

BlueAdvantage- Private Fee For Service Frequently Asked Questions

1. What is BlueAdvantage?

BlueAdvantage is a Medicare Advantage Private Fee For Service plan offered by BlueCross BlueShield of Tennessee. It combines the benefits of Medicare Parts A and B and includes additional services not covered by Original Medicare such as preventive care, annual physical exams, some dental services, vision and hearing benefits. It allows members to use any doctor, specialist or hospital that accepts the BlueAdvantage terms and conditions of plan payment.

2. What is BlueAdvantageChoice, BlueAdvantageGold, and BlueAdvantagePlatinum?

BlueAdvantageChoice, Gold, and Platinum combines the benefits of Medicare Part A and B and includes additional services, plus it offers Medicare Part D prescription drug coverage. It is a unique program in that members may use any doctor, specialist, or hospital that accepts the BlueAdvantage Terms and Conditions of Plan Payment.

3. Which PFFS network option has BlueCross BlueShield of Tennessee selected?

BlueCross BlueShield of Tennessee has chosen to offer a Non-Network PFFS product. Payment for covered services will generally be the Medicare allowable, less any member cost-sharing amounts. In accordance with CMS guidelines, if a provider is aware the member is covered by a Medicare Advantage PFFS product, has reasonable access to the terms and conditions of payment and chooses to render services to the Medicare Advantage PFFS enrollee, then the provider is bound by the plan's terms and conditions of payment.

A provider is not required to render services to a Medicare Advantage PFFS enrollee. A decision can be made on a patient-by-patient basis.

4. What are the benefits of the BlueAdvantage products?

BlueAdvantage benefits include convenient copays; no deductibles; most preventative services are covered at 100%; additional benefits not covered by Original Medicare; worldwide coverage for Emergency and Urgent Care; preventive dental Services; hearing services; vision services and \$0 copay for Routine Physical Exams

BlueAdvantageChoice, Gold, and Platinum combine all the benefits of the BlueAdvantage plan with your Medicare Part D prescription drug coverage including no deductible; convenient copays; network discount on 100 % of drug costs; and more savings with convenient mail order services.

5. How are Emergencies treated?

Claims for emergency services furnished in a hospital pursuant to 48 CFR 489.24 will be processed as filed (accepting or not accepting Medicare assignment). Providers who accept assignment will be paid the Medicare allowable less member cost-share amounts. Providers who do not accept assignment will be paid the Medicare limiting charge less member cost-share amounts.

6. Where should Tennessee providers submit Medicare Advantage claims?

BlueAdvantage claims should be submitted to BlueCross BlueShield of Tennessee. Claims for out of state members should be submitted directly to the Providers local Blues Plan. Do not bill Medicare directly for any services rendered to a Medicare Advantage member.

7. What is an Advance Determination?

Providers are encouraged to obtain an Advance Determination for select services outlined by BCBST for BlueAdvantage members. Advance Determinations are performed to render coverage, medical necessity and appropriateness determinations before services are rendered rather than during claims processing. However, claims submitted for services that were not reviewed prospectively will be reviewed retrospectively for Medical Appropriateness to determine coverage and reimbursement. It is important to contact the number on the back of the member's ID card to determine these requirements prior to rendering non-emergency services and as soon as the member is stabilized for emergency service.

8. How can a Tennessee Provider participate in the Medicare Advantage Program?

BlueCross BlueShield of Tennessee has chosen to offer a Non-Network PFFS product. Since this is a non-network product, providers do not need to enter into a PFFS contract with BlueCross BlueShield of Tennessee. To be eligible to furnish care to a PFFS member, physicians or other health care providers must be state licensed and have a Medicare billing number or be eligible to obtain one. Institutional providers treating PFFS members, such as hospitals and skilled nursing facilities, must be certified to treat Medicare beneficiaries. The provider must also agree to the plan's terms and conditions of payment.

9. Where do I find the Terms and Conditions of Payment?

For a copy of our terms and conditions of payment go to www.bcbst.com or call BlueAdvantage Provider Service at 1-800-841-7434.

