

Premera Blue Cross HMO 101: The Core Plus Plan

Welcome!

This presentation will begin shortly.

Premera Blue Cross HMO 101: The Core Plus Plan

A forward-thinking plan that offers personalized healthcare with seamless and simplified experiences for providers and members.

Provider Workshop
December 6, 2023

Agenda

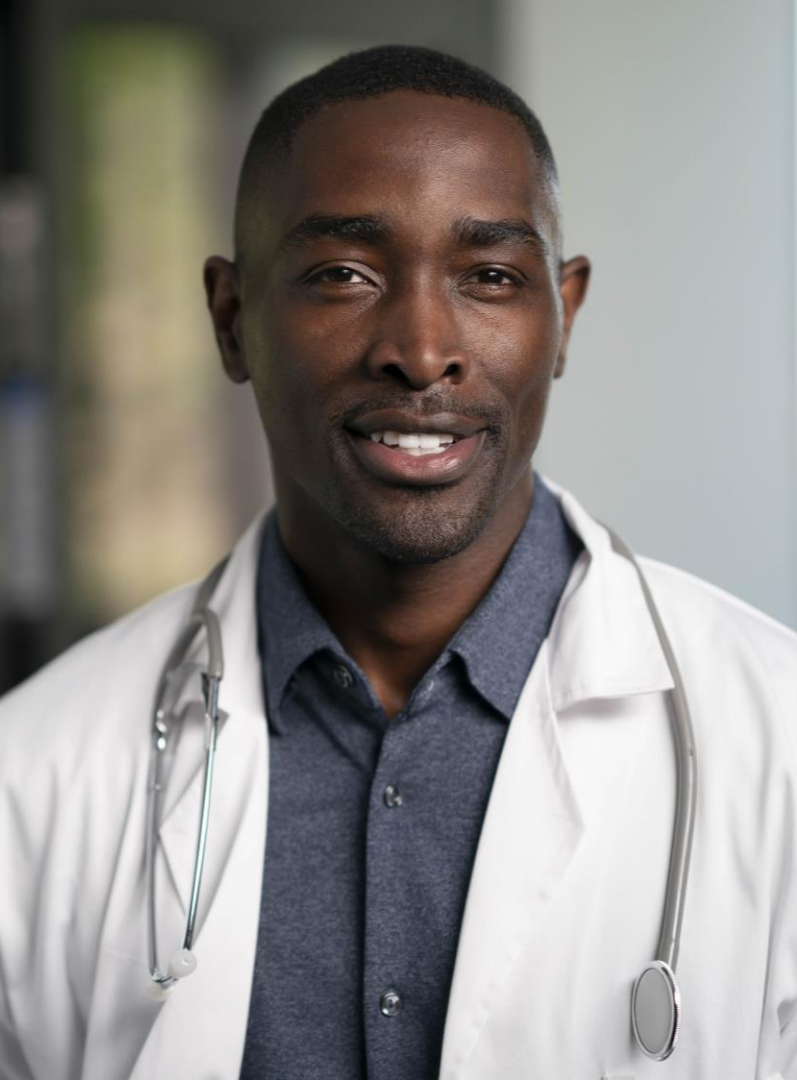
1. Leadership welcome
2. HMO key components
3. Member and provider experience
4. Availity Tools
5. Tips and resources
6. Questions and answers



HMO Core Plus leadership welcome

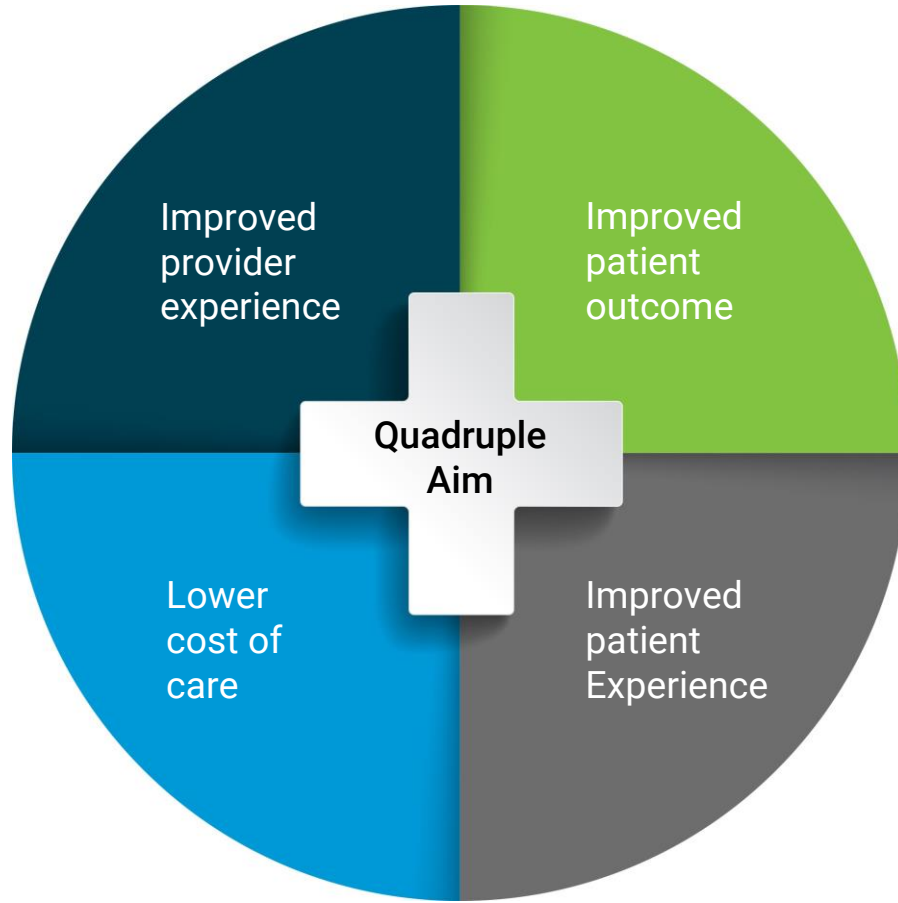
Nathan Johnson

Vice President, Integrated Products



HMO Core Plus Key components

Lan Nguyen, MD, MHA
HMO Medical Director



HMO Key Components

1

Primary care provider
(PCP)

