

Regence MedAdvantage Workshop

This workshop is designed to provide you with an overview of the Regence BlueCross BlueShield of Oregon MedAdvantage product. After completing this workshop, you should be able to:

- Understand Regence MedAdvantage benefits
- Use the member card to determine Regence MedAdvantage eligibility and benefit information
- Understand regulations for Medicare Advantage plans such as Regence MedAdvantage

What is Regence MedAdvantage?

Regence MedAdvantage is offered as an alternative to Medicare Parts A and B and Medicare supplement plans. Regence MedAdvantage is a Medicare Advantage plan that provides the same benefits that are available from Medicare, plus some additional benefits.

Regence MedAdvantage provides incentives for members to seek services from physicians, other health care professionals and facilities contracted with the MedAdvantage Preferred Provider Organization (PPO) network. Services provided by in-network providers are reimbursed at the in-network benefit level with low copayment and coinsurance amounts; while services provided by out-of-network providers are subject to higher copayment and coinsurance amounts.

When medical care is needed, we encourage members to contact a Regence MedAdvantage participating provider. If specialty care is needed, providers should direct members to participating Regence MedAdvantage specialists and facilities. However, written or telephone referrals are not required for specialty care. Please refer to our online *Regence MedAdvantage directory* to identify participating in-network physicians, other health care professionals and facilities.

Pre-authorization is required for some services. Physicians, other health care professionals and facilities are responsible for pre-authorizing all services and supplies listed on the *Medicare Pre-authorization List*.

Where is Regence MedAdvantage offered?

The Regence MedAdvantage service area includes Clallam, Columbia, Cowlitz, Island, King, Kitsap, Klickitat, Lewis, Pierce, San Juan, Skagit, Skamania, Snohomish, Thurston, Wahkiakum, Walla Walla, Whatcom and Yakima counties.

Regence MedAdvantage Benefits

This is a *summary of benefits* for Regence MedAdvantage (all services and supplies are subject to medical necessity and member eligibility). Contact Customer Service at 1 (800) 541-8981 or access Regence Online Services for Providers for complete and current benefit information. *Note:* Regence MedAdvantage reimbursement and coding guidelines follow Medicare rules whenever possible. In particular, please note the following:

- Regence Correct Code Editor (CCE) and Centers for Medicare & Medicaid Services (CMS)' National Correct Coding Initiative (NCCI) rules are applied as they are for other Regence products.
- Diagnosis codes must reflect all digits to the full extent of the code indicated in the ICD-9 coding manual.
- Regence applies our standard multiple procedure fee reductions when reimbursing

multiple endoscopic procedures rather than applying Medicare's endoscopic family of codes payment methodology. In most cases, this results in a higher level of reimbursement.

Identifying Regence MedAdvantage Members

The following information is listed on the front of the member card:

- The member number, which is necessary for claims submission and customer service inquiries. Always include the three-digit alpha prefix in front of the member number on the claim.
- The group name: Regence MedAdvantage.
- The group number, which is necessary for claims submission.
- The date the card was issued (*this is not the coverage effective date*).
- The member by suffix number and name (last name, first name, middle initial). Regence MedAdvantage subscribers are listed with suffix number '01'.
- The coverage indicator columns that tell at a glance if the member has medical (M), vision (V), dental and/or prescription (RX) coverage.
- The provider network used by the member's plan for medical, vision and prescription coverage.
- Additional information such as the copayment amount, dental, vision exam and hardware coverage limitations.

Payment Vouchers

Claims are processed on our Regence MedAdvantage claims system. These vouchers will look different than other Regence vouchers. An explanation of the key information provided on the voucher is listed below.

Item A

- Physician, other health care professional or facility name
- Regence provider identification number
- National Provider Identifier (NPI) number
- Regence MedAdvantage product name
- Voucher page number
- Date of the check that accompanies the voucher

Item B

- Patient name
- Member identification number
- Patient account number (if one was submitted on the claim)
- Member's Regence MedAdvantage group number
- Claim number

Item C

- CPT, CDT, or HCPCS codes billed
- Written description of the service
- First and last dates of service
- Total charge for the service
- Fee adjustment or the amount not covered by the member's plan. The member may not be held responsible for this amount
- Amount paid by another carrier
- Amount of patient responsibility. This amount includes copayment, coinsurance, deductible or any non-covered services
- The reason code explaining how this particular claim was processed. Refer to the last page of the voucher for descriptions
- Amount paid by Regence MedAdvantage

Item D

- Claim voucher totals

Item E

- Description of the reason code entered in the column in Section C

Pre-authorization

Pre-authorization is required for some services. Physicians, other health care professionals and facilities are responsible for pre-authorizing any services listed on the *Medicare Pre-authorization List*.