10. What networks are attached to Medicare Advantage?

BlueCross BlueShield of Tennessee has decided to offer a Non-Network PFFS Medicare Advantage product so there is no network. A member can be treated by any qualified provider that agrees to accept the BlueAdvantage terms and conditions of payment.

11. Which fee schedule does BlueCross BlueShield of Tennessee use to determine the physician payment rate?

As with Original Medicare, the fee schedule for the locality where the service is rendered is used to reimburse physicians and other providers.

12. What services are subject to the annual deductible?

BlueAdvantage does not have inpatient or outpatient deductibles unless care is received while traveling outside of the country.

13. What Local Coverage Decisions (LCD) does BlueCross BlueShield of Tennessee use?

BlueCross BlueShield of Tennessee uses the same LCD's as Original Medicare. BlueCross BlueShield of Tennessee uses the LCD's in effect for the area where care is rendered. You can call BlueAdvantage Provider Service at 1-800-841-7434 with specific questions about LCD's. LCD's can be found by going to <http://www.cms.hhs.gov/coverage/default.asp> and selecting the search function.

14. What happens if a member dis-enrolls from BlueAdvantage and goes back to Original Medicare? How are the member's cost-shares calculated?

If a member dis-enrolls from BlueAdvantage and returns to Original Medicare, then Original Medicare cost-sharing provisions apply.

15. What format does BlueCross BlueShield of Tennessee require for claims?

Tennessee Providers should submit claims for BlueAdvantage Members using the CMS mandated CMS 1500 or UB-04 forms and their National Provider Identifier (NPI) and/or BlueCross BlueShield of Tennessee Provider Number directly to BlueCross BlueShield of Tennessee as follows:

- If a Provider currently submits claims electronically to BlueCross BlueShield of Tennessee, he/she may submit BlueAdvantage claims using the same process.
- Paper claims may be mailed to the following address:
BlueCross BlueShield of Tennessee
Attn: Blue Advantage
P. O. Box 180205
Chattanooga, TN 37402-7205

Providers outside of Tennessee should file claims to their local Blue Plan in their normal manner.

Claims for BlueAdvantage Members should be filed using the same CMS billing guidelines, forms and codes as Original Medicare.

16. Do additional documentation requirements (ADR) apply to this plan?

The same ADR requirements apply as they do for Original Medicare.

17. Are there contracted labs?

This is a non-network Private Fee For Service plan. The member can have lab work performed at any Medicare-approved lab that is willing to accept the BlueAdvantage terms and conditions.

18. Does BlueCross BlueShield of Tennessee require Advanced Beneficiary Notices (ABN) for services, which are not covered under Medicare?

ABN's are not required for Medicare Advantage members; you must inform a PFFS member in advance that a specific service will not be covered. The notice may be verbal or in writing, however, you are encouraged to document the discussion. Certain notification and requirements apply to hospital providers who are entitled to balance bill. (see paragraph 13 of Terms and Conditions of Plan Payment for more information)

19. Can physicians or health care providers go online to review their claims status or to verify patient eligibility?

Yes, Providers who have filed claims can log on to the company secure Web site at <http://www.bcbst.com/> and check status of claims and eligibility online. If you have not previously used BlueAccess, just click on the register button located at the bottom of the BlueAccess login box and follow the simple instructions to obtain a user ID and password. Once registered, you can utilize all the available services offered via BlueAccess.

20. What recourse do providers have to appeal?

Physicians and other providers have the right to appeal under the BlueCross BlueShield of Tennessee Provider Dispute Resolution Procedure. If a physician or other provider has information that Original Medicare would pay more for a service, the provider can submit documentation to BlueCross BlueShield of Tennessee for review, verification and payment adjustment, if appropriate. Please refer to www.bcbst.com for complete appeal requirements.