2

Referral requirement

3

Benefits for in-network
providers only

HMO primary care provider

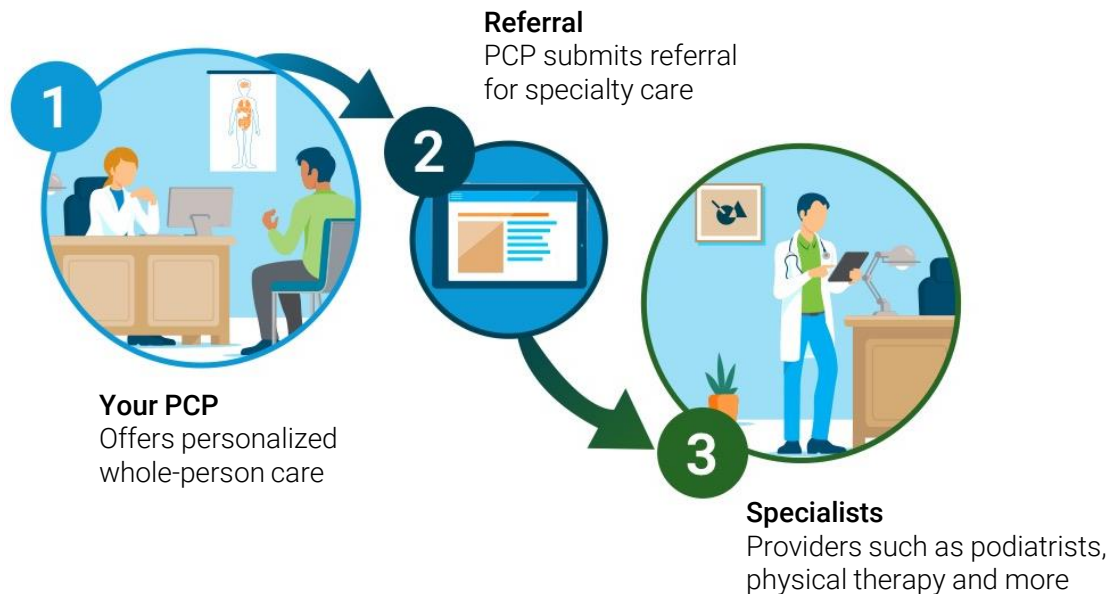
HMO members can change their PCP at any time and must notify Premera Blue Cross HMO.



HMO requirement: Referrals

HMO members can change their PCP at any time and must notify Premera Blue Cross HMO.

How referrals work



- Referral must come from a Premera Blue Cross HMO PCP
- Referrals must be sent to Premera Blue Cross HMO
- Member liability

Sherwood HMO Network

Built by providers who are committed to delivering the best possible care at the lowest cost.

— 2023 — — 2024 —



Pierce



Thurston



Spokane



King



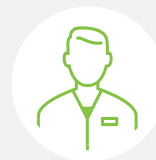
28 hospitals



100+ urgent care clinics



4,000+ PCPs



18,000+ specialists

Sherwood HMO Network providers include the following:

- EvergreenHealth
- Greater Lakes Mental Health
- Kinwell Medical Group
- MultiCare Health System



- Seattle Children's Hospital
- The PolyClinic**
- Virginia Mason*
- Wellfound Behavioral Health Hospital

*Does not include Franciscan Health System.

**Available January 1, 2024. Does not include obstetrics and gynecology providers.



Premera Blue Cross HMO

Savannah Peterson
Team Lead, HMO Operations

HMO Program Benefits

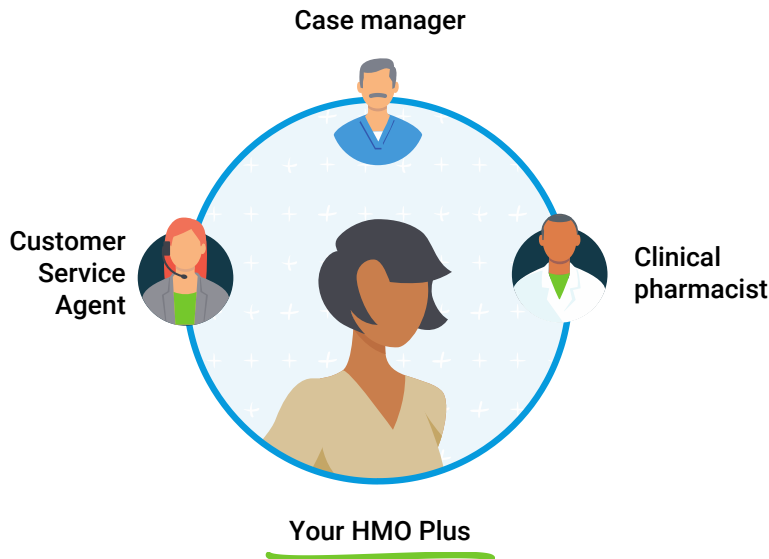
The HMO Customer Service Team has the skills and the autonomy to guide both members and providers through their entire journey while resolving any issues along the way in real time.

- This team is focused specifically on HMO to collaborate directly with providers and respond quickly when an issue arises.
- Providers can call provider customer service for HMO: 844-PBC-HM01 (844-722-4661), or email hmoplusprovidersupport@premera.com for support.



HMO Plus Team

- Manage inbound and outbound provider calls
- Answer email inquiries
- Coordinate with HMO case management and pharmacy clinicians



- Strengthen provider partnerships through member care coordination
- Support referral processes
- Communicate proactively with members and providers

Integrated Clinical Team

HMO care managers and clinical pharmacists

Goal: Improve health outcomes

Relationship-based interdisciplinary approach to address clinical and non-clinical barriers

Assess and address the member's barriers to health improvement in the following domains:

- Physical health
- Behavioral health
- Social determinants of health
- Healthcare delivery system





HMO Core Plus Availability Tools

Anita Hegwald
Provider Experience Strategist

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 complete the following:

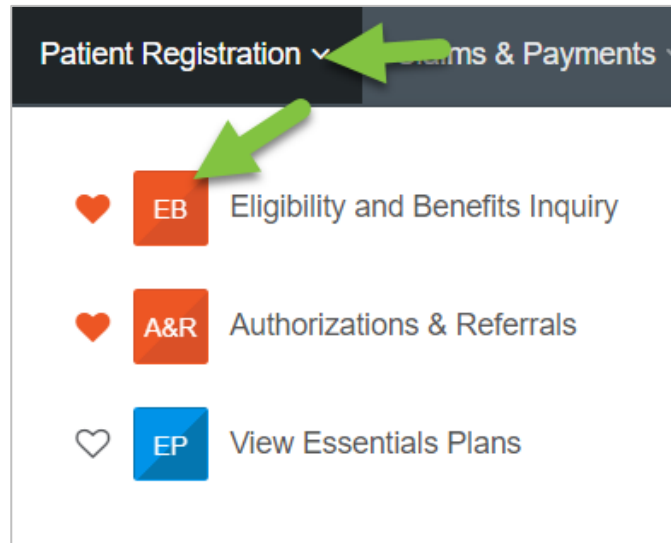
- Verify member eligibility and benefits (including plan start dates)
- Verify information about deductibles, copays, and coinsurance
- Verify benefit limit accumulators
- Check the status of a claim
- Submit a professional or facility claim (free service through the Premiera Blue Cross HMO Payer)
- Submit and check the status of a prior authorization or a referral
- View check or explanation of payment (EOP) information
- Register for an electronic funds transfer (EFT) for enrollment or a 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 start dates), basic demographic information, deductibles, and benefit limit accumulators.

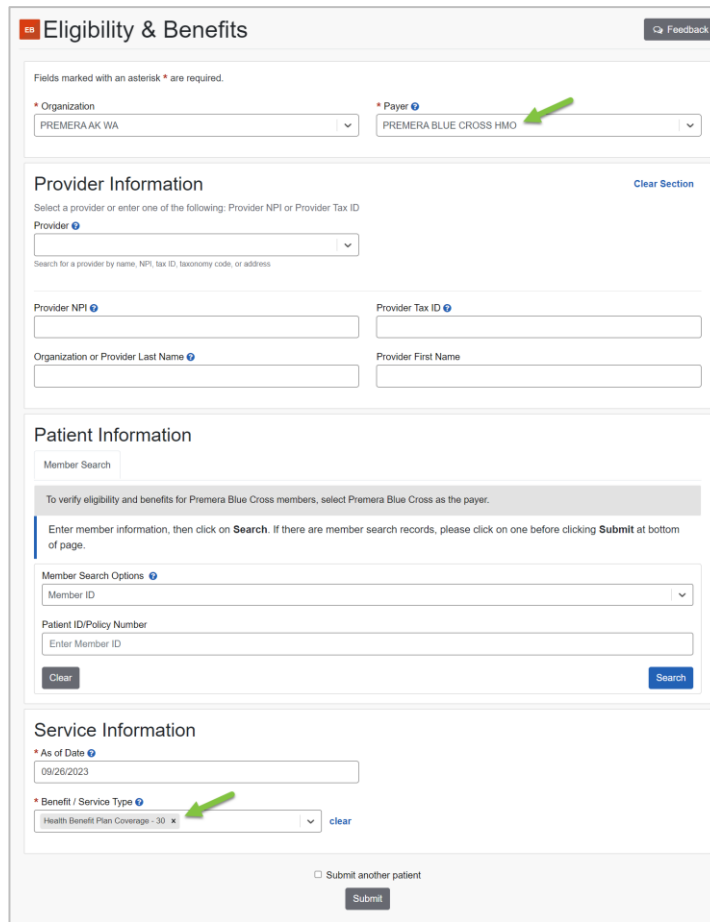
[Sign in to Availity](#). In the Availity menu bar, click **Patient Registration | Eligibility and Benefits Inquiry**.



Availity

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.
- **Important:** Select the specific Benefit/Service Type needed from the drop-down menu to display the appropriate benefits needed.



Eligibility & Benefits [Feedback](#)

Fields marked with an asterisk * are required.

* Organization: PREMERA AK WA

* Payer: PREMERA BLUE CROSS HMO

Provider Information [Clear Section](#)

Select a provider or enter one of the following: Provider NPI or Provider Tax ID

Provider:

Search for a provider by name, NPI, tax ID, taxonomy code, or address

Provider NPI:

Provider Tax ID:

Organization or Provider Last Name:

Provider First Name:

Patient Information

Member Search

To verify eligibility and benefits for Premera Blue Cross members, select Premera Blue Cross as the payer.

Enter member information, then click on **Search**. If there are member search records, please click on one before clicking **Submit** at bottom of page.

Member Search Options:

Member ID:

Patient ID/Policy Number:

Enter Member ID:

Service Information

* As of Date: 09/26/2023

* Benefit / Service Type: Health Benefit Plan Coverage - 30

☐ Submit another patient

Availity

Eligibility and benefits payer summary:

Information about the member's plan, policy expiration date, and a copy of the member's ID card displays at the top of the page.

The Messages section includes important information about the member's plan like the required PCP referral requirements, whether the provider is in the member's network, and the member's primary care provider.

The screenshot shows a web interface for a member's information. At the top, there are fields for Date of Service, Transaction ID, Transaction Time, and Customer ID. Below these are tabs for Edit, Print, and Feedback. The main content area is divided into several sections. The top section contains Member Status (Active Coverage), Date of Birth, Gender, Current Plan Effective Date (Jan 1, 2023 - Dec 31, 9999), and Relationship to Subscriber (Self). A green arrow points to the Member ID Card button. The middle section displays Member ID, Group Number, Group Name (HMO SEBB), Policy Expiration Date (Dec 31, 2023), and the Premiera HMO logo. Below this is the Payer information (PREMERA, PREMIERA BLUE CROSS HMO, P: 800-722-1471) and a contact information section. A green arrow points to the Messages section, which contains a highlighted message: "INFORMATION RECEIVER IS PARTICIPATING IN THIS MEMBER'S PLAN NETWORK". Below this is a detailed list of services and a highlighted message: "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". A green arrow points to this message. The bottom section is titled "Provider Information" and contains a table with two columns: "Primary Care Provider" and "Primary Care Provider". A green arrow points to the first "Primary Care Provider" column.