Medicare Advantage Guidelines

With the introduction of Medicare Advantage (formerly known as Medicare+Choice) plans in 1999, CMS implemented a significant number of regulations and requirements for health plans as well as their contracted network of providers. As a participating physician, other health care professional or facility with a Medicare Advantage plan, Regence MedAdvantage, you are required to comply with these regulations and requirements. Your provider agreement outlines these regulations and requirements. Some of the regulations to be aware of are listed below:

- Medicare Advantage plans allow members to be out of the service area for up to six months before being disenrolled.
- Medicare requires all members of Medicare Advantage to have a health risk assessment within 90 days of enrollment. Regence will send all newly enrolled members a Health Risk Assessment (HRA). Regence will assist physicians with case management for their patients who have complex or serious medical conditions.
- Physicians, other health care professionals and facilities may not deny, limit or apply conditions to the coverage or furnishing of covered services to members enrolled in a Medicare Advantage plan on the basis of any condition related to the member's current health status.
- Physicians and other health care professionals may not impose any cost-sharing to Medicare Advantage plan members for influenza or pneumococcal vaccine.
- Neither Regence, nor the physician or other health care professional shall make any

specific payment, directly or indirectly, to another physician or physician group as an inducement to reduce or limit medically necessary services furnished to a Medicare Advantage plan member.

- Providers agree to provide all encounter data necessary to characterize the context and purpose of each encounter with a Medicare Advantage plan member and a physician, other health care professional or facility. Physicians, other health care professionals and facilities agree that all encounter data will be used by Regence in validating its rates with CMS and that all encounter data and other information submitted to Regence and ultimately CMS is accurate, complete, and truthful and is based on the physician's, other health care professional's or facility's best knowledge, information and belief. Physicians, other health care professionals and facilities acknowledge that misrepresentations about the accuracy of encounter data may result in Federal civil action and/or criminal prosecution.
- Providers agree not to bill Regence MedAdvantage plan members for covered services (except for copayments or coinsurance) if payment has been denied because the provider has failed to comply with the terms of the Agreement between the provider and Regence. Providers must notify the Regence MedAdvantage member of their financial obligation for non-covered services.
- Physicians, other health care professionals and facilities, and entities delegated by them to perform administrative services, are covered entities under Federal and state privacy laws. To the extent required by law, providers, Regence and our contracted business associates will keep all medical records containing patient-identifiable information confidential and will not disclose any patient-identifiable information to any third party without the prior written consent of the member.
- Providers shall ensure services are documented in the member's primary care medical record. It is important for specialty physicians and other providers to advise the referring physician when follow-up care is necessary.
- Providers are responsible for the education and training of all individuals working within their medical practice to ensure that procedures outlined in the *Administrative Manual* are followed correctly. You may contact Provider Services to request staff training that may include, but is not limited to, billing procedures and administrative policies.
- Physicians, other health care professionals and facilities will make individual medical records available to patients or their legally designated representative upon request.
- At all reasonable times, physicians, other health care professionals and facilities will provide Regence, CMS, the Comptroller General of the United States, and their duly authorized representatives the right of access to its facilities and to its financial and medical records which are directly pertinent to Medicare Advantage plan members in order to monitor and evaluate cost, performance, compliance measures reporting, quality improvement activities, appropriateness, and timeliness of services provided.
- In the event Regence terminates its Medicare Advantage contract with CMS, physicians, other health care professionals and facilities agree to continue to furnish health care services for Medicare Advantage plan members for:
 1. The duration of the period for which premiums have been paid and,
 2. If the member is hospitalized on the date of termination or in the event of insolvency, through date of discharge from the hospital.

The payments that physicians, other health care professionals and facilities receive from Regence MedAdvantage are, in whole or in part, Federal funds. We comply with all laws and regulations applicable to entities receiving Federal funds.

Other Regence MedAdvantage Information

Regence Online Services for Providers

Access eligibility, benefits, and claims information using Regence Online Services for Providers.

Skilled Nursing Facilities

Skilled nursing facilities have specific requirements related to *the Notice of Medicare Non-Coverage* (NOMNC) form. See our NOMNC Fact Sheet for details.

Home Health Agencies

Home health agencies have specific requirements related to *the Notice of Medicare Non-Coverage* (NOMNC) form. See our NOMNC Fact Sheet for details.

Regence MedAdvantage Resources

Visit our *Provider Web Site* for links to more information about Regence MedAdvantage:

Quick Reference Guide	Summary of useful information you need to serve your patients
Summary of Benefits	Details features and gives summary of benefits
FAQ	Answers to frequently asked questions
Forms	<i>Notice of Medicare Non-Coverage</i> (NOMNC) form and NOMNC Fact Sheet for skilled nursing facilities <i>Notice of Medicare Non-Coverage</i> (NOMNC) form and NOMNC Fact Sheet for home health agencies (as we discussed in web meeting, include links to different versions if applicable.)
<i>Medicare Pre-authorization List</i>	List of services requiring pre-authorization
<i>Administrative Manual – Regence MedAdvantage section</i>	Detailed product information, provider responsibility, copies of member cards and vouchers