Premera Blue Cross HMO 101: The Core Plus Plan

Welcome!

This presentation will begin shortly.

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PREMERA HMO

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

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Agenda

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

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HMO Core Plus leadership welcome

Nathan Johnson
Vice President, Integrated Products

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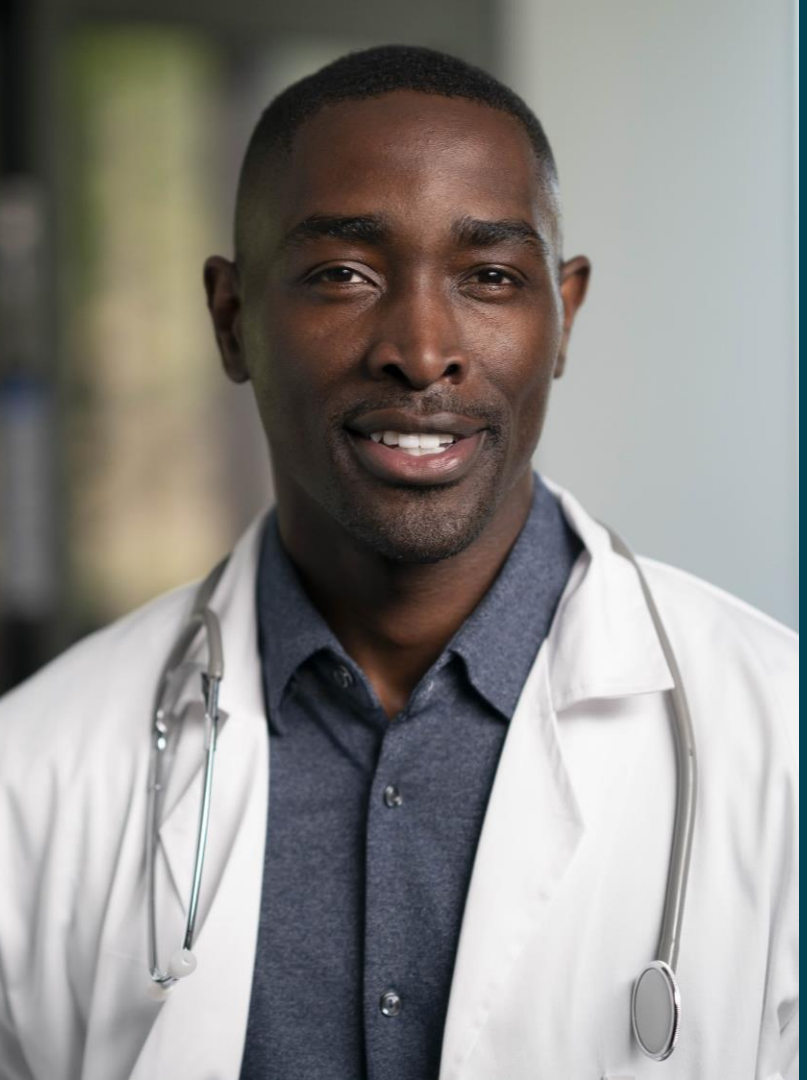

HMO Core Plus Key components

Lan Nguyen, MD, MHA
HMO Medical Director

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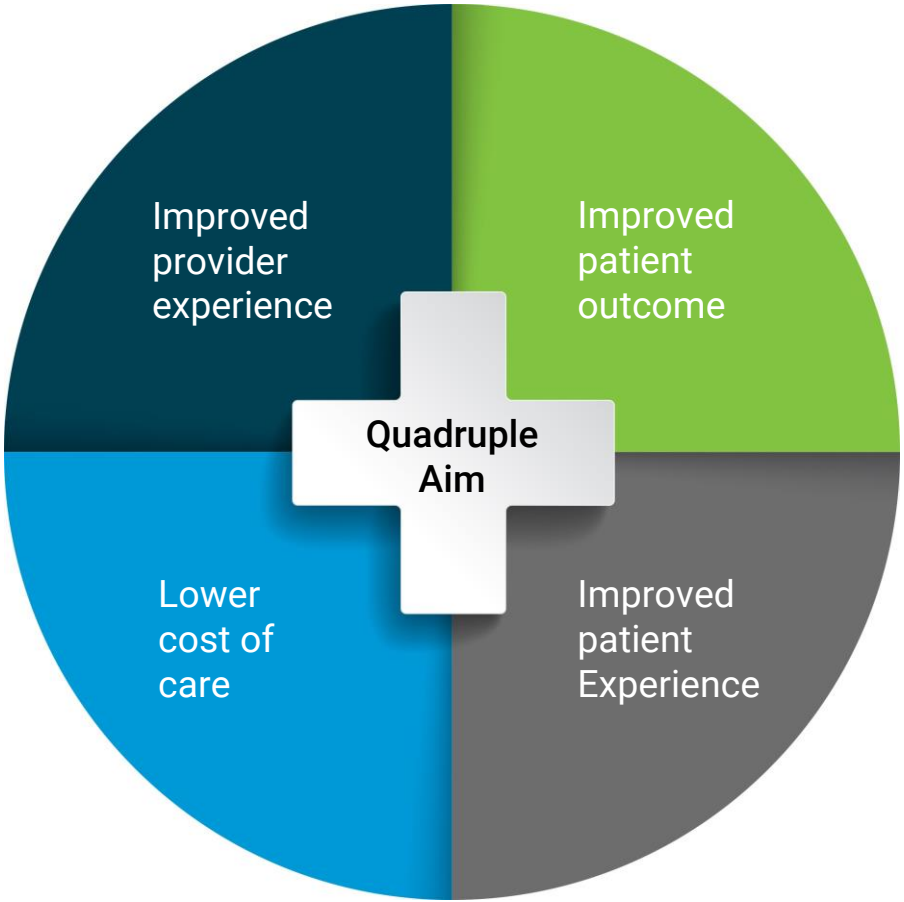