Member Status	Date of Birth	Gender	Current Plan Effective Date	Relationship to Subscriber
Active Coverage			Jan 1, 2023 - Dec 31, 9999	Self

Member ID Card

Member ID: [REDACTED]
Group Number: [REDACTED]
Group Name: HMO SEBB
Policy Expiration Date: Dec 31, 2023

PREMERA HMO
Payer: PREMERA
Contact Information: PREMIERA BLUE CROSS HMO, P: 800-722-1471

Messages
INFORMATION RECEIVER IS PARTICIPATING IN THIS MEMBER'S PLAN NETWORK
ALL COST SHARES ARE WAIVED FOR VIRTUAL CARE VISITS FOR CONTRACEPTIVE MANAGEMENT
THE FOLLOWING SERVICE TYPES APPLY TO THE WASHINGTON STATE BALANCE BILLING PROTECTION ACT (HTTPS://WWW.INSURANCE.WA.GOV/WHAT-CONSUMERS-NEED-KNOW-ABOUT-SURPRISE-OR-BALANCE-BILLING)
EMERGENCY SERVICES, HOSPITAL - EMERGENCY ACCIDENT, HOSPITAL - EMERGENCY MEDICAL, HOSPITAL - INPATIENT, HOSPITAL SERVICES PROVIDED TO THIS PATIENT ARE SUBJECT TO THE WASHINGTON STATE BALANCE BILLING PROTECTION ACT. VIEW RCW 48.49.020 AT HTTPS://APP.LEG.WA.GOV/RCW/DEFAULT.ASPX?CITE=48.49.020 FOR MORE DETAILS
THE FOLLOWING SERVICE TYPE APPLIES TO FEDERAL NO SURPRISE ACT:
EMERGENCY SERVICES, HOSPITAL - INPATIENT, HOSPITAL, OFFICE VISIT - SPECIALIST, URGENT CARE
SERVICE PROVIDED TO THIS PATIENT ARE SUBJECT TO THE FEDERAL NO SURPRISES ACT (HTTPS://WWW.CMS.GOV/NOSURPRISES)
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

Other or Additional Payer Information
No additional payer information provided.

Provider Information

Requesting Provider	Primary Care Provider	Primary Care Provider
Name: PREMERA AK WA Category: Requesting Provider NPI: [REDACTED]	[REDACTED]	[REDACTED]

*Click the Member ID Card button to display a copy of the member's ID card.

*This section includes important information about the member's plan and 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.

*The Provider Information section displays the member's Primary Care Provider and group information.

Availity

Eligibility and benefits payer and summary:

The Plan Maximums and Deductibles section displays information about the member's plan network. It also provides details about the member's deductible and out-of-pocket costs.

The Benefit Information section provides specific benefit details under each section and the member's cost shares and limits if they apply.

Plan Maximums and Deductibles

Filter by Network: Out of Network In Network All Networks

Health Benefit Plan Coverage - 30

Active Coverage Insurance Type: Other Plan / Product: FULLY INSURED HMO SHERWOOD HMO

Information / Details Individual Family

Annual Deductible Plan Network Name: SHERWOOD HMO Plan Network ID: W00044 \$750 / Calendar Year(s) \$750 Remaining \$1,500 / Calendar Year(s) \$1,500 Remaining

Out Of Pocket Plan Network Name: SHERWOOD HMO Plan Network ID: W00044 \$3,500 / Calendar Year(s) \$3,475 Remaining \$7,000 / Calendar Year(s) \$6,975 Remaining

Benefit Information Expand

Physician Visit - Office: Sick - Non Specialist - BY

Physician Visit - Office: Sick - Specialist - BY

Physician Visit - Office: Well - BZ

Active Coverage In Network Plan Network Name: SHERWOOD HMO Plan Network ID: W00044

Information / Details	Co-insurance	Co-payment	Benefit Deductible	Limitations	Authorization
Plan Network Name: SHERWOOD HMO Plan Network ID: W00044 Coverage Level: Individual	0%	\$0	Refer to: Health Benefit Plan Coverage	—	—
Plan Network Name: SHERWOOD HMO Plan Network ID: W00044 Coverage Level: Individual	—	—	\$0	—	—
Plan Network Name: SHERWOOD HMO Plan Network ID: W00044 Coverage Level: Individual	—	—	Refer to: Health Benefit Plan Coverage	1 Remaining, 1 Visit(s) / Calendar Year(s)	—
Plan Network Name: SHERWOOD HMO Plan Network ID: W00044 Coverage Level: Individual	—	—	Refer to: Health Benefit Plan Coverage	1 Remaining, 1 Visit(s) / Calendar Year(s)	—
Plan Network Name: SHERWOOD HMO Plan Network ID: W00044 Coverage Level: Individual	—	—	Refer to: Health Benefit Plan Coverage	1 Remaining, 1 Visit(s) / Calendar Year(s)	—

Physician Visit - Office: Well - Diabetes Health Education - BZ

*The "Filter By Network" section displays defaults to "All Networks." In this example the provider is participating in the member's network. Click the "In Network" button to display the in-network benefit information for this member.

*Expand each Benefit/Service Type to see additional benefit information.

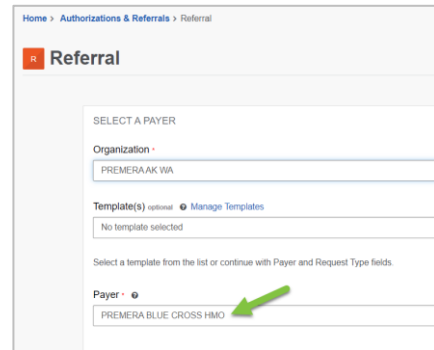
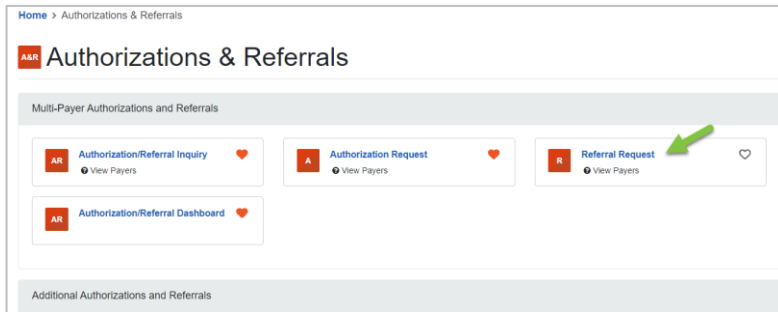
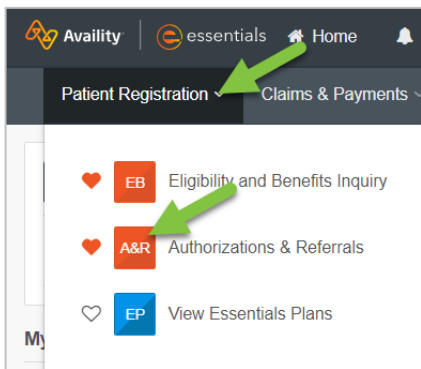
*Deductible applies to all benefits unless otherwise indicated.

