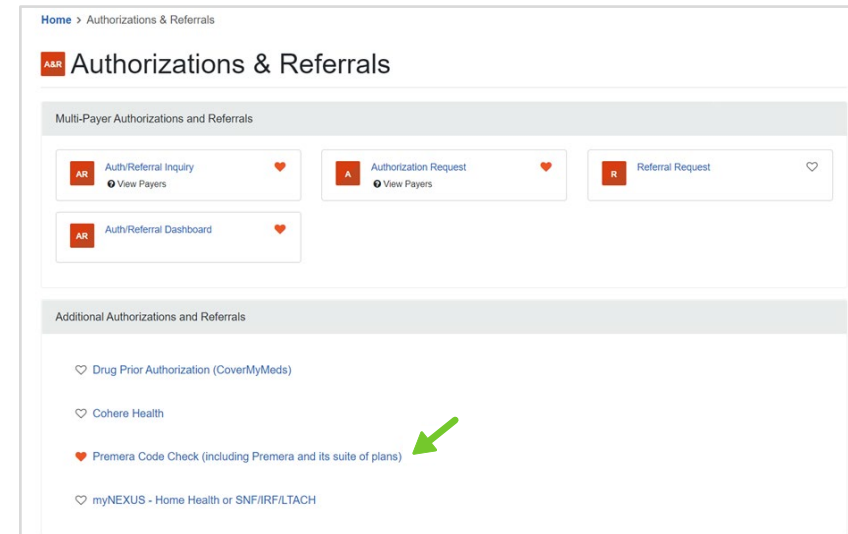
Code check tool

The code check tool only shows codes used for non-individual plan members (group and association – includes Premera Blue Cross HMO) and doesn't provide member-specific information.

This tool is available by signing in to Availity.

Go to **Payer Spaces** and look for the **Premera HMO** logo and click on the **Code Check Tool** link under the **Resources** tab.

Or find the tool in **Authorization & Referrals** through **Additional Authorizations and Referrals**.



Availity

Claims submission

Claims can be submitted daily, weekly, or monthly. The earlier claims are submitted, the earlier they will be processed. Ideally, claims should be submitted within 60 calendar days of the covered services, but no later than 365 calendar days from the date of submission. Claims can also be submitted to Premera HMO through Availity for free.

[Sign in to Availity.](#) In the Availity menu bar, click **Claims & Payments** | **Claims** to submit a professional and facility. Select Premera Blue Cross HMO as a payer.

The image shows two screenshots of the Availity web interface. The top screenshot displays the main navigation menu with the following sections: 'Claims & Payments' (highlighted with a green arrow), 'My Providers', 'Reporting', 'Payer Spaces', and 'More'. Under 'Claims & Payments', there are links for 'Claim Status & Payments' (CS), 'Remittance Viewer' (RV), 'Claims' (PC, highlighted with a green arrow), 'Facility Claim' (FC), 'Dental Claim' (DC), and 'View Essentials Plans' (EP). The 'Claims' section also includes links for 'Send and Receive EDI Files' (EDI), 'File Restore' (FR), 'EDI Reporting Preferences' (EDI), 'Payer List', and 'Transaction Enrollment' (TE). The bottom screenshot shows the 'Professional Claim' submission form. It includes a breadcrumb 'Home > Professional Claim' and a green arrow pointing to the 'Professional Claim' title. The form contains three dropdown menus: 'Organization' (Premera Blue Cross), 'Transaction' (Professional Claim), and 'Payer' (PREMERA BLUE CROSS HMO, highlighted with a green arrow). A 'Continue' button is at the bottom.

