



Blue Cross[®] Physician Choice PPO Provider FAQ – 4/30/18

Background

Blue Cross Physician Choice PPO is an innovative group plan centered on coordinating care through Organized Systems of Care, or OSCs. Physician 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 was the product released?**
Coverage began Oct. 1, 2016.
- 2. Is this a Blue Cross Blue Shield of Michigan or Blue Care Network product?**
Blue Cross Blue Shield of Michigan PPO product.
- 3. Who is the Physician Choice PPO product sold to?**
Physician Choice PPO is available to groups of all sizes.
- 4. What does the member's ID card look like?**
There are no new details or information added to the Blue Cross ID card for Physician Choice PPO members.
- 5. How will a provider identify Physician Choice PPO members?**
Members can be identified as a Physician Choice PPO member in web-DENIS.

Product Rules and Cost Share

- 6. Are members required to use OSC providers?**
No, Physician Choice PPO allows members to continue to use any providers they like, but offers the option to have lower costs if members select and use providers in Level 1 OSCs.
- 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 physician in a Level 1 OSC to be eligible for Level 1 cost share.
- 8. Which services do not require referral from a primary doctor?**
Members will not require a referral for mental health or emergency services. Referrals are also not required for the following provider types: PARE providers, OB/GYNs (for women's services only), nurse practitioners, chiropractors, urgent care and walk-in clinics, and medical suppliers. Member cost share for these services will be determined by their primary doctor selection.
- 9. Will members automatically pay Level 2 cost share if a Primary doctor isn't selected?**
Yes. Members will pay Level 2 cost share for in-network services if they don't select a primary doctor during or after enrollment.
- 10. Is there a difference in cost share between providers belonging to non-Level 1 OSCs versus providers within the Physician Choice PPO network but not affiliated with an OSC?**
No. There is not a difference, Level 2 cost share will apply.



- 11. Do members pay Level 1 cost share for visits with nurse practitioners and/or physician assistants?**
If a member visits a nurse practitioner or physician assistant, his or her cost share depends on whether or not the member selected a primary doctor in a Level 1 OSC. If the member has selected a primary doctor in a Level 1 OSC, 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 accumulations (i.e. copay, coinsurance, deductible) will count toward both the Level 1 and Level 2 in-network accumulations. In addition, Level 2 accumulations will count toward the Level 1 accumulations.
- 13. For ER claims, what will the member's cost share be?**
 - If a member has an emergency room visit and isn't admitted to the hospital, Blue Cross charges a \$150 ER copay for all services.
 - If a member is admitted to the hospital, which coincides with an emergency room visit, the \$150 ER copay is waived and the member's cost share will be determined by their primary doctor selection.
- 14. How will providers know if a member has a Level 1 cost share exemption?**
Member exemptions for Level 1 cost share are displayed in web-DENIS. Members will have Level 1 cost share for the time period indicated.
- 15. 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

- 16. Do the rules for Level 1 and Level 2 cost share apply for professional and facility claims?**
Yes.
- 17. If a provider is Blue Cross and Blue Care Network, where do the claims go?**
Physician Choice PPO is a Blue Cross Blue Shield of Michigan product. All claims should follow Blue Cross processes.
- 18. Is reimbursement for both facility and professionals based on the TRUST fee schedule?**
Yes.
- 19. Does Value-Based Reimbursement apply for Physician 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 Physician Choice PPO, Level 1 OSC 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. Physician 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 Physician Choice PPO claims, who do they contact?**
Providers should contact their provider consultants if they have claims questions.



Organized Systems of Care

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 and initiatives on clinical quality and gaps based on HEDIS measures.

23. How are OSCs similar to Accountable Care Organizations?

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?

Providers can contact their OSC administrator for additional information on their OSC affiliation and level. Additionally, our Find A Doctor tool and Provider Directory will also list OSC 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 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 OSC. However, care coordination within the provider's OSC is strongly encouraged.

Primary Care Physician

27. Can a primary doctor be affiliated with multiple OSCs?

No. primary doctors can only be affiliated with one OSC.

28. How does a member choose a primary doctor?

A member can choose a primary doctor by logging in to their bcbsm.com account, by notifying his or her employer during enrollment, or by calling the customer service number on the back of their Blue Cross ID card.

29. Are members required to select a primary doctor within a specific timeframe?

Selecting a primary doctor is only required if a member wants to be eligible to have the lowest Level 1 cost share. There is no deadline for members to select a primary doctor, but they are encouraged to make their selection as early in the year as possible, prior to receiving services. Their selection carries over to future years, meaning a new or re-selection is not required each year.