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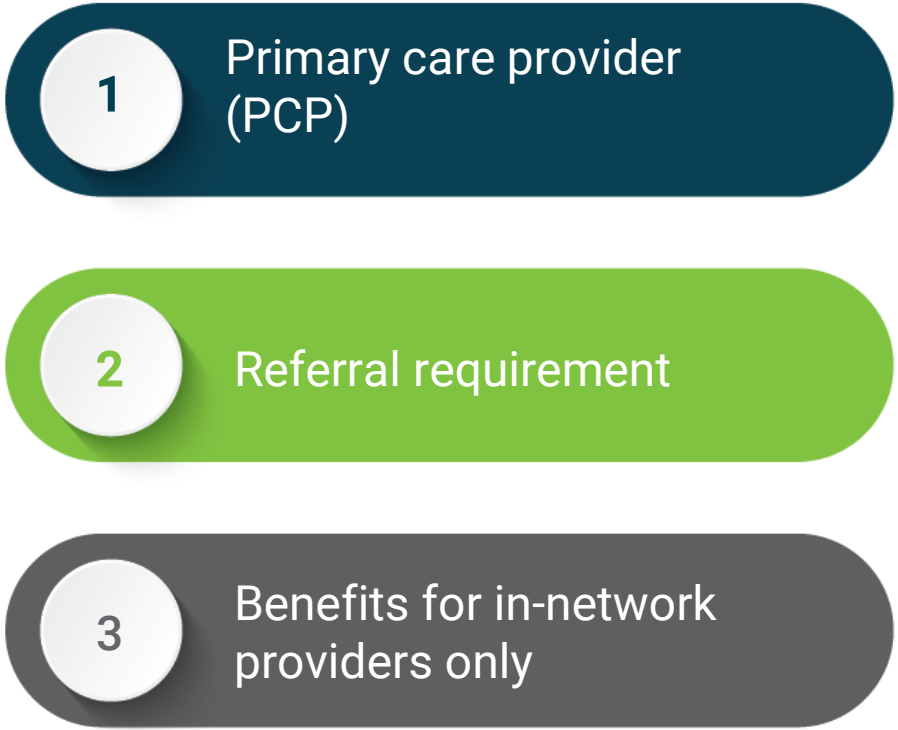
HMO Key Components



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HMO primary care provider

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

Continuously focuses on prevention and healthy lifestyle

Know the patient's physical, social, surgical, and mental health history

Provide health education and advocacy

Better care coordination

Partnering with specialists and ancillary providers within the network

Values time spent with the patient and addresses specific needs

Leverages data to support patients on their health journey

Effectively manage patient's chronic diseases and medications

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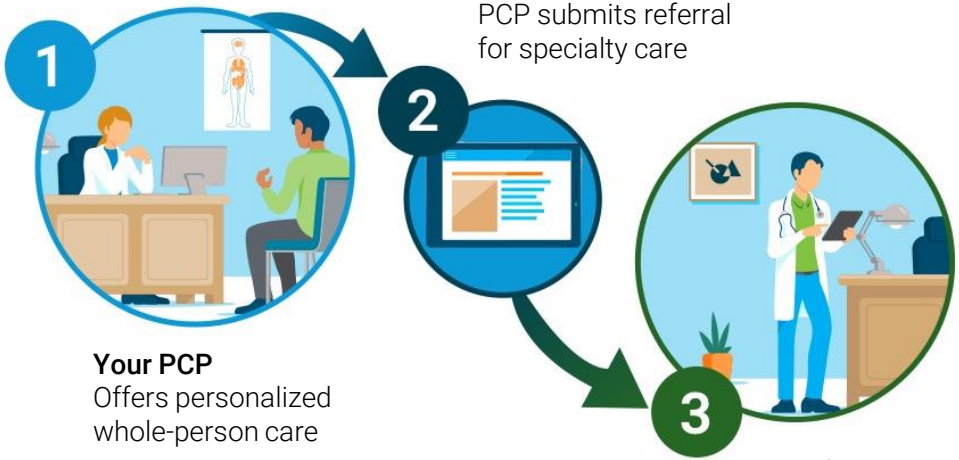
HMO requirement: Referrals

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

How referrals work



Your PCP
Offers personalized whole-person care

Referral
PCP submits referral for specialty care

Specialists
Providers such as podiatrists, physical therapy and more

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

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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.

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Premera Blue Cross HMO

Savannah Peterson
Team Lead, HMO Operations

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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-HMO1 (844-722-4661), or email hmoplusprovidersupport@premera.com for support.

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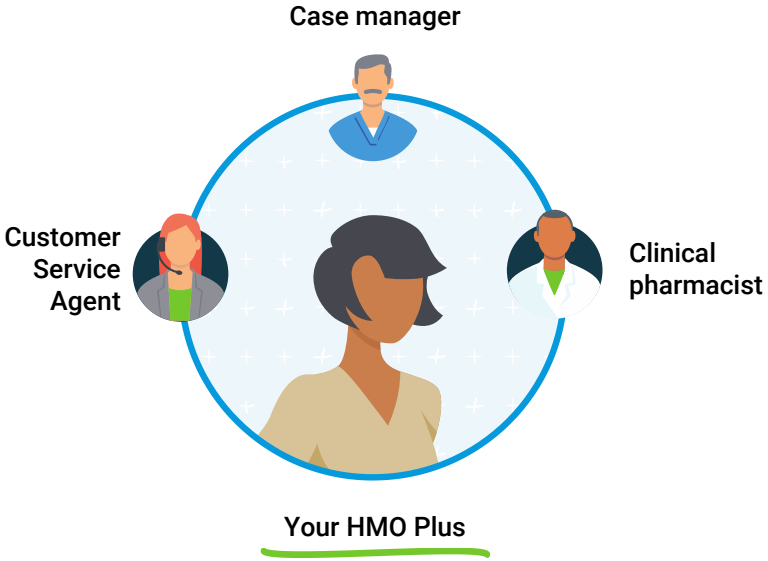
HMO Plus Team

- 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

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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

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HMO Core Plus Availity Tools

Anita Hegwald
Provider Experience Strategist

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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 Premera 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 Premera and Affiliates as a Health Plan payer

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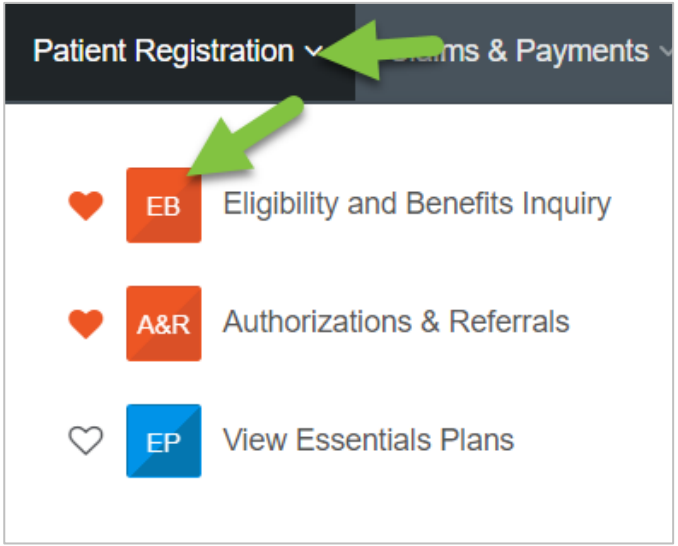
Eligibility and benefits