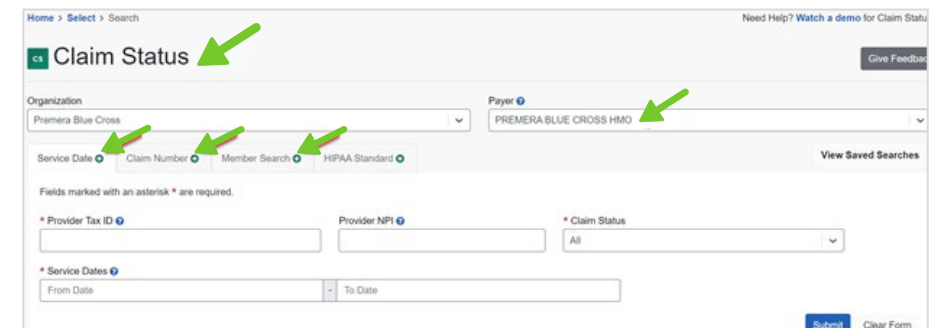
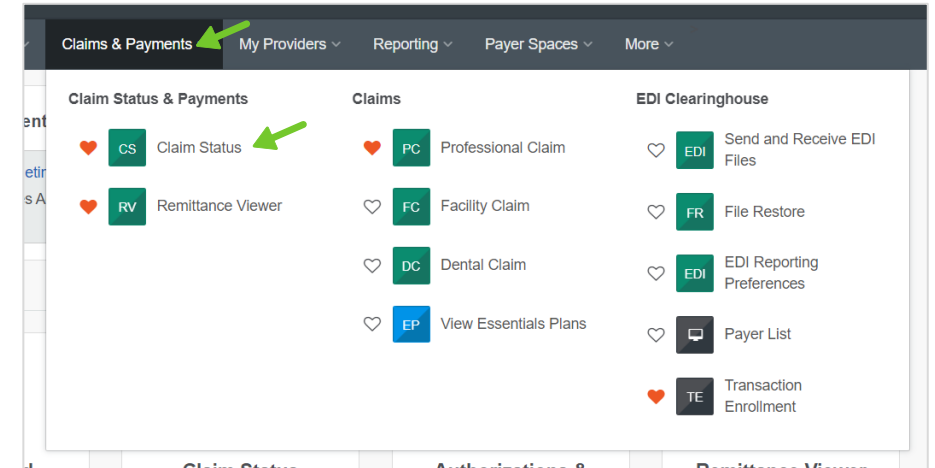
Availity

Claims status

To obtain the status of a claim:

- **Online:** The best method to check the status of a claim is to visit the Availity secure provider portal. Information is available 24 hours per day, seven days per week.
- **Customer service:** If there is no Internet access, contact customer service by calling 844-722-4661, or by calling the phone number on the back of the member's ID card.
- **Interactive voice response (IVR):** Available 24 hours per day, seven days per week. IVR provides claims information.

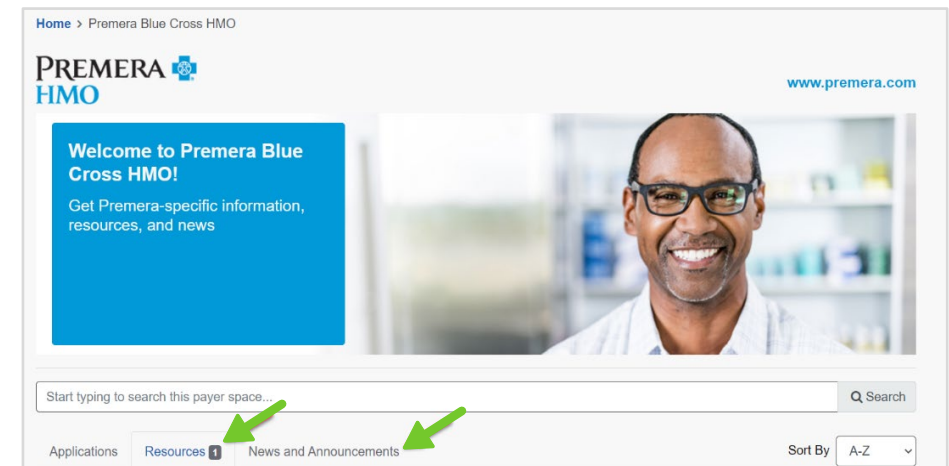
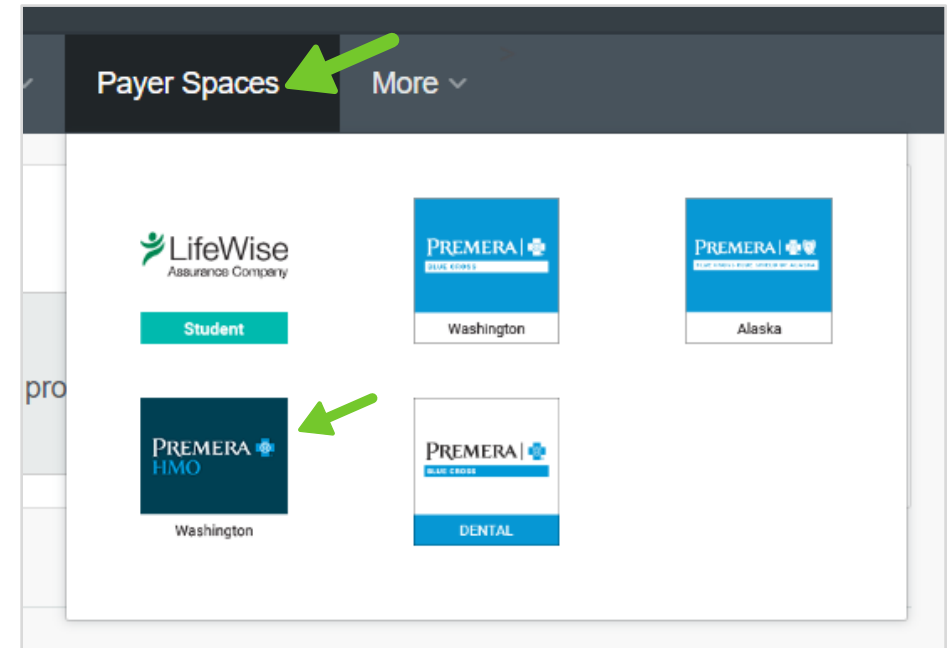
[Sign in to Availity.](#) In the Availity menu bar, click **Claims & Payments** | **Claim Status** to search for a claim by date of service, member ID, or claim number. Select Premera Blue Cross HMO as a payer.