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 submit a request.



Availity

Referral Direct Access List

Referral

Give Feedback

Go to Dashboard

New Request

1

2

3

4

5

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 AK WA

Payer

PREMERA BLUE CROSS HMO

PREMERA HMO

PATIENT INFORMATION

SHOW OPTIONAL FIELDS

Select a Patient

(Enter one or more to search: patient name (first or last), DOB, or Member ID.)

Q Select...

Member ID

Relationship to Subscriber

Self

Network status

PROVIDER SEARCH RESULTS			
Provider Info	Specialty / Taxonomy	Address	
Lakewood MultiCare Clinic	207Q00000X - Family Medicine	5700 100th St SW	Select
NPI: 1326093873		Ste 510	
Tax ID: 911352172		Lakewood, WA	
In Network: Yes		984992767	
Lakewood Multicare Urgent Care	261QU0200X - Clinic/Center-Urgent Care	5700 100th St SW	Select
NPI: 1326093873		Ste 510	
Tax ID: 911352172		Lakewood, WA	
In Network: Yes		984992767	
Multicare West Tacoma Family Medicine	207Q00000X - Family Medicine	2209 N Pearl St	Select
NPI: 1326093873		Ste 100	
Tax ID: 911352172		Tacoma, WA 984062529	
In Network: Yes			

Availity

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](#) 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 	

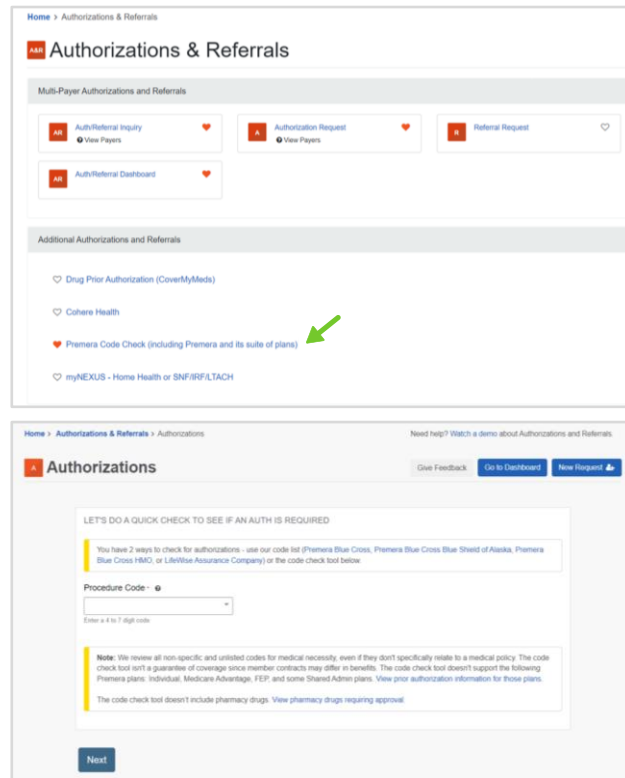
Availity

Code check tool

The code check tool only shows codes used for non-individual plan members (group and association—includes Premiera 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 **Premiera Blue Cross 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**.

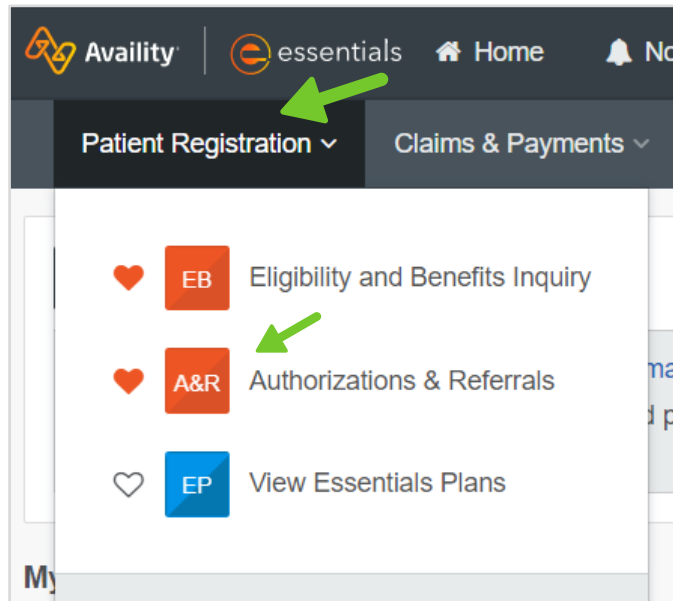


Availity

Prior authorization

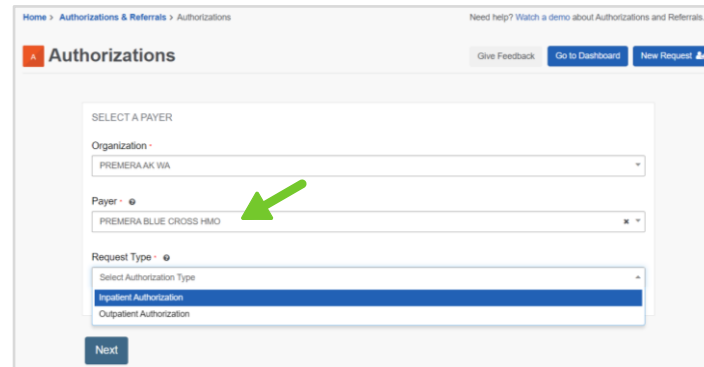
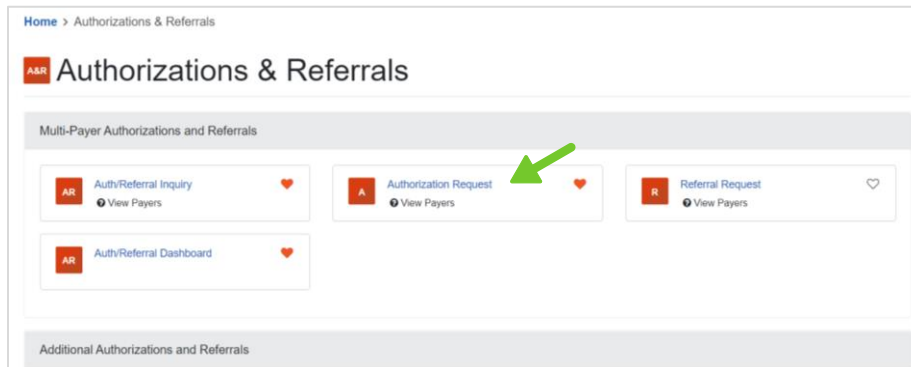
[Sign in to Availity](#) to access the prior authorization tool for Premera Blue Cross HMO. In the Availity menu bar, click **Patient Registration | Authorizations & Referrals**.