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.**



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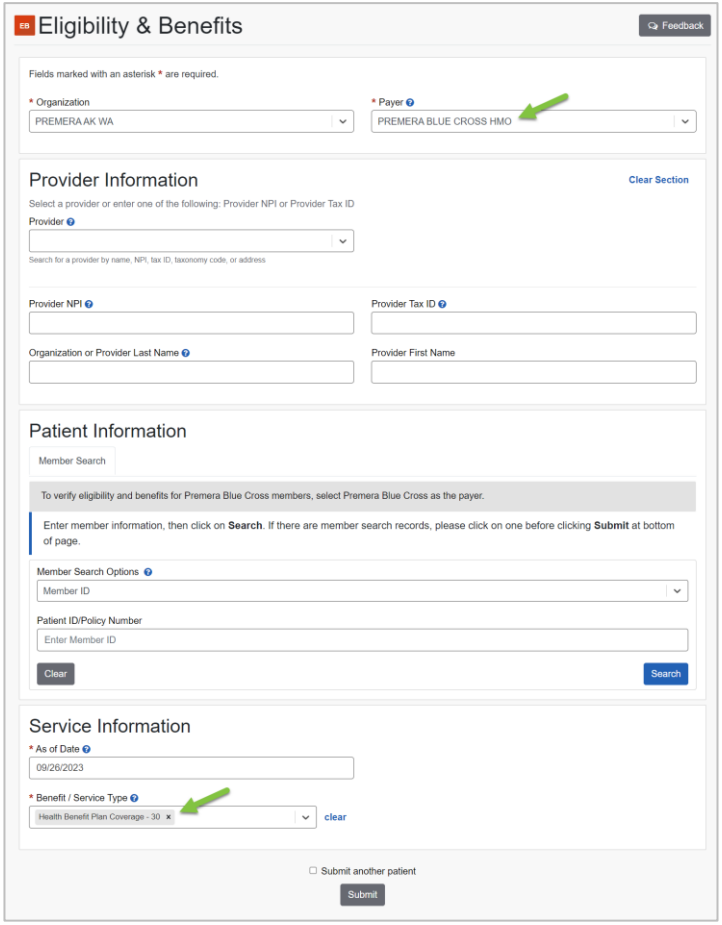
Eligibility and benefits payer and summary:

- 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.



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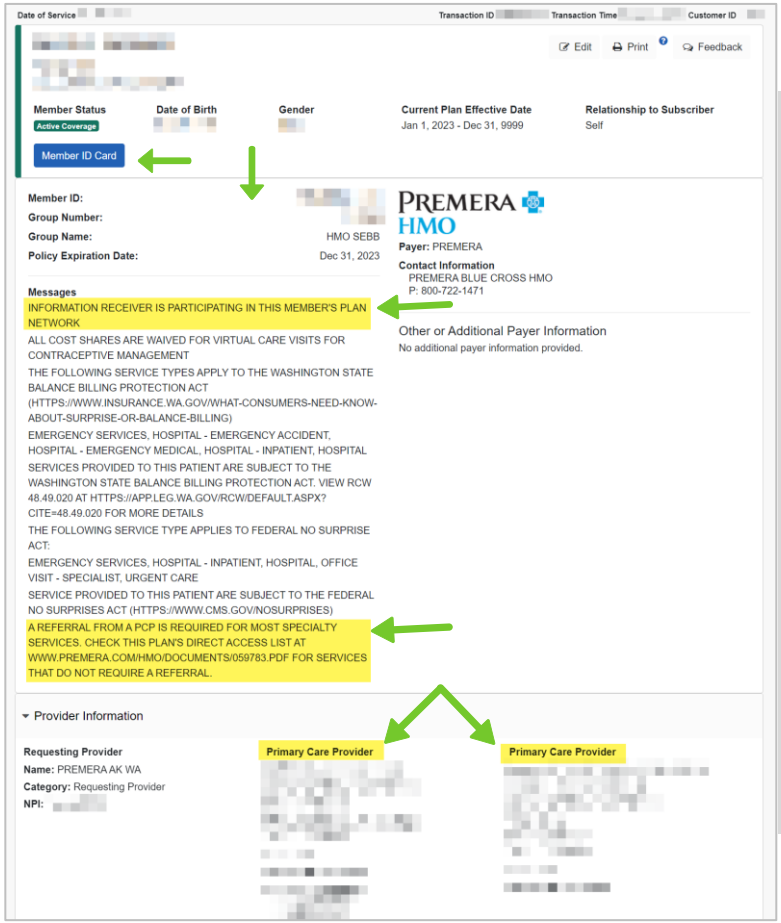
Eligibility and benefits payer summary:

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.



*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.

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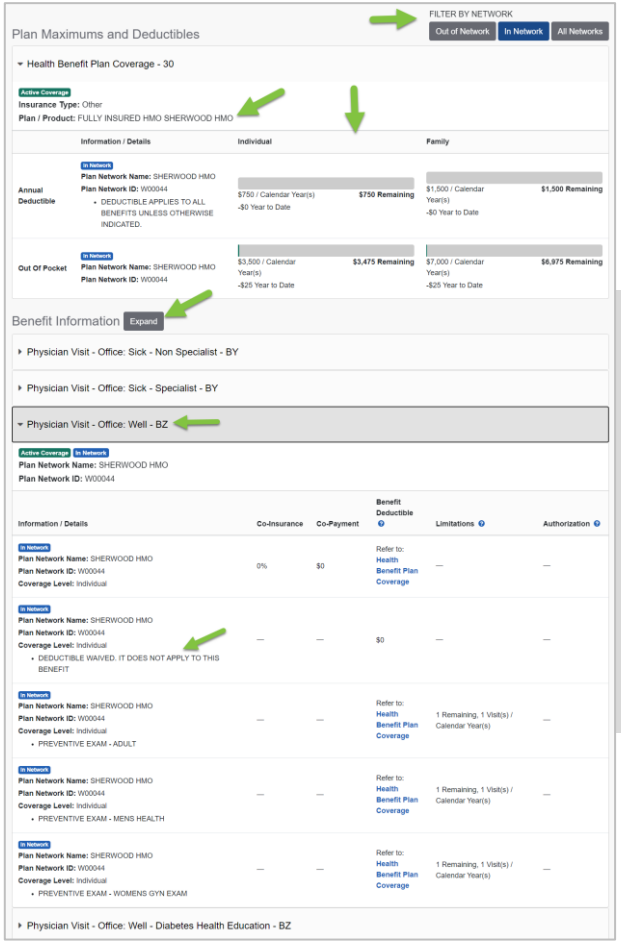
Eligibility and benefits payer and summary:

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.



*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.