Availity

Resources

[Sign in to Availity.](#) In the Availity menu bar, click **Payer Spaces** and then click on the Premera Blue Cross HMO logo. Click on the **Resources** or **News and Announcements** tabs to access information specific to Premera Blue Cross HMO.

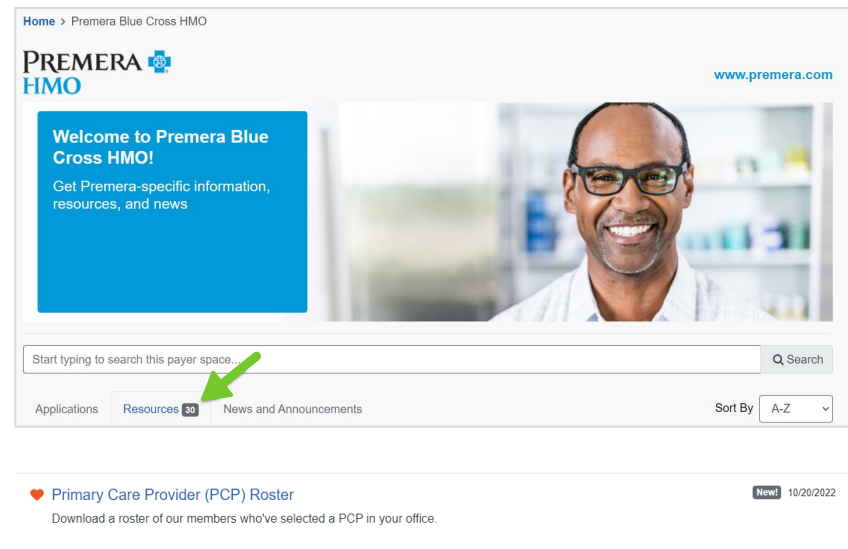
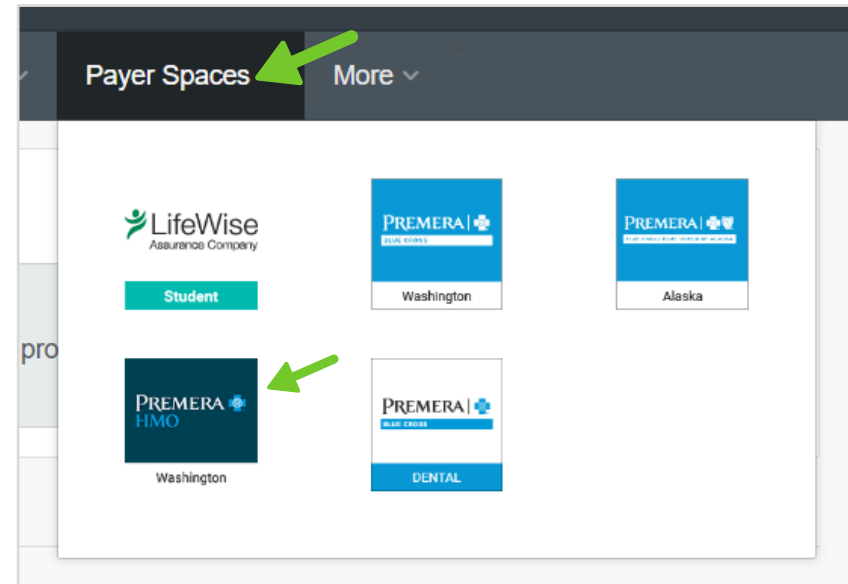