21. What is the claims payment timeliness standard for BlueAdvantage?

As a Medicare Advantage Organization (MAO) under contract with the Centers for Medicare and Medicaid Services (CMS), BlueCross BlueShield of Tennessee must follow the Medicare Advantage rules. These contain provider protections, including prompt payment to health care providers. Under this provision, a MAO must pay 95 percent of clean claims within 30 days of receipt for services rendered under deemed or written contracts. The MAO must pay interest on all claims that are not paid within 30 days. All other claims must be approved or denied within 60 days of the request.

If CMS determines that the MAO has failed to make payments in accordance with these provisions, then CMS may provide:

- a. For direct payment of the sums owed to health care providers
- b. For appropriate reduction in the amounts that would otherwise be paid to the MAO to reflect the amounts of the direct payments and the cost of making those payments

This contract also requires that all written or deemed contracts between the MAO and health care providers must contain a prompt-payment provision. Health care providers who believe that they are not being paid in accordance with these provisions need to let CMS know when there is a delay in payment from the MAO.

22. How are payments for outpatient hospital services determined?

Similar to Original Medicare, reimbursement is determined by Ambulatory Payment Classification (APC) codes. However, under Original Medicare, the APC code payment methodology often includes a high beneficiary cost-share; this is not the case under BlueAdvantage. For BlueAdvantage, BlueCross BlueShield of Tennessee pays the full Medicare-allowed amount, minus the member's BlueAdvantage copayment. Outpatient copayments are based on the type of facility where care is rendered.

23. How does inpatient reimbursement work?

The physician or other health care provider is reimbursed either the full Diagnostic Related Group (DRG) allowable amount or per diem, depending on the facilities contractual arrangement, minus the BlueAdvantage insured patient copayment for inpatient services. Teaching hospitals receive an extra payment from Medicare.

24. Will reimbursement rates change?

Reimbursement rates are tied to Medicare fee schedules and only change if Medicare rates change. Under BlueCross BlueShield of Tennessee's terms and conditions, BlueCross BlueShield of Tennessee continues to pay at least the Medicare reimbursement rate.

25. Does BlueCross BlueShield of Tennessee pay the teaching hospitals this extra payment as well?

No. The Centers for Medicare and Medicaid Services (CMS) has carved out operating Indirect Medical Education (IME), Direct Graduate Medical Education (DGME), nursing and allied health from the Medicare Advantage contractors. Medicare pays these add-ons directly through its fiscal intermediaries.

26. Original Medicare includes several other add-on payments for certain inpatient hospitals. Does BlueCross BlueShield of Tennessee pay those?

Yes. The following additional payments are not carved out by Medicare and BlueCross BlueShield of Tennessee will pay them if the facility would have received them under Original Medicare: basic capital payments, capital add-on for hospitals that have IME and Disproportionate Share Hospital (DSH), capital exception payments, and operating DSH.

27. Should hospitals include the BlueAdvantage case experiences in their cost reports?

Yes. According to CMS, hospitals should include their Private Fee-For-Service (PFFS) cases in their cost reports.

28. If a BlueAdvantage member transfers from an acute inpatient facility to an acute rehabilitation facility, does the member's copayment per day apply at the acute rehabilitation facility in addition to the acute inpatient facility?

If a member is discharged and readmitted; or, discharged and admitted to a different type of facility, the copayment for that facility will apply.

29. What is a deemed provider?

Any provider furnishing health services, except for emergency services furnished in a hospital, to a BlueCross BlueShield of Tennessee (BCBST) BlueAdvantage Member is deemed to have a contract with BlueCross BlueShield of Tennessee if:

- 1) Services are covered by the plan;
- 2) The Member is an enrollee of BlueAdvantage;
- 3) The Provider is aware the Member is a BlueAdvantage enrollee prior to rendering services to the Member; and
- 4) The Provider knows the terms and conditions of payment or has reasonable access to the terms and condition of payment.

If a facility is considered deemed then BCBST will consider any facility-based provider as deemed.

30. Does the provider have a responsibility to somehow notify the plan that he or she is deemed?

No. There are no contracts to sign and there is no paperwork required to participate. The provider simply needs to make sure to see the member's ID card to identify the individual as a BlueAdvantage member. The provider should review the terms and conditions of payment. If the provider renders care to the member, that provider is deemed. A provider may choose to provide care to BlueAdvantage enrollees on a patient-by-patient basis and may stop treating enrollees at any time.