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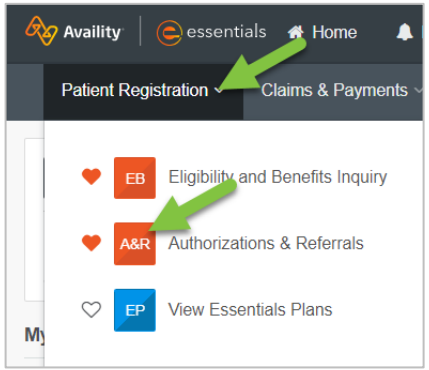
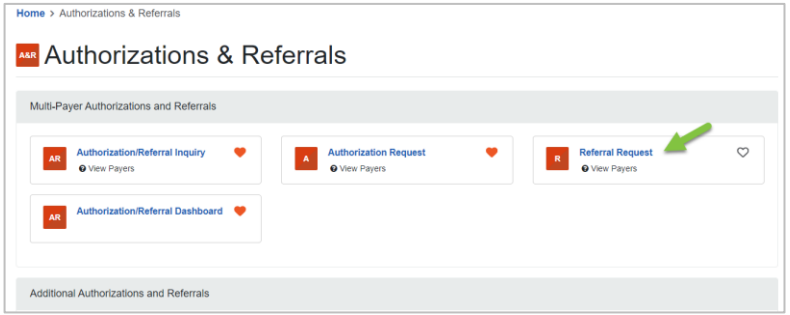
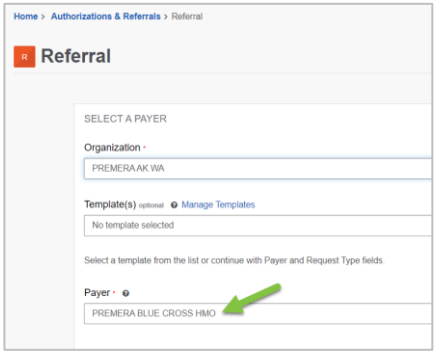
Referrals

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.







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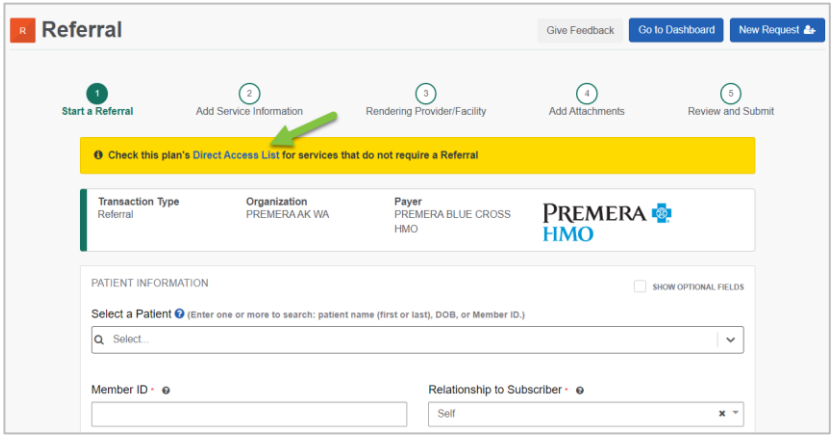
Referral Direct Access List



Network status

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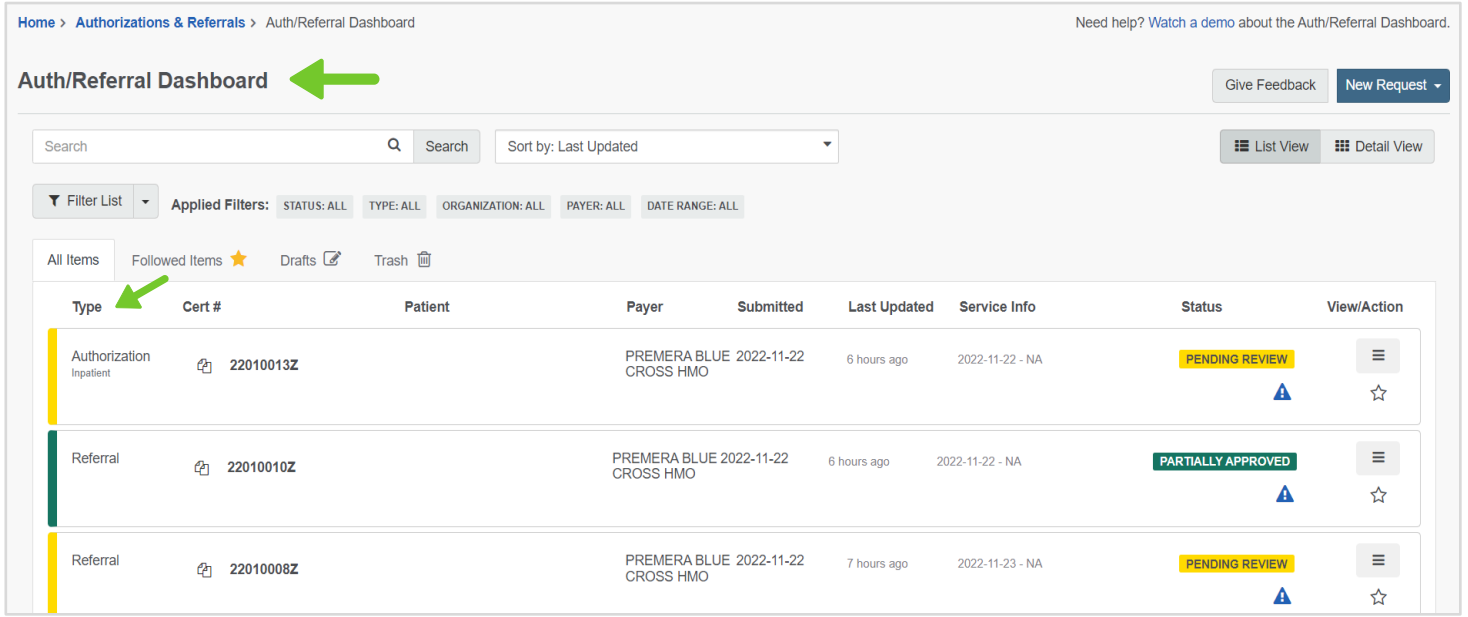
Referral Dashboard



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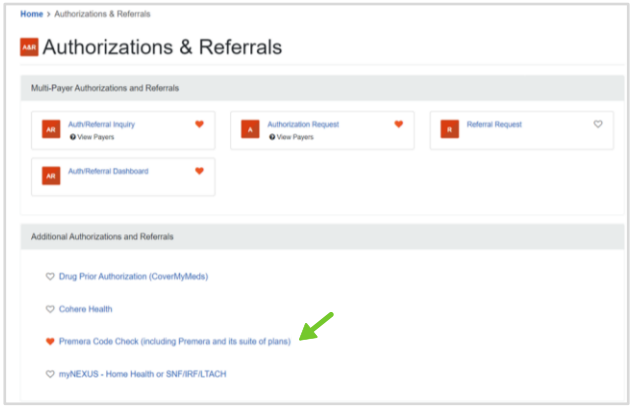
Code check tool

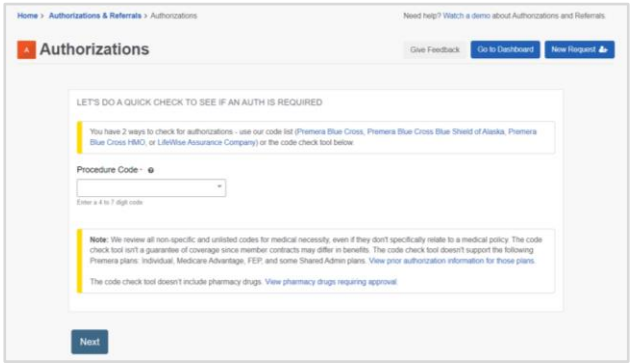
The code check tool only shows codes used for non-individual plan members (group and association—includes Premera Blue Cross HMO) and doesn't provide member-specific information.

