



## Blue Cross® Personal Choice PPO Provider FAQ—8/25/16

### Background

Blue Cross Personal Choice PPO is an innovative group plan centered on organized systems of care, or OSCs. Personal Choice PPO encourages members to be more engaged in their choice of doctors, hospitals and health care services, with options to save on their out-of-pocket costs.

### Frequently asked questions

#### General Questions

**1. When will the product be released?**

Coverage begins Oct. 1, 2016.

**2. Is this a Blue Cross Blue Shield of Michigan or BCN product?**

Blue Cross Blue Shield of Michigan PPO product.

**3. Who are you selling Personal Choice PPO to?**

Personal Choice PPO will be available to groups of less than 1,000 contracts.

**4. What will the member's ID card look like?**

There will be no new details or information added to the Blue Cross ID card for Personal Choice PPO members.

**5. Can groups with locations outside the market region offer Personal Choice PPO and a standard Simply Blue plan?**

Yes, out-of-market region divisions can offer either plan. For in-market divisions, Personal Choice PPO can only be offered with a BCN or Simply Blue HSA plan.

**6. How will a provider identify Personal Choice PPO members?**

Members can be identified as a Personal Choice PPO member in web-DENIS.

#### Product Rules and Cost Share

**7. What types of services will always default to a Level 1 cost share?**

There are no services that will always default to Level 1 cost share. Members must select a primary care doctor in a Level 1 OSC to be eligible for Level 1 cost share. Services related to mental health, emergency, PARE providers and OB/GYN (for women services only) do not need a referral to qualify for Level 1 cost share. Member cost share for these services will be determined by the level of their selected PCP.



**8. Will members automatically pay Level 2 cost share if a primary care doctor isn't selected at enrollment?**

Yes. Members will pay Level 2 cost share if they don't select a primary care doctor during or after enrollment.

**9. Do Level 1 cost share rules apply for professional and facility claims?**

Yes.

**10. Is there a difference in cost share between providers belonging to non-Level 1 OSCs versus providers within the Personal Choice PPO network but not affiliated with an OSC?**

No. There is not a difference.

**11. Do members pay Level 1 out of pocket costs for visits with nurse practitioners and/or physician assistants?**

If a member visits a nurse practitioner or physician assistant, his or her out of pocket cost is dependent on whether or not the member selected a primary care doctor in a Level 1 OSC. If the member has selected a Level 1 primary care doctor, then the Level 1 office visit copay will apply. If the member hasn't, then the Level 2 office visit copay will apply.

**12. Will the out-of-network deductible count towards the in-network deductible?**

Yes. Out-of-network accumulators will count toward both in-network cost-share accumulators. In addition, Level 2 claims will accumulate to both Level 2 and Level 1 deductibles.

**13. For ER claims, what will the member's out of pocket costs be?**

- If the member has an emergency room visit and isn't admitted to the hospital, Blue Cross charges a \$150 ER copay for all services.
- If the member is admitted to the hospital, which coincides with an emergency room visit, the \$150 ER copay is waived and charges will pay at the same cost-share level equal to his or her primary care doctor's OSC level (if applicable)

**14. How will providers know the member has a Level 1 cost share exemption for provider movement?**

A member's Level 1 exemption for provider movement is displayed in web-DENIS.

**15. Can a member living outside the market region be in the Personal PPO Choice plan and use providers within the market region if they live on the border of the market region?**

Yes. Employees who live outside the market region are still allowed to select Personal Choice PPO, although we advise against it. Members who live on the border of the market region can still choose to see providers within the market region and follow the plan rules. Those who live farther away from the market region will have less access to providers that belong to Level 1 OSCs. The group must offer out-of-market region employees an alternative product; however employees can choose any plan offered.



**16. If a provider has a question regarding this plan's benefits, who do they contact?**

Providers may contact their Provider Consultant for questions.

### Claims Payments

**17. If a provider is Blue Cross and Blue Care Network, where do the claims go?**

Personal Choice PPO is a BCBSM product. All claims should follow Blue Cross processes.

**18. Is reimbursement for both facility and professionals based on the TRUST fee schedule?**

Yes.

**19. Do uplifts apply for Personal Choice PPO?**

Yes.

**20. Are Level 1 OSC providers paid differently than Other OSC or non-OSC PPO providers? Do they have different contracts?**

For Personal Choice PPO, providers are not reimbursed any differently for the services they provide for members in the plan. There are no additional or different contractual arrangements regarding reimbursement of services. The value to the provider community is to establish the community of caregivers to manage a population's overall health. Personal Choice PPO leverages the value of coordinated care and how it is ultimately less expensive than uncoordinated, redundant care.

