

# 2018 MEDICARE ADVANTAGE

## *Key Information for Providers*

### BLUE CARE ADVANTAGE VALUE-BASED INSURANCE DESIGN PILOT PROGRAM



**Effective Jan. 1, 2017**, Highmark introduced Blue Care Advantage, a Medicare Advantage Value-Based Insurance Design pilot program that has been approved by the Centers for Medicare and Medicaid Services (CMS) in Allegheny, Armstrong, Beaver, Butler, Cambria, Fayette, Greene, Indiana, Lawrence, Washington and Westmoreland counties. Blue Care Advantage promotes better health to Security Blue HMO Value Rx members living with diabetes and/or COPD.

#### PROGRAM CRITERIA

Primary care physicians (PCPs) who meet specific quality and efficiency measures will be selected to participate in this pilot program as **Blue Care Advantage Preferred Providers**.

These specific quality and efficiency measures include:

- Quality: Measured by Stars
- Efficiency: Measured by risk-adjusted cost per practice
- TruPerformance participation

Providers in the following specialties in the Security Blue HMO network will, again, **all** be designated as a Blue Care Advantage Preferred Provider in 2018: Endocrinology, Ophthalmology, Nephrology, Pulmonary Disease and Podiatry. Specialists who are affiliated with a qualifying PCP practice will also be considered a Blue Care Advantage Preferred Provider.

Providers chosen as Blue Care Advantage Preferred Providers for 2018 will be notified 60-90 days prior to each calendar year. Providers who are eligible for the program will be evaluated annually and notified if they are selected.

#### MEMBER BENEFITS

Security Blue Value Rx members who have been diagnosed with diabetes and/or COPD will be automatically enrolled in the Blue Care Advantage pilot program. They will continue to receive all of the benefits available with their current coverage and will gain the following enhanced benefits:

*(Continued)*

- Access to our select network of Blue Care Advantage Preferred Providers at lower cost sharing for up to four (4) visits per year
- The extra support of registered nurses who will help them better understand and manage their condition and treatment options
- The advantage of limited copays for specific services when they receive these services from Blue Care Advantage Preferred providers (see the chart on the following page)
- Supplemental benefits targeted to their condition (e.g., periodontal services)

To remain in the program and receive these enhanced benefits, members must continue to manage their condition(s) each quarter.

In early January, eligible members received letters that introduce the pilot program and explain its added benefits. They can find Blue Care Advantage Preferred Providers in the online directory noted with this symbol.



Participation in the Blue Care Advantage pilot program is voluntary, and members can opt out simply by contacting Customer Service. When members move out of Blue Care Advantage, they will be moved back into their original Security Blue HMO Value Rx plan.

## BENEFIT COMPARISON

	Blue Care Advantage Benefit	Security Blue HMO Value Rx Benefit
<b>PCP Visits</b>	\$0 per visit for four visits per year with preferred providers <sup>1</sup>	\$10 per visit
<b>Specialist Visits</b>	\$10 per visit for four visits per year with preferred specialists <sup>2</sup>	\$40 per visit
<b>Transportation</b>	\$5 per one-way trip Limit 48, one-way trips <sup>3</sup>	\$10 per one-way trip Limit 24, one-way trips
<b>DME - Diabetic Supplies</b>	5% cost sharing for diabetic supplies	20% cost sharing for diabetic supplies
<b>Diabetic Retinal/ Fundus Photography</b>	\$0 for the initial service per year	Cost may vary depending on place of service
<b>Periodontal Services</b>	\$0 per visit for one visit per year, scaling/root planing, four lifetime surgery procedures	No periodontal care

<sup>1</sup>After the 4th visit with a Blue Care Advantage Preferred PCP, or for all other visits, the \$10/visit Security Blue HMO Value Rx PCP copay will apply for the remainder of PCP visits during the plan year.

<sup>2</sup>After the 4th visit with a Blue Care Advantage Preferred Specialist, or for all other visits, the \$35/visit Security Blue HMO Value Rx Specialist copay will apply for the remainder of Specialist visits during the plan year.

<sup>3</sup>After the 48th one-way trip, the plan limit for transportation is exhausted and any additional trips will not be covered.

## HOW TO IDENTIFY MEMBERS WHO HAVE THE BLUE CARE ADVANTAGE BENEFIT

Members who are in Blue Care Advantage will have one of the unique group numbers listed below on their ID card. Their ID card also displays the Enhanced Benefits cost sharing column.

### Group Numbers

05845355, 05845356, 05845357, 05845358 and 05845359.

**HIGHMARK CHOICE COMPANY** Security Blue HMO

MEMBER NAME: ROBERT CARDTEST  
 MEMBER ID: SDR100647145001  
 PLAN (B0B40): 9151014609

PCP INFORMATION: GREENTREE MED  
 724-555-1212

Group: 05845325  
 BC/BS Plan: 363/865  
 RxBIN: 610014  
 RxPCN: MEDDPRIME  
 RxGrp: SPBLUE3

Hear/Vision/Dental:  
 Tier: Snd Enh  
 PCP Visit: \$10 \$0  
 Specialist Visit: \$35 \$10  
 Emergency Room: \$75 \$75  
 CMS: H3957 031

**Unique for Blue Care Advantage**

www.highmarkblueshield.com/medicare

Member Service: 1-800-935-2583  
 Blues on Call: 1-888-258-3428  
 TTY/TDD Service: Dial 711  
 HMS: 1-800-547-3627

Blues on Call: 24-hour access to nurses who provide health education and support services.