This tool is available by signing in to Availity.

- Go to **Payer Spaces** and look for the **Premera 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.**





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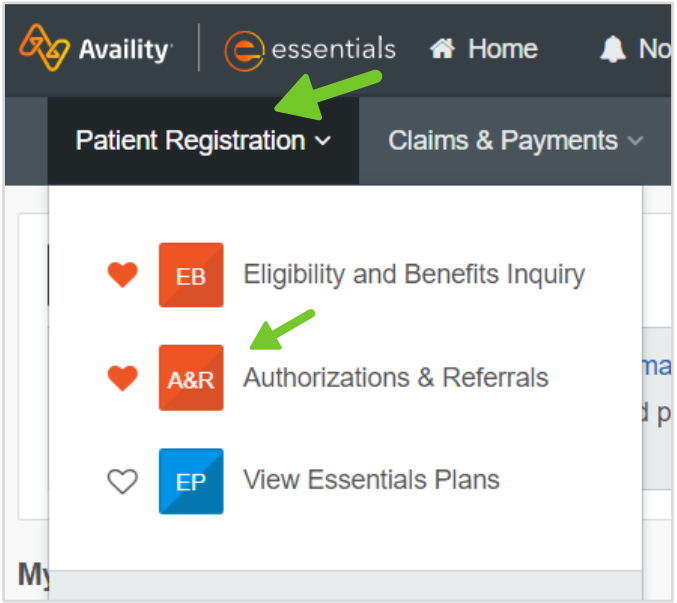
Prior authorization

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.



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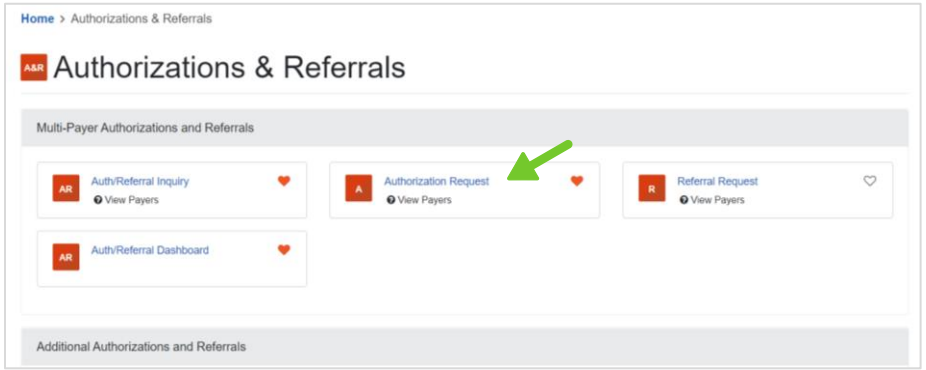
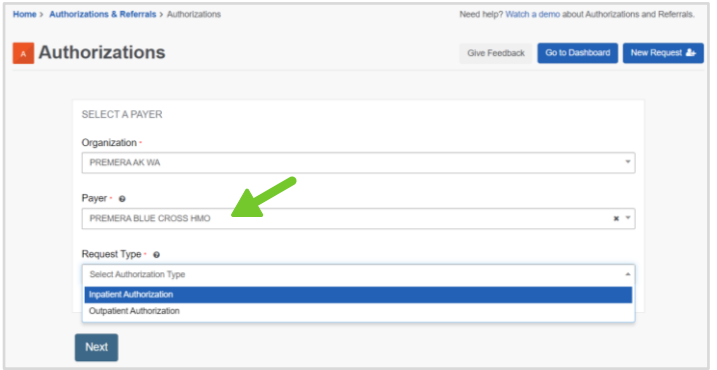
On the Authorizations & Referrals page, click **Authorization Request**. Select **Premera Blue Cross HMO** as a payer and complete the steps to complete a request.





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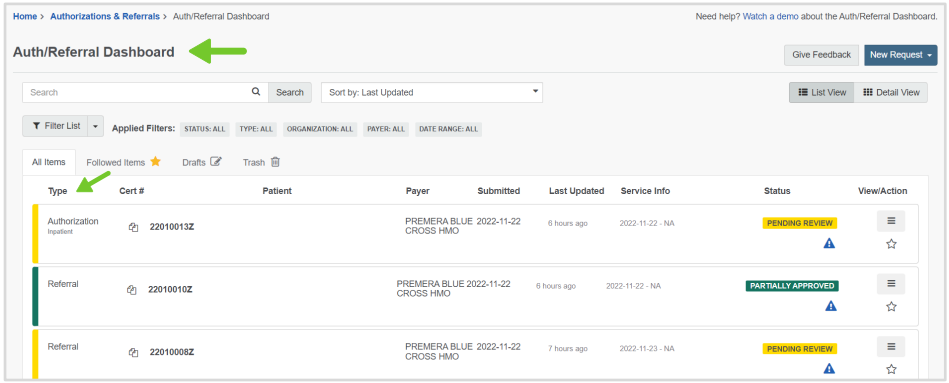
During the prior authorization process, providers can identify a provider's network status to ensure members are seen by an in-network HMO provider.

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



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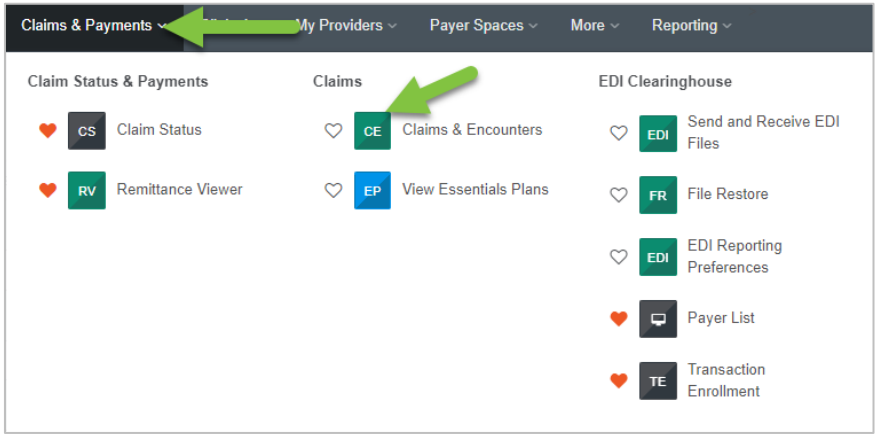
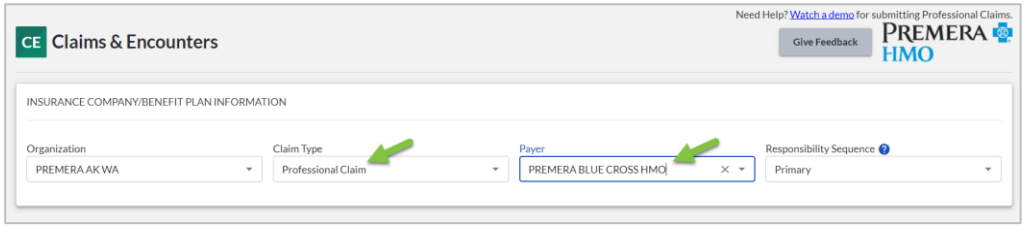
Claims submission

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.