The Availity prior authorization tool considers a member's eligibility and coordination of benefits. The status of these requests can be checked through the Authorization & Referrals inquiry tool or the dashboard. If the request is denied, a letter will be mailed to the provider and the member.



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.



Availity

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	
Lakewood MultiCare Clinic NPI: 1326093873 Tax ID: 911352172 In Network: Yes	207Q00000X - Family Medicine	5700 100th St SW Ste 510 Lakewood, WA 984992767	Select
Lakewood MultiCare Urgent Care NPI: 1326093873 Tax ID: 911352172 In Network: Yes	261QU0200X - Clinic/Center-Urgent Care	5700 100th St SW Ste 510 Lakewood, WA 984992767	Select
Multicare West Tacoma Family Medicine NPI: 1326093873 Tax ID: 911352172 In Network: Yes	207Q00000X - Family Medicine	2209 N Pearl St Ste 100 Tacoma, WA 984062529	Select

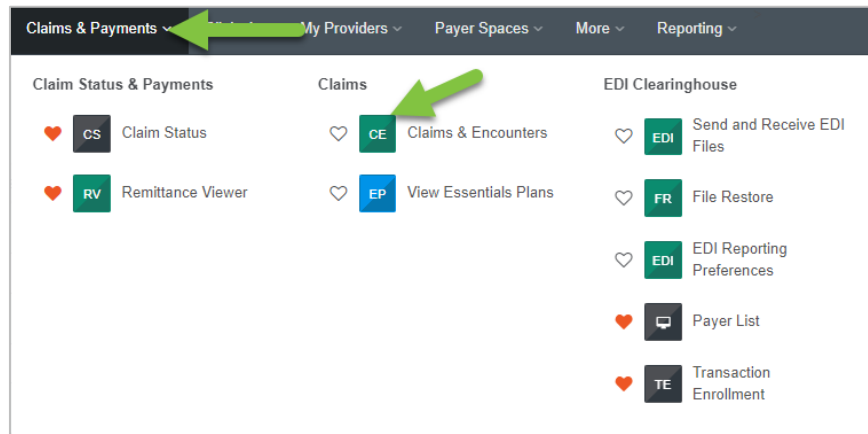
Home > Authorizations & Referrals > Auth/Referral Dashboard										Need help? Watch a demo about the Auth/Referral Dashboard.	
Auth/Referral Dashboard										Give Feedback	New Request
Search <input type="text"/> Search										Sort by: Last Updated	
Filter List										Applied Filters: STATUS: 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	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

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 Blue Cross HMO through Availity essentials for free.

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

A screenshot of the 'Claims & Encounters' form in the Availity application. The form has a light grey header with the 'CE Claims & Encounters' title and a 'Give Feedback' button. Below the header is a section titled 'INSURANCE COMPANY/BENEFIT PLAN INFORMATION'. It contains four dropdown menus: 'Organization' (set to 'PREMERA AK WA'), 'Claim Type' (set to 'Professional Claim', highlighted by a green arrow), 'Payer' (set to 'PREMERA BLUE CROSS HMO', highlighted by a green arrow), and 'Responsibility Sequence' (set to 'Primary').

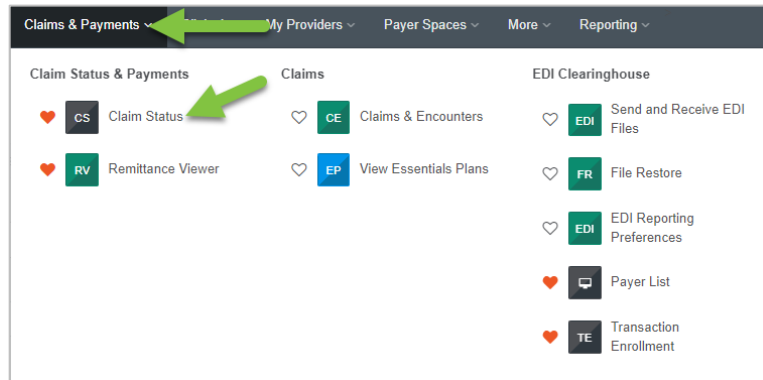
Availity

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.

[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.

This screenshot shows the 'Claim Status' search form in the Availity portal. The 'Organization' dropdown is set to 'PREMERA AK WA' and the 'Payer' dropdown is set to 'PREMERA BLUE CROSS HMO', both highlighted with green arrows. Below these, there are tabs for 'Service Date', 'Claim Number', 'Member Search', and 'HIPAA Standard', with 'Service Date' being the active tab. The form includes fields for 'Provider Tax ID', 'Provider NPI', and 'Claim Status' (set to 'All'). There are also fields for 'Service Dates' with 'From Date' and 'To Date' inputs. A 'Submit' button is at the bottom right, and a 'Clear Form' link is next to it. A note at the top right says 'Need Help? Watch a demo for Claim Status'.

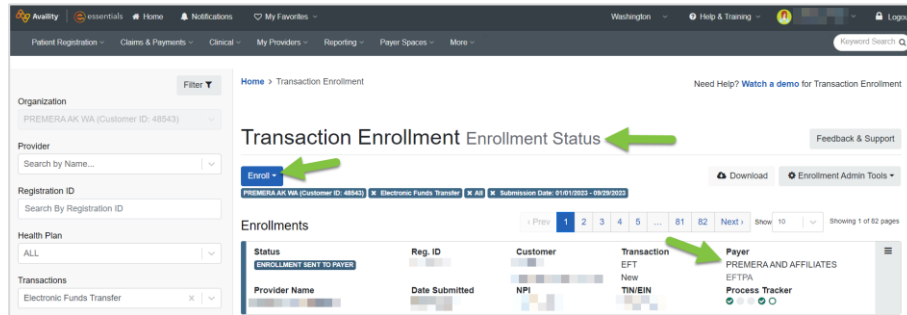
Availity

Electronic funds transfer for enrollment or cancellation

Already enrolled in electronic funds transfer (EFT) with Premera Blue Cross plans?