All health care services must be provided by Highmark Choice Company Medicare Advantage providers. The only exceptions are emergency care, urgently needed care and out-of-area renal dialysis services.

SecurityBlue is a Medicare Advantage managed care program. Original Medicare will not pay for services for SecurityBlue Members.

Medicare limiting charges apply. Call Healthcare Management Services (HMS) for authorizations and eligibility.

All medical claims should be submitted to the local BC/BS plan.  
 Send Prescription Drug Claims to:  
 Express Scripts  
 ATTN: Medicare Part D  
 P.O. Box 14718  
 Lexington, KY 40512-4718  
 Highmark Blue Cross Blue Shield and Highmark Choice Company are Independent Licensees of the Blue Cross and Blue Shield Association.

## MORE INFORMATION

NaviNet’s Eligibility and Benefits section has been updated to reflect the benefits and copays available to members who are participating in Blue Care Advantage.

An example is included below. Additional information can be found in the 2017 Medicare Advantage Summary section of the Provider Resource Center.

## Eligibility & Benefits: Viewing member Blue Care Advantage information in NaviNet

### Select Professional Services link

Group Information			
Effective Date:	11/01/2015	Term Date:	00/00/0000
Group Number:	05849017	Group Name:	SECURITY BLUE HMO VALUERX MAPD-WC L
Product:	HMO	Advanced Imaging UM by NIA:	YES
Plan Area:	363	Radiation Therapy Management:	YES
Group Renewal:		Physical Medicine Management:	YES
Alpha Prefix:	SDR		

[View Current Member ID Card](#)

<a href="#">SECURITY BLUE HMO Provisions</a>	<a href="#">Inpatient Facility Services</a>	<a href="#">Outpatient Facility Services</a>	<a href="#">Behavioral Health/Substance Abuse</a>
<a href="#">Professional Services</a>	<a href="#">Professional Therapy and Rehabilitation Services</a>	<a href="#">Routine/Preventive Care</a>	<a href="#">Ancillary Services/Supplies</a>
<a href="#">Other Reproductive Services (non Maternity)</a>	<a href="#">Oral Surgery/Dental Accident</a>	<a href="#">Educational &amp; Medical Programs</a>	<a href="#">Conditions</a>
<a href="#">Other Services</a>			

**Enhanced per calendar year benefits noted**

<p><b>PCP Office/Outpatient Visit and Consultation</b>                  Coverage Yes                  Copay 10 Dollars, per Visit for Visit 5 and over, per Calendar Year                  Copay for High Value PCP 0 Dollars, per Visit for Visits 1 - 4, per Calendar Year</p>	
<p><b>Specialist Office/Outpatient Visit and Consultation</b>                  Coverage Yes                  Copay 35 Dollars, per Visit for Visit 5 and over, per Calendar Year                  Copay for High Value Specialist 10 Dollars, per Visit for Visits 1 - 4, per Calendar Year</p>	
<p><b>Physician Office/Outpatient Visit and Consultation</b>                  Coverage Yes                  Copay 10 Dollars, per Visit</p>	

**TRACKING VISIT COUNTS**

You can view member visit counts for these enhanced services under Benefit Accumulator, as shown below. They appear in the "Accumulated Amount" column.

<b>Group Information</b>			
Effective Date:	11/01/2015	Term Date:	00/00/0000
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<a href="#">Other Services</a>								
<b>▲ Benefit Accumulator</b>								
Benefit From	Benefit To	Product	Individual or Family	Type	Unit Code	Description	Accumulated Amount	Thresho
01/01/2016	12/31/2016	MEDICAL SU	INDIVIDUAL	OUT OF POCKET	MONETARY ACCUMULATION		165.00	6700.00
01/01/2016	12/31/2016	MEDICAL SU	INDIVIDUAL	VALUE BASED PCP OFFICE VISIT THRESHOLD	SERVICE ACCUMULATION		4	4
01/01/2016	12/31/2016	MEDICAL SU	INDIVIDUAL	VALUE BASED SPECIALIST OFFICE VISIT THRESHOLD	SERVICE ACCUMULATION		4	4
Please note that the information provided above is based on claims that have been submitted to and adjudicated by Highmark. It does not take into account claims for services that have been received but not yet submitted that have been submitted but not yet adjudicated. As a result, the actual accumulated information may change between today and the date your claim is adjudicated by Highmark.								
Service provider acknowledges that the information being provided is based on information currently available in Highmark files. Payment of actual claims is subject to a determination regarding the member's benefit and eligibility at the time of processing or thereafter, and a determination that the services are medically necessary and appropriate.								
Information may change due to coverage alterations or cancellation.								