WHAT IS VERMONT BLUE ADVANTAGE?

- BCBSVT has a Medicare Advantage company called Vermont Blue Advantage (VBA).
- VBA is a 4 STAR rated plan.
- There are two product offerings: HMO and PPO.
WHAT’S DIFFERENT WITH VBA

Offers product selections for seniors in Vermont

• VBA operates independently from BCBSVT

• VBA handles all functions, such as eligibility, benefits, claims, and health management, while BCBSVT maintains the contracting relationship.

• Available to all Vermont residents having both Medicare Parts A and B

• Additional benefits including dental, vision, hearing, and fitness

• HMO and PPO plans with lower cost-sharing when using VBA network providers

• Pharmacy benefits included in all plans
WHAT’S DIFFERENT FOR PROVIDERS FROM OUR COMMERCIAL BUSINESS?

- The network of physicians, hospitals, and other providers
  - Provider directory: https://vba-providers.bluerelay.com
    - Note: when locating providers by nearest zip code, the program works based upon the central location of the zip code. In some cases, you need to expand the mile range to find all providers located in a specific zip code.

- Some provider types such as but not limited to dental, and vision may need to contract with other entities beyond VBA to be in network for VBA member.

- Prior authorization and medical review policies
- Contacts, tools and website for provider servicing and medical review
- Mailing address for paper claim submissions
- Billing guidelines and requirements follow CMS
SAMPLE ID CARDS

ID cards contain basic information about the member including if they are an HMO or PPO member.

Other methods to verify member eligibility, benefits and co-payments:
  • VBA provider portal
  • Phone: 844-839-5122
Note: Rx prior authorizations and Pharmacy Services are for non-Medicare Part B drugs
Note: Rx prior authorizations and Pharmacy Services are for non-Medicare Part B drugs
PRIOR AUTHORIZATION FOR SERVICES

▪ No referral requirements

▪ Services requiring prior authorization
  • Acute inpatient admissions
  • 30 day bundling for readmissions
  • Skilled nursing facility admissions (SNF)
  • Long term acute care admissions (LTACH)
  • Inpatient rehabilitation admissions
  • Outpatient Services – details on slide 9
  • Part B Medications – details on slide 10
  • DME above $1,000 total per claim
PRIOR AUTHORIZATION: OUTPATIENT SERVICES

- Cosmetic and reconstructive surgery, including blepharoplasty/panniculectomy/rhinoplasty
- Power mobility devices
- Pressure reducing support surfaces
- Facility-based sleep studies
- Investigational treatment (Based on Medicare’s definition)
- Non-emergency ambulance and air ambulance
- Spinal surgery
- Spinal cord stimulator
- Vein ablation
- Gastric bypass/obesity surgeries
- DME (including, prosthetics and orthotics, medical supplies, and pharmacy; including Part B drugs) over $1,000 total per claim
PRIOR AUTHORIZATION: PART B DRUGS

▪ Inflammatory/autoimmune disorder
▪ Ophthalmic injections
▪ Enzyme replacement therapy
▪ Pulmonary/respiratory
▪ Non-cosmetic Botox and Botox-like agents
▪ Osteoporosis or bone modifiers
▪ Misc. biologic (Hemolytic uremic syndrome, Duchenne muscular dystrophy treatment, Castleman’s disease, Hereditary transthyretin-mediated amyloidosis, Clostridium difficile infection, X-linked hypophosphatemia)
▪ Free radical scavenger (amyotrophic lateral sclerosis)
▪ Immunoglobulin
▪ HIV
▪ Antisense oligonucleotide (spinal muscular atrophy)
▪ Hematopoietic agent
▪ Chemotherapy/oncology biologic
CONFIRM A SERVICE REQUIRES PRIOR AUTHORIZATION

- Review the prior authorization list before submitting a prior authorization request – your service or drug may not require one.
- The lists of services and drug classes requiring prior authorization are on slides 8-10.
- The complete list of drugs can be found on the VBA provider web site.
SUBMITTING PRIOR AUTHORIZATION REQUESTS

- **Electronically**
  - using Symphony an online tool on the VBA website

- **Phone Call**
  - Medical Care: 800-787-4632
  - Part B drugs: 800-787-4632

- **Paper Form/Fax**
  - download a prior authorization form from the VBA website and fax
    - Medical care fax: 866-900-2491
    - Part B drugs fax: 877-287-9056
PRIOR AUTHORIZATION REQUEST TIMEFRAMES

Lead times for request submissions

<table>
<thead>
<tr>
<th>Type of Request</th>
<th>Decision</th>
<th>Initial Notification</th>
<th>Written Notification</th>
<th>Type of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-service expedited*/concurrent</td>
<td>Within 72 hours from receipt of request</td>
<td>Within 72 hours from receipt of request</td>
<td>Within 3 days of initial notification</td>
<td>Acute and post-acute admissions</td>
</tr>
<tr>
<td>Pre-service standard (non-expedited)</td>
<td>Within 14 days of receipt of request</td>
<td>Within 14 days of receipt of request</td>
<td>Within 14 days of receipt of request</td>
<td>Part B medications and members already admitted</td>
</tr>
<tr>
<td>Post-service</td>
<td>Within 30 days of receipt of request</td>
<td>Not applicable</td>
<td>Within 30 days of receipt of request</td>
<td>Services already provided</td>
</tr>
</tbody>
</table>

Timeframes are calendar days.