No action is needed to re-enroll through Availity. Premera 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 located under the **Claims & Payment** tab.



Note: Use **Premera 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.

Availity

Remittance and explanation of payments (EOP)

Premera Blue Cross HMO submits checks and EOPs to Availity. 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 the **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.](#)

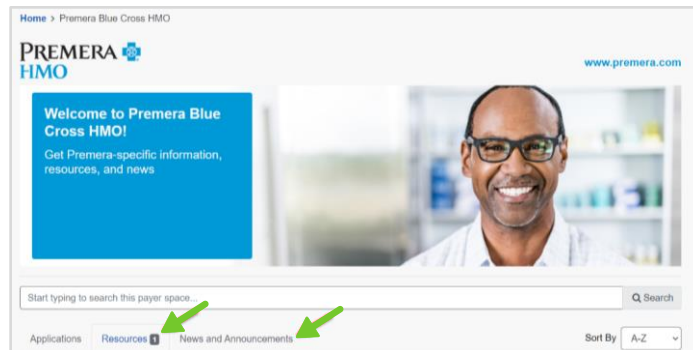
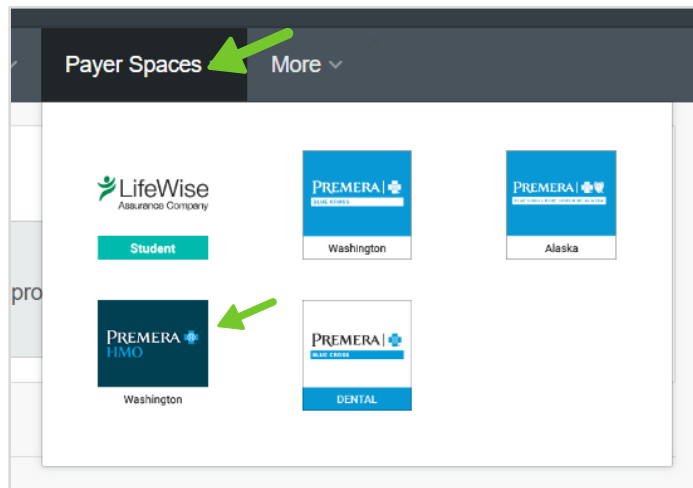
Note: If searching by check/EFT number, use a payment reference number when registered for electronic funds transfer. Otherwise, search using the check number.

The screenshot displays the Availity web application interface. At the top, a navigation bar includes 'Claims & Payments', 'My Providers', 'Payer Spaces', 'More', and 'Reporting'. A green arrow points to the 'Claims & Payments' dropdown. Below this, the 'Claim Status & Payments' section is visible, containing links for 'Claim Status' (CS), 'Remittance Viewer' (RV), 'Claims & Encounters' (CE), and 'View Essentials Plans' (EP). A green arrow points to the 'Remittance Viewer' link. To the right, the 'EDI Clearinghouse' section lists various services like 'Send and Receive EDI Files', 'File Restore', 'EDI Reporting Preferences', 'Payer List', and 'Transaction Enrollment'. Below this, the 'Remittance Viewer' page is shown. It features a search bar with filters for 'Check / EFT' and 'Claim', and a search criteria field. A date range for 'Check / EFT Dates' is set from 10/17/2022 to 10/28/2022. A 'Search' button is present. Below the search bar, there are filters for 'Payee Tax ID', 'Organization', and 'Check / EFT Amount'. A table titled 'Payments issued from 10/17/2022 to 10/28/2022' displays a list of payments. The table has columns for 'Check/EFT #', 'Payer', 'Payee', 'Check/EFT Date', 'Received by Availity', 'Check/EFT Amount', and 'Actions'. A green arrow points to the 'Actions' column for a payment with a check/EFT amount of \$1,346.88.

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.

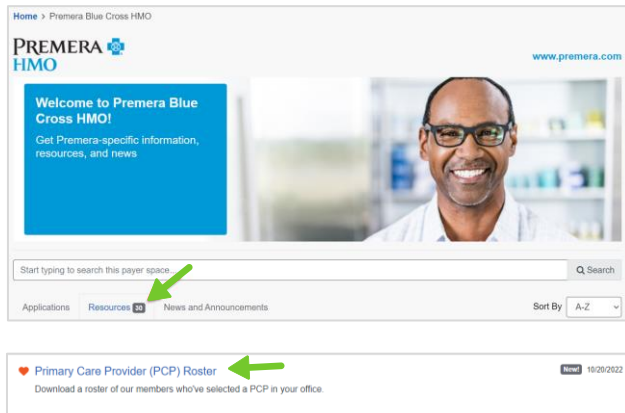
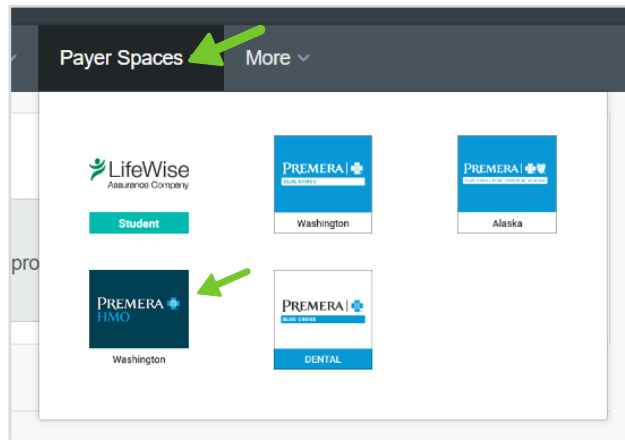


Availity

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 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	Member 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
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Availity