**21. If a provider has a question regarding the claims about this new plan, who do they contact?**

Providers should contact their Provider Consultants if they have claims questions regarding their new plan.

### Organized Systems of Care (OSC)

**22. How are OSCs measured?**

OSCs are measured on quality, capabilities, and cost components. Capabilities are reported and validated. Capabilities are those functions/abilities identified for high functioning OSCs. Quality and cost come through our own analytics at BCBSM. Value Partnerships has initiatives on clinical quality and gaps (HEDIS based).

**23. How are OSCs similar to Accountable Care Organizations (ACOs)?**

OSCs are similar to ACOs in that both are communities of caregivers that focus on population health management and care coordination.

**24. How does a provider's office know what OSC they're part of and at what level?**

PCP's can contact their OSC administrator for additional information on OSC affiliation and level. Additionally, the Provider Search tool and Provider Directory will also list OSC level information.



**25. If a provider adds or changes their OSC, how do they submit the change?**

There is information on the Physician Group Incentive Program (PGIP) secured portal on how to be added to an OSC.

**26. Are providers financially penalized or discouraged from referring patients outside the OSC?**

There are no financial penalties for providers who refer members outside their Level 1 OSC. However, care coordination within the provider's OSC is strongly encouraged.

### **Primary Care Physician (PCP)**

**27. Can a PCP be affiliated with multiple OSCs?**

No. PCPs can only be affiliated with one OSC.

**28. How does a member choose a PCP?**

A member can choose a PCP through the Member Portal, by notifying his or her employer during enrollment, or by calling Customer Service.

**29. Are members required to select a PCP within a specific timeframe?**

No, Personal Choice PPO members are not required to select a PCP. Members can select or change their PCP anytime during the year. Their selection carries over to future years, meaning a new or re-selection is not required each year. Members are not allowed to retroactively select a PCP.

**30. How will the PCP office know who has selected them (e.g. eligibility lists)?**

A panel report will be made available for PCPs affiliated with Level 1 OSCs through the Provider Secured Services homepage.

**31. What if a physician no longer wants to act as a PCP? How do they make the change, and how does the change affect uplifts and designations?**

The physician can find additional information on changing from a PCP to a specialist in the PGIP secured portal. If a PCP changes to a specialist, it will change status for all PGIP and PCMH programs.

**32. If a PCP changes their OSC what happens to the member?**

If a PCP changes OSCs, the member will receive a letter from BCBSM notifying him or her that the PCP has moved. The member will then pay Level 1 cost share for 90 days during which he or she must decide whether or not to select a new PCP. At the end of 90 days, the member's cost share will again be determined by the PCP he or she has selected. Providers can view Level 1 exemptions through web-DENIS.



**33. How often can a member change their primary care doctor?**

Members can change their doctor as often as they like. If a member changes his or her PCP multiple times in one day, the last PCP selection of the day will be stored as the member's PCP.

**34. Are PCPs going to be automatically assigned?**

No, we won't auto-assign PCPs. Member must designate and select a primary care doctor and record his or her selection with BCBSM; otherwise the member's primary care doctor selection will be blank. This means the member will always pay Level 2 cost share, until he or she select a primary care doctor in a Level 1 OSC.

**35. Which doctors are able to be selected as PCPs?**

A provider with any of the following primary specialties can be selected as a primary care doctor for Personal Choice PPO: Adolescent Medicine, Family Practice (Medicine), General Practice, Geriatric Practice, Internal Medicine, Internal Medicine Pediatric, Pediatrics, Preventive Medicine and Public/Health/General.

## Specialists and Acute Care Hospitals

**36. Can a specialist or acute care hospital be affiliated with multiple OSCs?**

Yes. Specialists and acute care hospitals can be affiliated with multiple OSCs.

**37. How will a specialist or acute care hospital identify the member's PCP is?**

PCP information will be available in web-DENIS.

**38. How does a specialist or acute care hospital determine the member's cost share?**

Specialists and acute care hospitals determine a member's cost share by viewing the member's PCP in web-DENIS and, if necessary, viewing the member's referral status in the BCBSM e-referral tool. If the member selected a PCP affiliated with the same Level 1 OSC as the specialist or acute care hospital, the member will pay Level 1 cost share. If the member selected a PCP not affiliated with the same Level 1 OSC as the specialist or acute care hospital, the member must have an approved referral on file to pay Level 1 cost share. If the member selected a PCP affiliated with a non-Level 1 OSC or did not select a PCP, the member will pay Level 2 cost share.

**39. Can a specialist refer to another specialist?**

Referrals must be submitted by the member's selected PCP.