Availity

Provider online PCP roster tool

The PCP roster tool allows a provider to see a list of patients who selected them as their PCP or were offered to them. A provider can search by TIN, provider, or clinic. The provider can download the roster to see all the information they need to know about their patients.

[Sign in to Availity.](#) In the Availity menu bar, click **Payer Spaces** and then click on the Premera Blue Cross HMO logo. Click on the **Resources** tab and scroll down to the primary care provider (PCP) roster link to access the tool.



Availity

Provider online PCP roster tool

providers

for Providers

Individual Plans

Medicare Advantage

Tools

Availity

Claims Editor

Electronic Funds Transfer

PCP Roster

Payment Policies

Utilization Review

Library

PCP Roster

Here you can search for members who have chosen a provider in your clinic as their PCP.

Search Provider

Enter last name of doctor or clinic name:

Last, First

If not specified, all providers will be included in search results.

Search

providers

for Providers

Individual Plans

Medicare Advantage

Tools

Utilization Review

Library

PCP Roster

Here you can search for members who have chosen a provider in your clinic as their PCP.

Search Provider

Enter last name of doctor or clinic name:

Last, First

If not specified, all providers will be included in search results.

Search

Download as spreadsheet

Availity

Provider online PCP roster tool display

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA
1	Health Plan: Premera Blue Cross																										
2	Roster for:																										
3	Tax ID Number:																										
4	Downloaded on: 10/21/2022																										
5	Reflects activity for the past 30 days																										
6	Member ID	Member Last Name	Member First Name	Member Middle Initial	DOB	Gender	Member Address	Member City	Member State	Member Zip Code	Member Phone	Relationship to Subscriber	Subscriber Last Name	Subscriber First Name	Subscriber Middle Initial	Member Network	Clinic Name	PCP Name	PCP NPI	PCP Specialty	PCP Address	PCP City	PCP State	PCP Zip Code	PCP Effective Date	PCP Term Date	Referral Required
65																SHERWOOD HMO											Y
66																SHERWOOD HMO											Y
67																SHERWOOD HMO											Y
68																SHERWOOD HMO											Y
69																SHERWOOD HMO											Y
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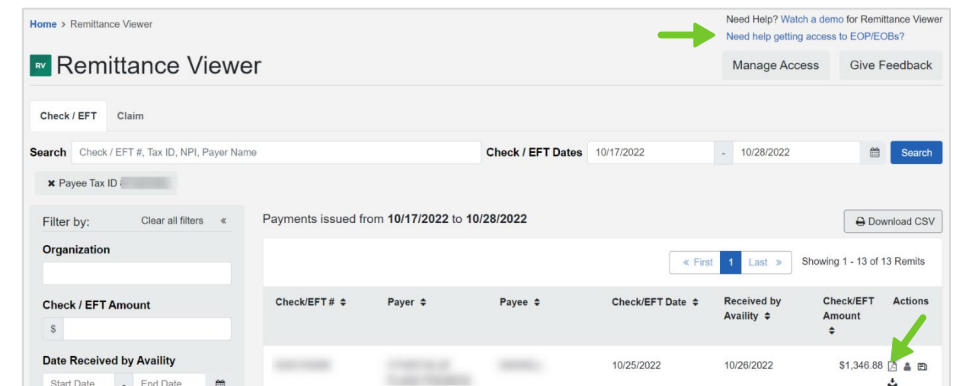
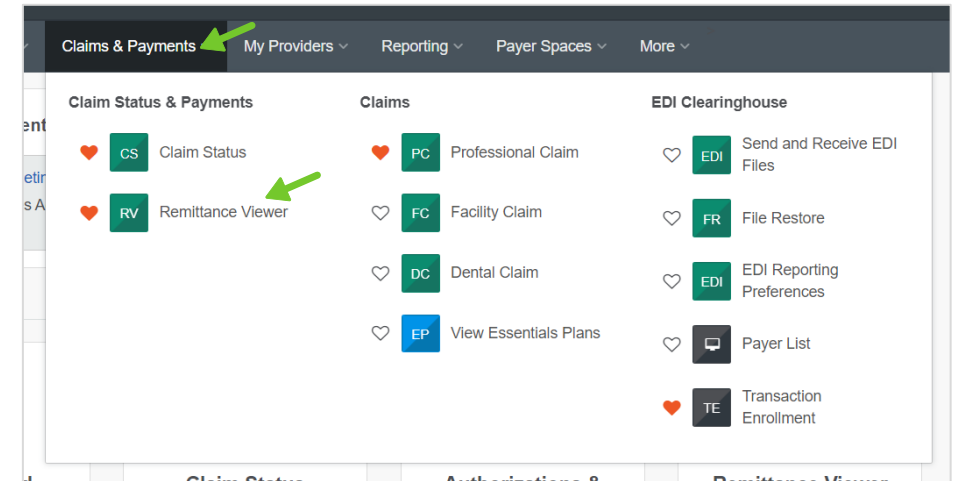
Availity

