

# 2020 MEDICARE ADVANTAGE

## *Key Information for Providers*

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



**On 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-POS ValueRx members living with diabetes and/or COPD.

#### **PROGRAM CRITERIA**

Primary care physicians (PCPs) who meet specific performance thresholds for both quality and efficiency as outlined by Highmark's True Performance Program, will be designated as a Blue Care Advantage Preferred Provider. This designation is assigned to help connect members with high value PCPs who have a proven track record of delivering quality and efficient care.

Providers in the following specialties in the Security Blue HMO-POS ValueRx network will be designated as a Blue Care Advantage Preferred Provider in 2020: Cardiology, 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 2020 will also 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 HMO-POS ValueRx 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:

- Access to our select network of Blue Care Advantage Preferred Specialist 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, such as diabetic supplies and transportation (see the chart on the following page)
- Supplemental benefits targeted to their condition (e.g., periodontal services)

## NEW FOR 2020

CMS has added a requirement for VBID participating plans regarding Advance Care Planning. CMS is asking program participants to encourage providers who have patients in the Blue Care Advantage program to discuss Advance Care

Planning during an Annual Wellness Visit. Advance Care Planning can be billed along with an Annual Wellness Visit as a preventive service.

We encourage you to discuss Advance Care Planning with all of your Medicare Advantage patients when appropriate. You can find resources regarding Advance Care Planning with Seniors on Highmark’s Provider Resource Center by searching “Advance Care Planning” on the homepage. 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-POS ValueRx plan.

## BENEFIT COMPARISON

	Blue Care Advantage Benefit	Security Blue HMO-POS ValueRx Benefit
<b>PCP Visits</b>	\$0 per visit	\$0 per visit
<b>Specialist Visits</b>	\$10 per visit for four visits per year with preferred specialists <sup>1</sup>	\$40 per visit
<b>Transportation</b>	\$5 per one-way trip Limit 48, one-way trips <sup>2</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 Specialist, or for all other visits, the \$40/visit Security Blue HMO-POS ValueRx Specialist copay will apply for the remainder of Specialist visits during the plan year.

<sup>2</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

05845645, 05845646, 05845647, 05845648, and 05845649

MEMBER INFORMATION		PCP INFORMATION	
MEMBER NAME	ROBERTCARDTEST TESTCARD	PCP INFORMATION	GREENTREE MED
MEMBER ID	SDR100647145001	Phone	724-555-1212
PLAN (80840)	9151014609	<b>Unique for Blue Care Advantage</b>	
Group	05845645	<b>Hear/Vision/Dental</b>	
BC/BS Plan	363/365	Office Visit	\$0
RxBIN	610014	Specialist Visit	\$10
RxPCN	MEDDPRIME	Emergency Room	\$90
RxGrp	SPBLUE3	CMS	H3957 031
Performance Rx			

**www.highmarkblueshield.com/medicare**

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

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 2020 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:	1/01/2019	Term Date:	00/00/0000
Group Number:	05845645	Group Name:	SECURITY BLUE HMO-POS VALUE RX 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](#)

- [SECURITY BLUE HMO Provisions](#)
- [Professional Services](#) ←
- [Other Reproductive Services \(non Maternity\)](#)
- [Other Services](#)
- [Inpatient Facility Services](#)
- [Professional Therapy and Rehabilitation Services](#)
- [Oral Surgery/Dental Accident](#)
- [Outpatient Facility Services](#)
- [Routine/Preventive Care](#)
- [Educational & Medical Programs](#)
- [Behavioral Health/Substance Abuse](#)
- [Ancillary Services/Supplies](#)
- [Conditions](#)

**Enhanced per calendar year benefits noted**

<b>Specialist Office/Outpatient Visit and Consultation</b>	
Coverage	Yes
Copay	40 Dollars, per Visit for Visit 5 and over, per Calendar Year 10 Dollars, per Visit for Visits 1 - 4, per Calendar Year
Copay for High Value Specialist	
<b>Physician Office/Outpatient Visit and Consultation</b>	
Coverage	Yes
Copay	0 Dollars, per Visit

**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:	1/01/2019	Term Date:	00/00/0000
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<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>			

<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>								
<b>Benefit Accumulator</b>								
Benefit From	Benefit To	Product	Individual or Family	Type	Unit Code	Description	Accumulated Amount	Thresh
01/01/2019	12/31/2019	MEDICAL SU	INDIVIDUAL	OUT OF POCKET	MONETARY ACCUMULATION		165.00	6700.00
01/01/2019	12/31/2019	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.								