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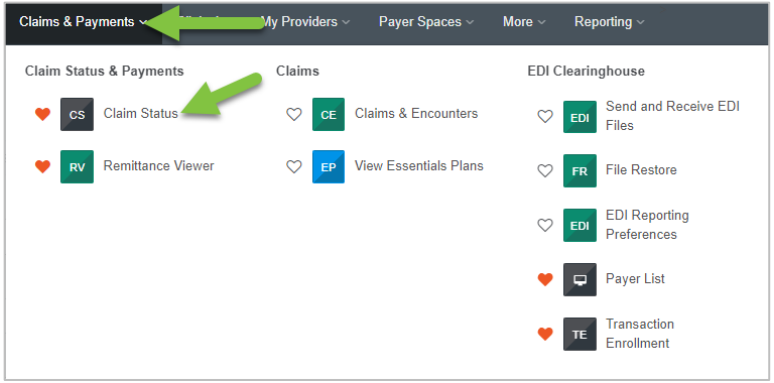
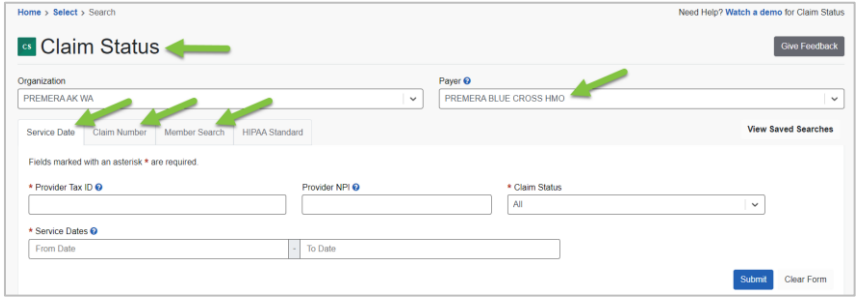
Claims status

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.





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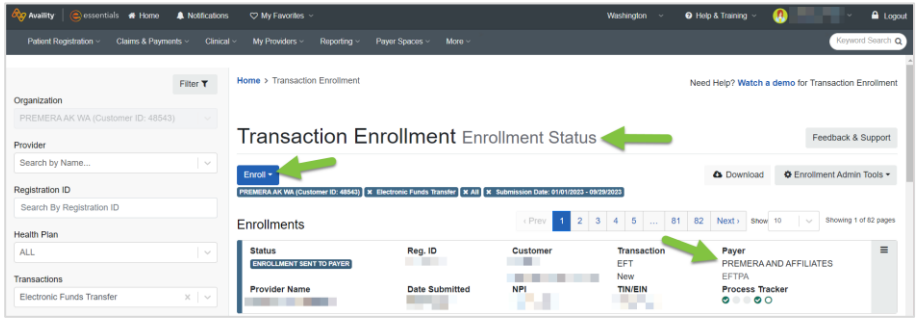
Electronic funds transfer for enrollment or cancellation

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.

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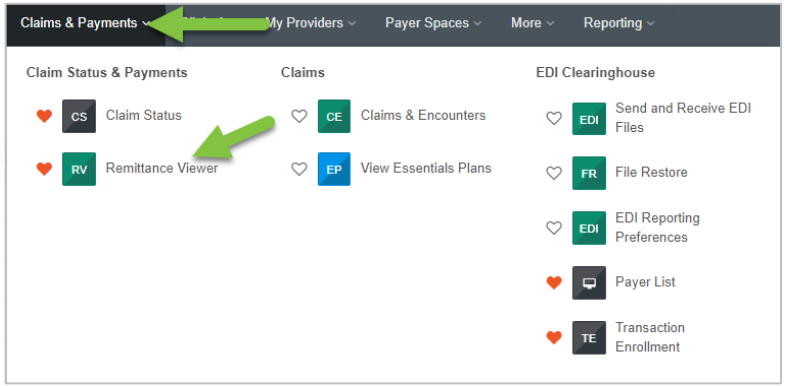
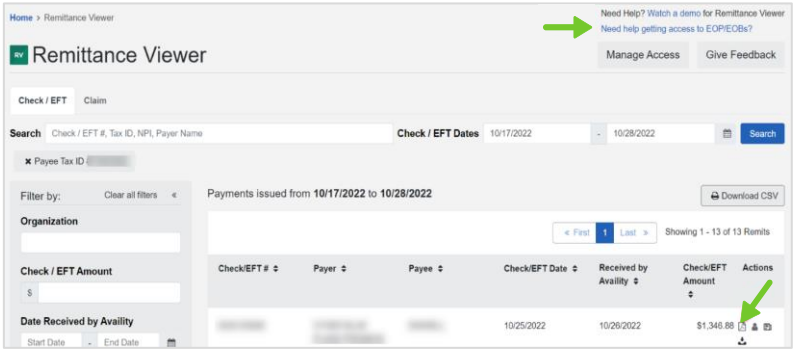
Remittance and explanation of payments (EOP)

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.





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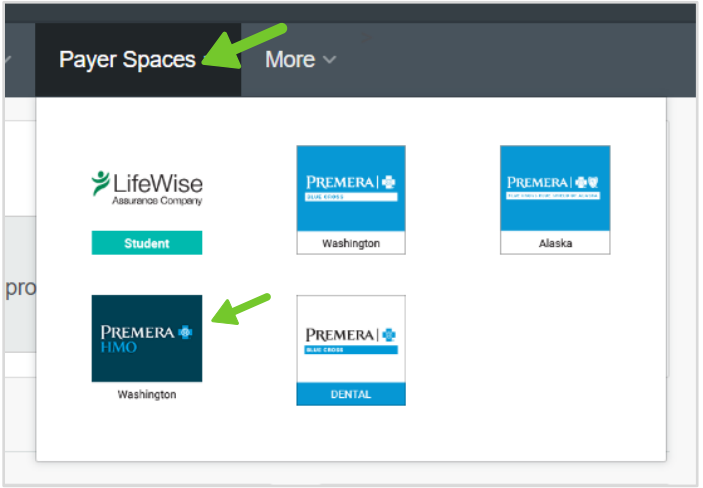
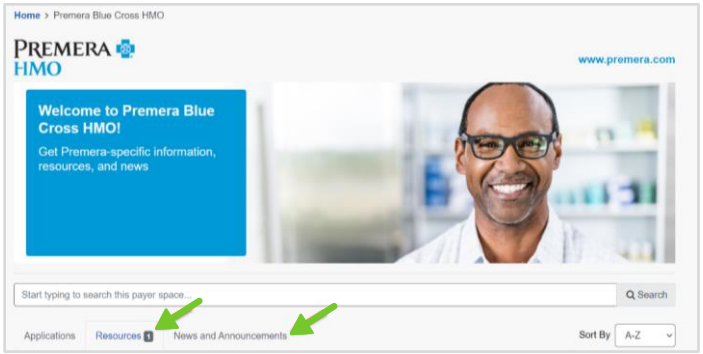
Resources

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.