Remittance and explanation of payments (EOP)

Premera Blue Cross HMO submits checks and EOPs to Availity. In order to see submitted information, a check needs to be validated for Premera business and be dated within the last 30 days. Only then can the check information and EOPs be made visible.

EOPs can be accessed through **Remittance Viewer**, which uses multiple data search points including claim number, check/EFT number, tax ID, NPI, member ID, patient control number, and payer name. [View how to find EOPs](#).

Note: If searching by check/EFT number, use a payment reference number when registered for electronic funds transfer. Otherwise, search using the check number.



Availity

Electronic funds transfer for enrollment or cancellation

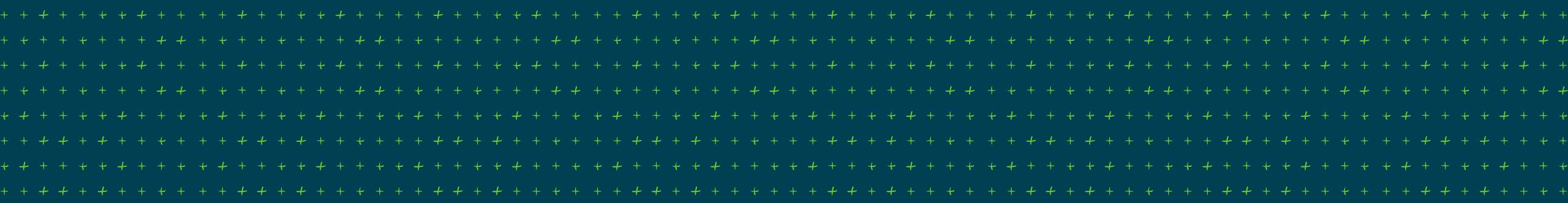
If a provider is already enrolled in electronic funds transfer (EFT) with Premiera Blue Cross plans, **no action is needed to re-enroll through Availity**. Premiera still processes Availity transactions for EFT requests. However, if you're a **new** provider to EFT, you must enroll for EFT using Availity's Transaction Enrollment Tool.

Note: Use Premiera and Affiliates as a Health Plan payer.

[Watch this how-to demo](#) or [view an EFT enrollment help topic](#).

[Sign in to Availity](#) or [register and get training](#).

View our [Availity provider FAQ](#) for more details.