31. What if a provider does not want to accept the BlueAdvantage?

A physician or other health care professional may decide on a patient-by-patient basis to accept BlueAdvantage. If the provider chooses not to be deemed and not to accept the payment terms and conditions, that provider must not provide services to the BlueAdvantage member unless services are extended on an urgent or emergency basis. In such cases, claims should be filed to BlueCross BlueShield of Tennessee.

32. How will we know when terms and conditions change?

Any changes to the terms and conditions are posted on the BlueCross BlueShield of Tennessee Web site, www.bcbst.com. You will be notified of these changes through the Provider Administration Manual and the BlueAlert newsletter. You can also get information on terms and conditions by calling the BlueAdvantage Provider Service at 1-800-841-7434. BlueCross BlueShield of Tennessee provides information by phone, by mail, or by fax, as requested.

33. Is it the responsibility of the physician/health care provider to check the terms and conditions?

It is the provider's responsibility to understand the terms and conditions. The provider should check the terms and conditions as frequently as necessary.

34. What is the copayment for infusion patients in a home health care setting?

There is no member copayment for Medicare covered home health visits. There is member coinsurance for DME.

35. Who do I contact if the Rx requires a Prior Authorization?

A Prior Authorization Request Form can be found on www.bcbst.com/providers/bcbst-medicare/ and should be faxed to Preferred Care Services Inc., (PCSI) at 205-220-9575, or mailed to:
Part D Authorization Requests
Attn: Pharmacy Review
PO Box 12485
Birmingham, AL 35202-2485

36. Does participation in BlueAdvantage influence DSH payment for facilities entitled to those payments?

BlueCross BlueShield of Tennessee uses the provider-specific files obtained from the appropriate Medicare fiscal intermediary to determine the appropriate payment levels and pays the DSH and capital pass-through payments as an add-on to the base Prospective payment System (PPS) rate. These payments are final payments. BlueCross BlueShield of Tennessee does not make year-end settlements.

37. Under Original Medicare, hospital patients must fill out a Medicare Secondary Payer (MSP) questionnaire. Should hospitals implement this process for BlueAdvantage members?

Yes. Hospitals should have their patients fill out the MSP. BlueCross BlueShield of Tennessee reimburses physicians or other health care providers and attempts to recover the money from any third party that might be liable after the fact.

38. What grouper is used for DRG's?

The DRG grouper software used is the same as CMS's grouping and pricing.

39. What grouper is used for APC's?

The APC grouper software used is the same as CMS's grouping and pricing.

40. What are the criteria for patient eligibility for home health care?

BlueAdvantage uses the same home health criteria that are in place for Original Medicare.

41. Are payments the same as the Medicare Prospective Payment System (PPS)

Yes. BlueCross BlueShield of Tennessee uses the Original Medicare PPS as the payment fee schedule.

42. Is there an initial and final payment, as with Original Medicare, or is there one payment per 60-day episode?

BlueCross BlueShield of Tennessee pays the same way as Original Medicare with an initial and final payment. However, home health agencies may request reimbursement per 60-day episode of care by submitting a request for accelerated payment (RAP).

43. Is reimbursement from Home Health Resource Group (HHRG) codes and for a 60-day episode of care?

Yes, the same as Original Medicare.

44. What is the coverage for medical supplies under the home health benefit?

The home health PPS rate includes any medical supplies, and no copayment applies.

45. What is the limit on DME rentals?

As with Original Medicare, there is a 15-month limit on most DME rentals. BlueCross BlueShield of Tennessee reimburses equipment rental for up to 15 months as long as it does not exceed the purchase price of that equipment.

46. Where can I find the formulary list that includes covered drugs, Rx's that require PA or have quantity limits?

The BlueAdvantage formulary is located on the BlueCross BlueShield of Tennessee Web site www.bcbst.com.