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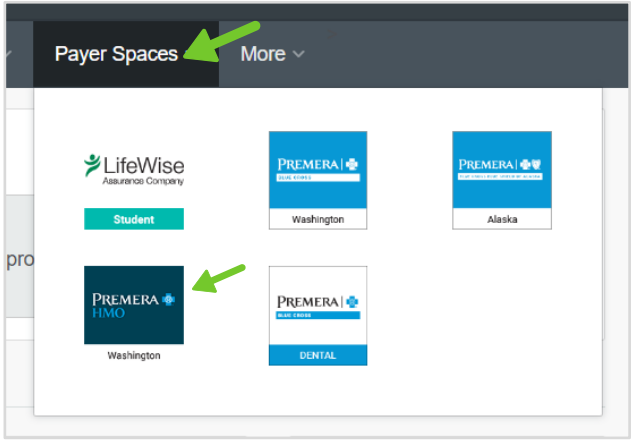
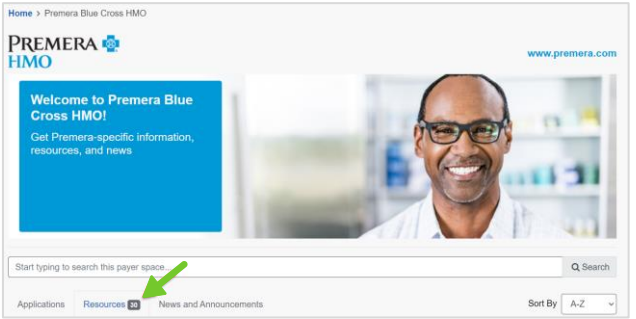
Provider online PCP Roster tool

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.





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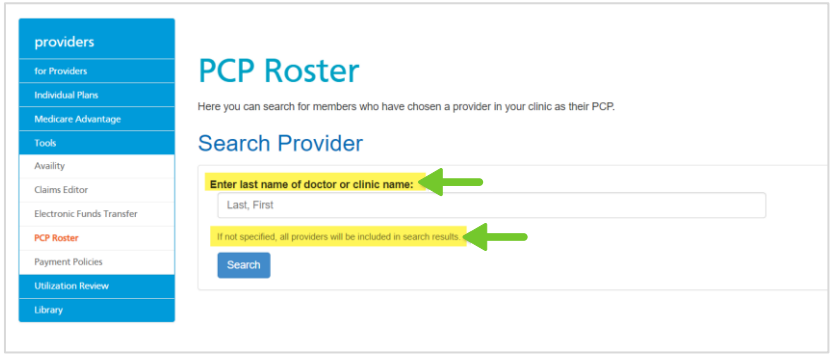
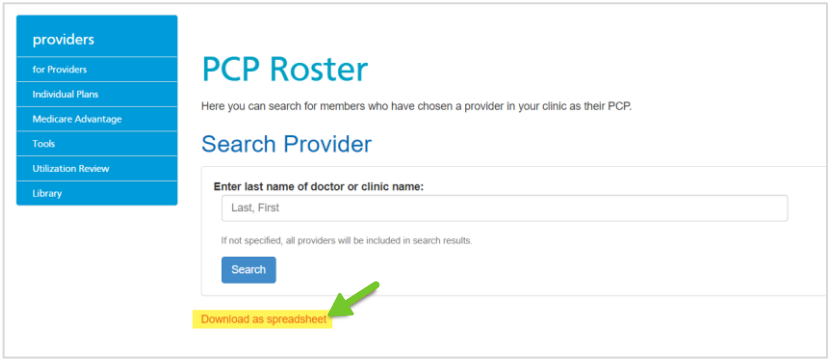
Provider online PCP Roster tool





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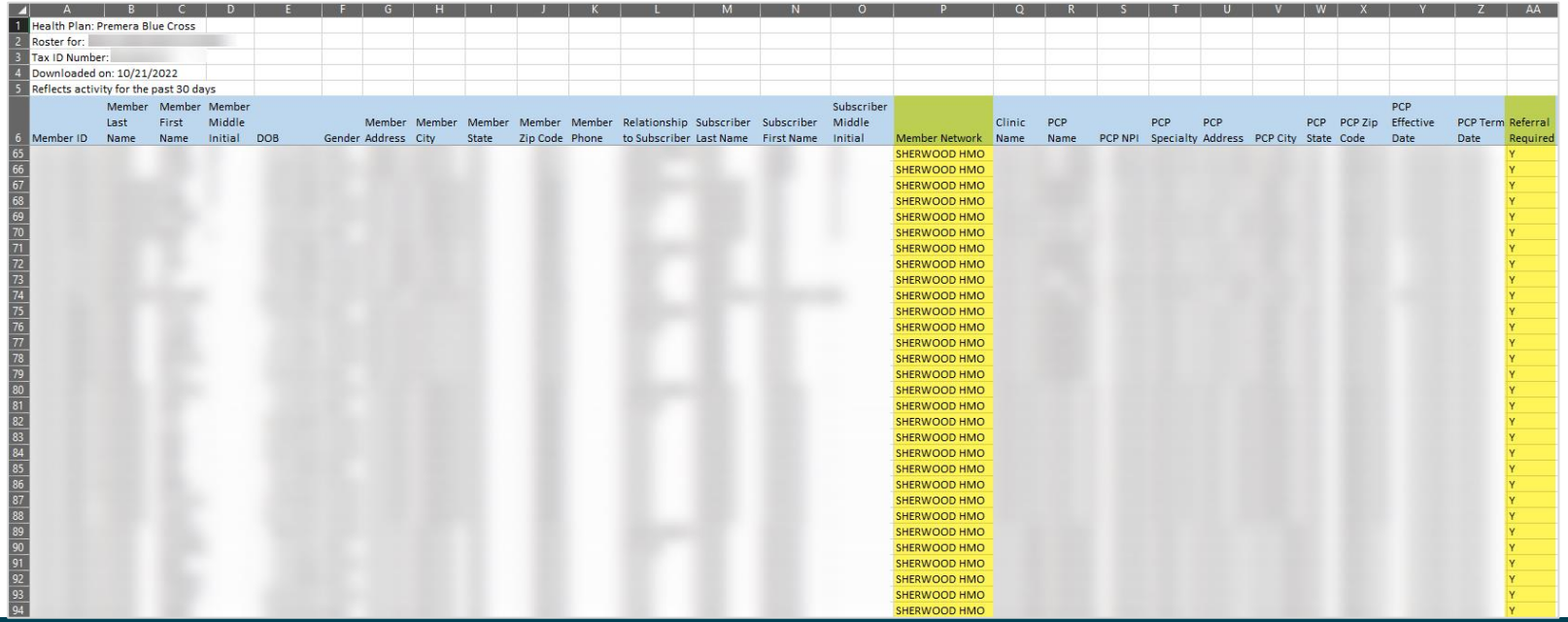
PREMERA HMO