Policies

Policies

Medical management and forms

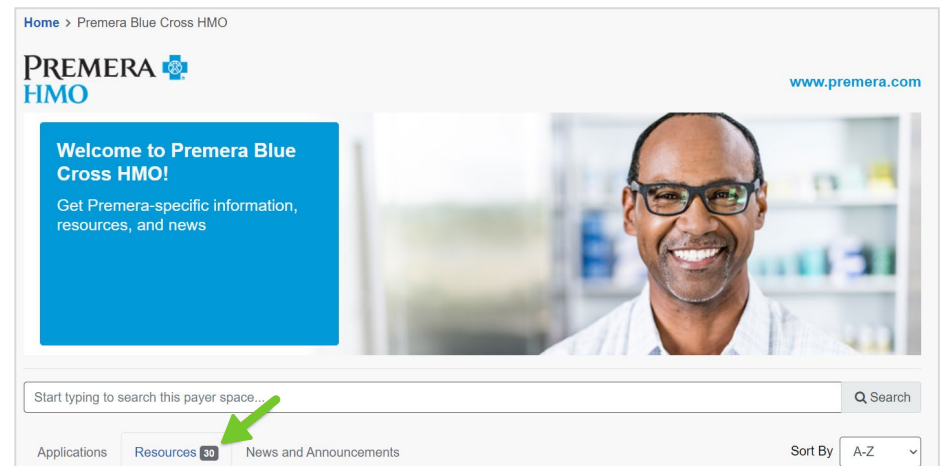
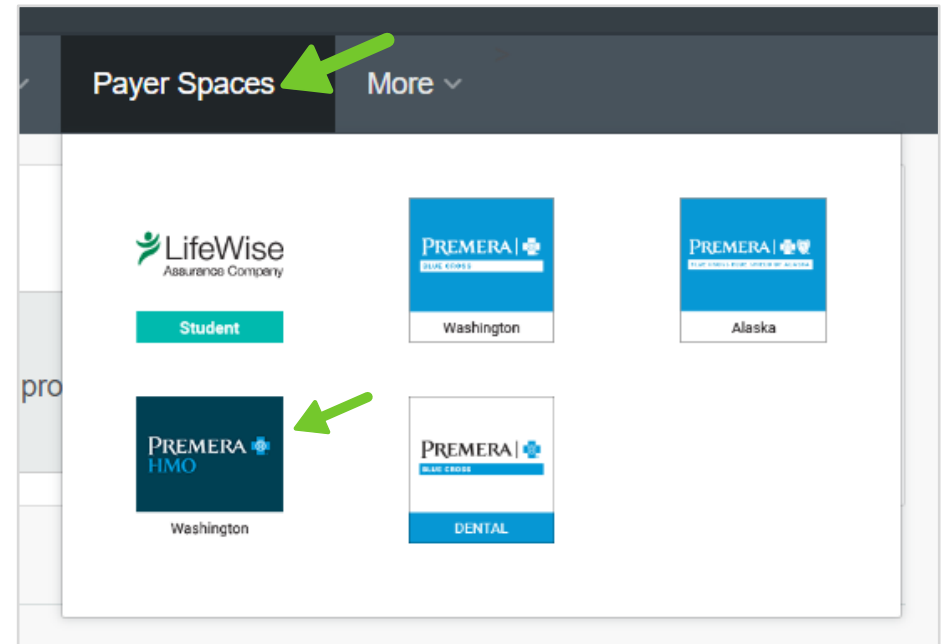
There are a variety of forms available including those pertaining to:

- Appeals
- Claims and billing
- Care management and prior authorization
- Credentialing and provider updates

Providers can access the Premera HMO forms through the Availity **Premera Blue Cross HMO Payer Space** under Resources.

Forms

[Provider Forms](#) | [Provider](#) | [Premera Blue Cross](#)



Policies

HMO medical and payment policies

Providers can access the Premera HMO medical and payment policies through the Availity **Premera Blue Cross HMO Payer Space** under **Resources**.

Medical policies:

<https://www.premera.com/wa/provider/reference/medical-policies/>

Payment policies:

<https://www.premera.com/wa/provider/reference/payment-policies/>



HMO contact information

Contact information for Premera

HMO customer service number for providers (includes clinical review): 844-PBC-HMO1 or 844-722-4661

HMO customer service email: hmoplusprovidersupport@premera.com

Customer service number (non-HMO): 877-342-5258, option 2

Case management: 888-742-1479 Monday - Friday 8:00 a.m. to 7:00 p.m. and Saturday 9:00 a.m. to 1:00 p.m. Pacific Time

AIM: 866-666-0776

Pharmacy services: 888-261-1756

Resource/training materials for Premera HMO

Additional training materials, resources, and provider news are available on the Availity secure provider website.

- Availity training is available through **Help & Training | Get Trained** located in the upper right-hand top of the Availity Home page.
- Resources are available on the Premera Blue Cross HMO Payer Space under the **Resources** tab.
 - Premera Learning Center
- Premera provider news is sent to those who have signed up for email notifications. This is available on the Premera Blue Cross HMO Payer Space under the **News and Announcements** tab.

To access [Premera Blue Cross HMO resources for providers](#), see the website for more information.