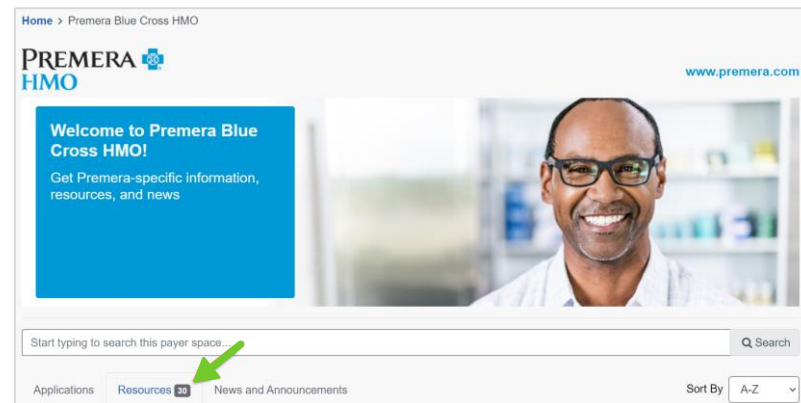
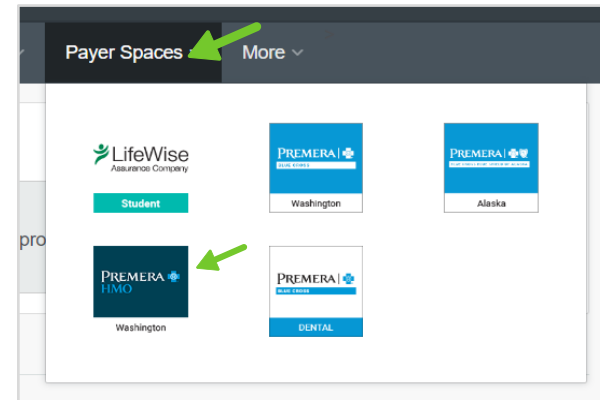
There are a variety of forms available, including those pertaining to the following:

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

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

Forms

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





HMO Core Plus

Tips and resources

Anita Hegwald
Provider Experience Strategist

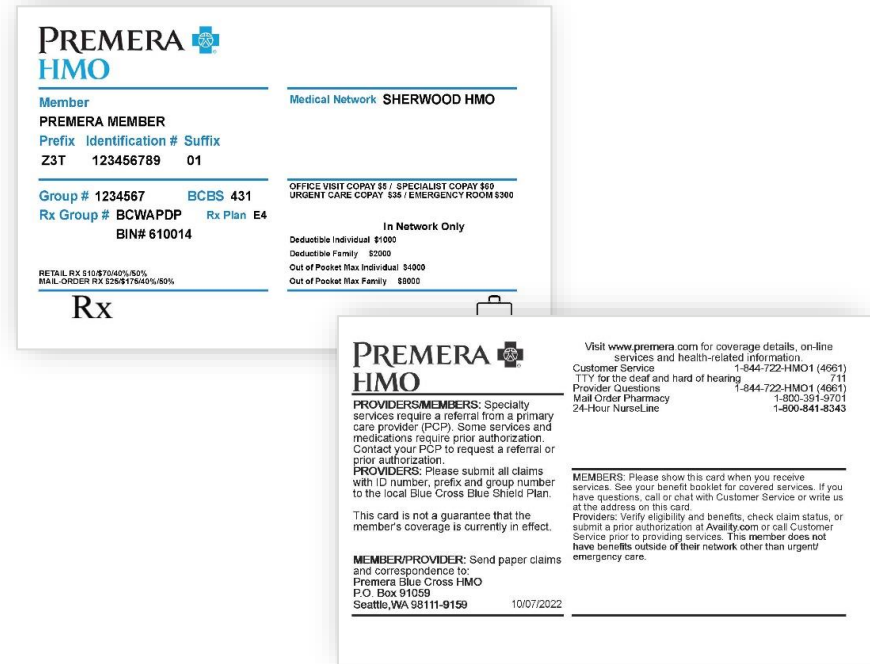
ID cards

HMO ID card and guide

Premera Blue Cross HMO

HMO ID cards serve as a member's 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](#).



Providers

Sherwood HMO Network

Members and providers can check to see if a provider is in the Sherwood HMO network at [Premera Blue Cross \(sapphirecaresselect.com\)](https://www.sapphirecaresselect.com).

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 at [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, and 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)

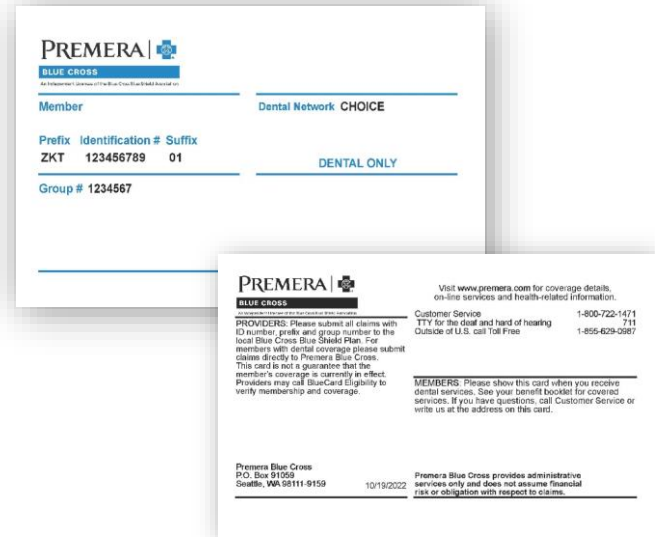
- DME purchases / rentals / supplies (some supplies require authorization)
- Emergency services / Urgent care
- Eye exam (adult and pediatric)
- Family planning services
- Hearing hardware
- Inpatient hospital ancillary professional fees
- Male and female sterilization
- Newborn care (up to 31 days)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

ID cards

Dental care services

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.

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, the member will not have dental coverage through Premera Blue Cross.



Premera Blue Cross HMO contact information

HMO customer service number for providers (includes clinical review):

844-PBC-HMO1 or 844-722-4661

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

Case management: 888-742-1479

Hours of operation: Monday through Friday, 8:00 a.m. to 7:00 p.m., and Saturdays from 9:00 a.m. to 1:00 p.m. Pacific Time

Carelon (formally AIM): 866-666-0776

HMO provider customer service email: hmoplusprovidersupport@premera.com

Pharmacy services: 888-261-1756

Resource/training materials for Premera Blue Cross 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 corner 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.

Questions

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Dr. Lan Nguyen, HMO Medical Director

Savannah Peterson, HMO Customer Service

Nathan Johnson, VP, Integrated Products

Ryan Gormley, Provider Network

Shaylee Knutson, Provider Network

Anita Hegwald, Provider Experience

Bill Harper, Provider Communications

Thank you

Questions? providerexperience@premera.com