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

A panel report will be made available for primary doctors affiliated with OSCs through the Provider Secured Services homepage.

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

The physician can find additional information on changing from a primary doctor to a specialist in the PGIP secured portal. If a primary doctor changes to a specialist, it will change their status for all PGIP and PCMH programs (including the Physician Choice PPO plan).



32. If a primary doctor changes their OSC what happens to the member?

If a primary doctor changes OSCs, Physician Choice PPO members who have selected that primary doctor will receive a letter from Blue Cross notifying him or her that the primary doctor has moved. The member will have the option to select a new primary doctor or not. Depending on the type of change, the member may be given a temporary Level 1 cost share exemption to allow them time to select a new primary doctor. Providers can view if a member has an exemption through web-DENIS.

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

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

34. Are primary doctors going to be automatically assigned?

No, we won't auto-assign primary doctors. Until the member selects a primary doctor in a Level 1 OSC, the member will pay Level 2 cost share.

35. Which doctors are able to be selected as primary doctors?

A provider with any of the following primary specialties can be selected as a primary doctor for Physician 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 primary doctor?

Physician Choice PPO members' primary doctor 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 primary doctor in web-DENIS and, if necessary, viewing the member's referral status in the e-referral tool. If the member selected a primary doctor 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 primary doctor not affiliated with the same Level 1 OSC as the specialist or acute care hospital, the member must have a referral from their Level 1 primary doctor on file to receive Level 1 cost share. If the member selected a primary doctor affiliated with a non-Level 1 OSC or did not select a primary doctor, the member will pay Level 2 cost share (referrals are not applicable in this case).

39. Can a specialist refer to another specialist?

Referrals must be submitted by the member's selected primary doctor.

OB/GYNs

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

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



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

A member can see an OB/GYN without referral for women's services only and pay the cost share level associated with their primary doctor selection. 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 Physician Choice PPO cost share rules.

Referrals

43. How are these referrals different from BCN referrals?

Referrals for Physician Choice PPO are optional and will be submitted using the e-referral tool. Unlike BCN referrals, referrals for this plan don't determine approval or denial of services, but instead determine member out-of-pocket costs. Members that do not receive a referral for services outside of their primary doctors Level 1 OSC will be responsible for Level 2 cost share. Please note referrals are to be submitted by selecting *Submit Referral* not *Submit Global Referral*.

44. What happens when the primary doctor and specialist are both in the same Level 1 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 option) or is it paid at Level 1 cost share?

Yes, the primary 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 referrals for anesthesiologists in the hospital setting for Physician 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 doctor selection.

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 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 when logged in to their bcbsm.com account. After the end date of that referral, the member will need to secure a new referral from the primary doctor if needed.

47. If the primary doctor and specialist are both in the same Level 1 OSC, but the procedure is performed at a facility that is not affiliated with that OSC, does the member need a referral to pay the Level 1 cost share?

Yes. The primary doctor must submit a referral for the member to pay Level 1 cost share for the facility claim.

48. If a service requires Blue Cross authorization, does the member also need a referral to pay Level 1 cost share?

Blue Cross 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. The member's cost share will still be determined by their primary doctor selection and where they receive their care, a referral may still be needed.



49. Is the referral to an individual or a group?

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

50. 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 Physician Choice PPO referral information. Referrals submitted through e-referral will appear in the homepage for primary doctors, specialists and hospitals. Referral letters will not be mailed to providers for this plan.

51. Can a provider submit a global referral similar to a BCN global referral?

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

52. 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.

53. Are there call-in options for making referrals?

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

54. Once an office has access to e-referral, how long before ID becomes inactive?

180 days.

55. Can referrals be submitted for out-of-network providers?

No. Referrals are not allowed or valid to out-of-network providers.

Reporting

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

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

Education and training

57. Is training available for e-referral and other provider tools for Physician Choice PPO?

There are a number of resources available for provider training, including webinars, eLearning, flyers and an updated provider manual. Please see web-DENIS or contact your provider consultant for details on materials.

58. What member education, handouts, FAQs will be available?

Members will receive a variety of both printed and electronic communications with information on the Physician Choice PPO plan. In addition, the website PhysicianChoicePPO.com contains instructional videos and information on the plan for both members and providers.

59. Where should providers go to find the latest information on Physician Choice PPO?

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