## OB/GYNs

**40. Will members be able to select an OB/GYN as their primary care doctors?**

No. Blue Cross Blue Shield of Michigan doesn't recognize OB/GYNs as primary care providers. They are considered specialists. So they can't be selected as primary care doctors for Personal Choice PPO.



**41. Can a member see an OB/GYN without a referral?**

A member can see an OB/GYN without referral and pay the cost share level associated with their primary care doctor's OSC level (if applicable) for women services only. Women's services will include all of the procedure codes for the following:

- Women's Health benefit procedure codes under Affordable Care Act
- All maternity procedure codes
- All procedures performed by an OB/GYN specialty

**42. If an OB/GYN recommends additional services, are those services subject to cost share rules?**

Yes. Services recommended by the OB/GYN that are not performed by the OB/GYN are subject to Personal Choice PPO cost share rules.

## Referrals

**43. How are these referrals different from BCN referrals?**

Referrals will be submitted using a new BCBSM version of e-referral. Providers that already have access to BCN e-referral will not be required to request additional access for BCBSM. Unlike BCN referrals, referrals for this product don't determine approval or denial of services, but instead determine member out-of-pocket costs. Members that do not receive a referral for going out of their PCP's Level 1 OSC will be responsible for Level 2 cost share.

**44. What happens when the primary care doctor and specialist are both in the same OSC, but the procedure is performed at a hospital that is not affiliated with that OSC? Would a referral be needed for the hospital location (facility portion) or is it paid at Level 1 cost share?**

Yes, the primary care doctor needs to submit a referral for the member to pay Level 1 cost share for the facility claim.

**45. What happens with surgery when a member is unable to select an anesthesiologist?**

Members will not need cost share referrals for anesthesiologists in the hospital setting for Personal Choice PPO. Claims submitted by pathologists, anesthesiologists, radiologists and emergency (PARE) providers will pay at the cost share level associated with the member's primary care doctor selection and their affiliation with an OSC (if applicable.)

**46. If a member receives a referral in January from the primary care doctor to a specialist outside their OSC, and then needs to see another specialist in June, does the original referral apply?**

When submitting the referral, the primary care doctor indicates the start and end dates. The member will receive a referral approval letter in the mail indicating the referral details and effective dates. The member will also be able to view this approval letter in the Member Portal. After the end date of that referral, the member will need to secure a new referral from the primary care doctor if needed.



**47. If a service requires BCBSM authorization, does the member also need a referral to pay Level 1 cost share?**

BCBSM pre-authorizations are still required for certain services including Human Organ Transplant or HOTP, Applied Behavioral Analysis, chemotherapy and specialty pharmaceuticals. Receiving an authorization for services does not guarantee the member Level 1 cost share. Product cost share rules still apply in this scenario, and a referral may still be required.

**48. Is the referral to an individual or a group?**

Referrals should be to an individual or group based on current referral practice.

**49. How will specialists and hospitals know if a member has a referral, or needs one?**

Member eligibility screens in web-DENIS will be updated with product information. Referrals submitted through BCBSM e-referral will appear in the homepage for PCPs, specialists and hospitals. Referral letters will not be mailed to providers for this product.

**50. Can a provider submit a global referral similar to a BCN global referral?**

No. Providers cannot submit global referrals for Personal Choice PPO members.

**51. Will there be limits on how long a referral can be given and/or number of visits/type of services?**

The maximum length for a referral is one year.

**52. Are there call-in options for making referrals?**

No, there are not call-in options for making referrals. All referrals should be submitted through BCBSM e-referral.

**53. Once an office has access to e-referral for the PPO product, how long before ID becomes inactive?**

180 days.

## Reporting

**54. Will any reports be sent to the OSC through EDDI mailbox?**

Reports including OSC quality metrics for Personal Choice PPO members will be available through the OSC's EDDI mailbox.

## Education and training

**55. When will there be training for BCBSM e-referral and other provider tools needed for Personal Choice PPO?**

There are a number of resources available for provider training beginning in mid-August. This includes webinars, eLearning, fliers, an updated *Provider Manual*, as well as onsite training. Please see the Record or contact your Provider Consultant for details on training sessions and materials.



**56. What member education, handouts, FAQs will be available?**

The open enrollment brochure, member welcome brochure, welcome letter and member portal alerts/messages will be available. In addition, the external website [PersonalChoicePPO.com](http://PersonalChoicePPO.com) contains instructional videos and information for both members and providers.

**57. Where should providers go to find the latest information on Personal Choice PPO?**

Providers can find the latest information on Personal Choice PPO within the Products and Networks page within *BCBSM Provider Publications and Resources* on web-DENIS or by visiting the Personal Choice PPO section of the [BCBSM / BCN e-referral website](#).