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
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Availity

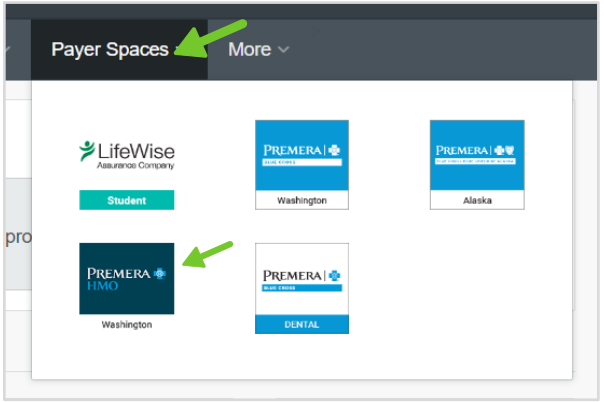
There are a variety of forms available, including those pertaining to the following:

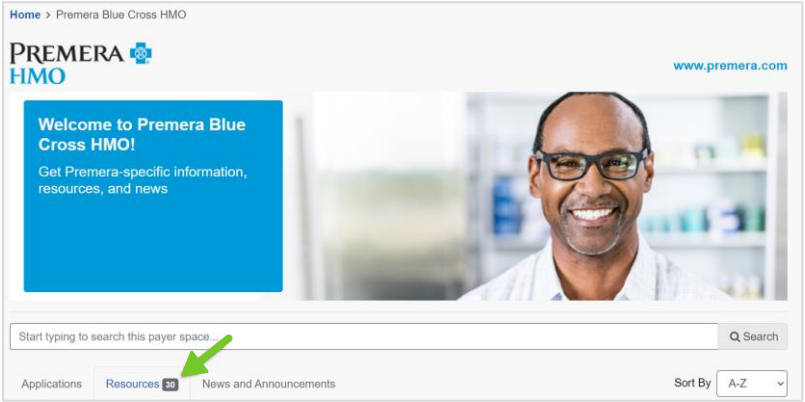
- Appeals
- Claims and billing
- Care management and prior authorizations
- Credentialing and provider updates

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





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PREMERA HMO

HMO Core Plus
Tips and resources

Anita Hegwald
Provider Experience Strategist

PREMERA HMO

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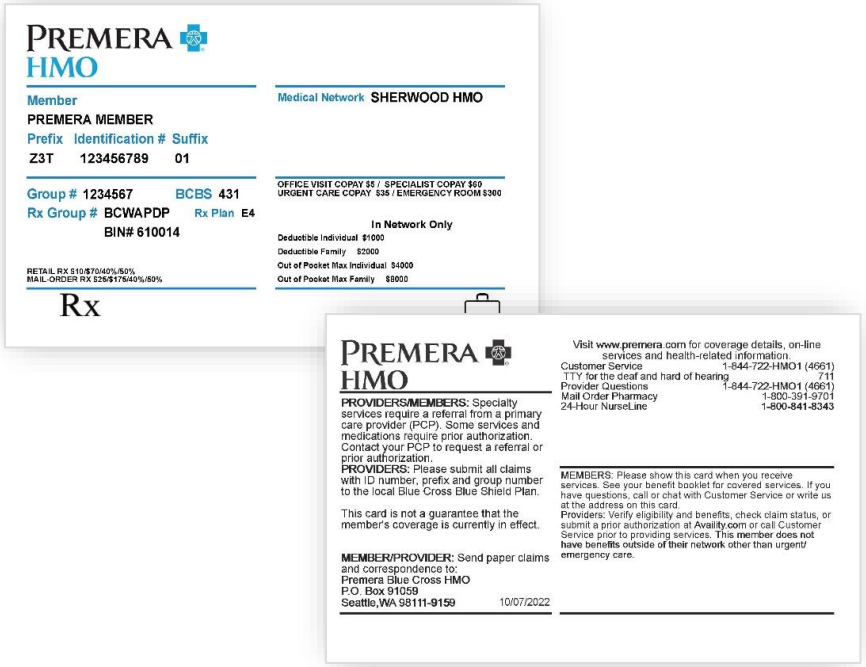
ID cards

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 Availity.

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



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Providers

Sherwood HMO Network

Members and providers can check to see if a provider is in the Sherwood HMO network at Premera Blue Cross (sapphirecareselect.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)

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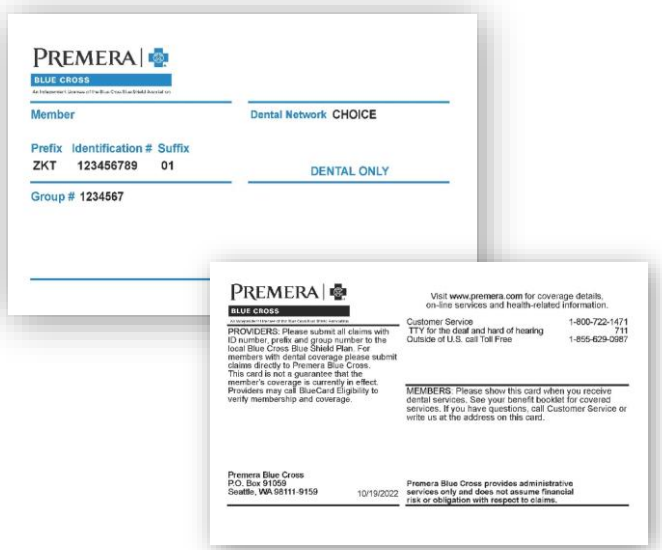
ID cards

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.



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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

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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.

Premera Blue Cross HMO is an independent licensee of the Blue Cross Blue Shield Association
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PREMERA HMO

Questions

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Savannah Peterson, HMO Customer Service

Ryan Gormley, Provider Network

Anita Hegwald, Provider Experience

Dr. Lan Nguyen, HMO Medical Director

Nathan Johnson, VP, Integrated Products

Shaylee Knutson, Provider Network

Bill Harper, Provider Communications

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Thank you

Questions? providerexperience@premera.com

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