*Expedited requests must be supported by clinical justification for expediting the request
PRIOR AUTHORIZATION RESPONSES

- Response from VBA through the following:
  - Fax
  - Symphony (VBA’s online PA tool)
  - Phone call for expedited request; after several attempts to reach the provider, a letter will be sent

- Denial – peer to peer conversation available prior to denial

- Providers can call regarding a denial; the phone number is included in the denial letter
CLAIM SUBMISSIONS

All claims must meet CMS claim submission guidelines. Where claims are submitted are determined by the following:

- **Ambulance Claims** – follow BlueCard claim filing guidelines
- **Ancillary Claims** – Defined as Durable Medical Equipment, Independent Clinical Laboratory and Specialty Pharmacy follow BlueCard claim filing guidelines
- **Dental, Hearing Aid and Non-Medical Vision** – have specific claim filing guidelines – see slides 17 and 18
- **Remote Providers** – those rendering service through Telemedicine have specific claim filing guidelines
- **All others provider types** see claim submission grid – see slide 16
CLAIMS SUBMISSION

Note Ambulance, DME, Independent Clinical Laboratory, Specialty Pharmacy, Dental, Hearing Aid and Non-Medical Vision or Remote Providers may not follow the below.

<table>
<thead>
<tr>
<th>Claim Source</th>
<th>Phone or Email</th>
<th>Fax Claims</th>
<th>Paper Claims</th>
<th>EDI/Electronic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claims for VBA members from VBA network providers</td>
<td>844-839-5122</td>
<td>800-479-8973</td>
<td>VBA P.O. Box 260755 Plano, TX 75026</td>
<td>Submit to BCBSVT using CMS claim submission guidelines. Use the BCBSVT plan code such as BCBSVT or SB915 – we direct to VBA for processing</td>
</tr>
<tr>
<td>Claims for non-Vermont BCBS Medicare Advantage members using in-network BlueCard providers*</td>
<td>N/A</td>
<td>800-479-8973</td>
<td>VBA P.O. Box 260755 Plano, TX 75026*</td>
<td>Submit to BCBSVT using CMS claim submission guidelines. Use the BCBSVT plan code such as BCBSVT or SB915 – we direct to VBA for processing</td>
</tr>
<tr>
<td>Claims for VBA members using BlueCard providers outside of Vermont provider network</td>
<td>844-839-5122</td>
<td>Submit to provider’s Blue Plan</td>
<td>Submit to provider’s Blue Plan</td>
<td>Submit to provider’s Blue Plan</td>
</tr>
<tr>
<td>Claims submission for VBA members and non-Vermont BCBS Medicare Advantage members from out-of-network providers in Vermont</td>
<td>844-839-5122</td>
<td>800-479-8973</td>
<td>VBA P.O. Box 260755 Plano, TX 75026</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

*Note: This is a change from our existing process. Claims with dates of service prior to January 1, 2021 are submitted directly to BCBSVT (both paper and electronic)
DENTAL CLAIMS

Traditional Medicare Dental Benefits: VBA
- Electronic: submit to BCBSVT as usual and we will forward
- Paper: VBA, PO Box 260755, Planto, TX 75206

Enhanced Dental Benefits: DentaQuest
- Electronic: If using a clearinghouse BBMDQ
- On-line: provideraccess.dentaquest.com
- Paper: DentaQuest, PO Box 491, Milwaukee, WI 53201-0491
HEARING AID AND NON-MEDICAL VISION CLAIM SUBMISSIONS

- **Hearing Aid – Nations Hearing (877) 246-6955**
  - Email: [OONCLAIMS@Nationsbenefits.com](mailto:OONCLAIMS@Nationsbenefits.com)
  - Fax: (877) 391-9637 must put attention claims
  - Mail: Attn: Claims, 1801 Northwest 66 Avenue, Suite 100, Plantation, FL 33313

- **Vision – Vision Service Plan (VSP) (800) 877-7195**
  - Visit their website at [http://vsp.com](http://vsp.com)
MEDICAL RECORD REQUESTS

- There maybe times you receive a request for medical records in order for your claim to be processed. If you received this request, make sure:
  - You return the letter your received with the request regardless of return method. It has bar coding that allows for quick identification and processing.
  - Make sure you return using one of these methods:
    - US Postal Service to: VBA Provider Correspondence, P O Box 260047, Plano, TX 75026
    - Fax (800) 479-8973
ELECTRONIC FUND TRANSFER/DIRECT DEPOSIT

If you currently are enrolled with BCBSVT for EFT (direct deposit), you don’t need to do anything more.

▪ If you are interested in receiving payment via EFT, please click on the link.

https://www.bcbsvt.com/provider/electronic-payment-eft

NOTE: If you receive EFT, you must view/save/print your provider explanation of payments from the VBA secure website. They are not mailed to you. 835’s are posted to the BCBSVT MoveIt site for pick up.
TIMING OF CLAIM PAYMENTS

- Claims are paid every week on the following cadence:
  - Monday
    - Initiate check run
    - 835 for VBA processing posted to BCBSVT MoveIt site for pick up by clearinghouse
  - Thursday
    - Payment date for EFT
    - Check date for paper checks
    - Checks/Explanations of Payment mailed from Michigan
    - Explanations of Payment available on VBA provider portal – note, the EOP’s are in a format that is different from the Blue Cross VT provider vouchers
VBA RESOURCES

▪ VBA Provider Servicing: eligibility, benefits, claims, prior authorizations – except enhanced dental benefits, hearing aid and non-medical vision see next slide
  • Phone: 844-839-5122
  • 8:00 a.m. – 5:00 p.m., EST
  • Monday through Friday

▪ VBA prior authorizations
  • Phone: 800-787-4632
  • Fax: 866-900-2491

▪ VBA mailing address
  • VBA Provider Correspondence
    P.O. Box 260047
    Plano, TX 75026
ENHANCED DENTAL BENEFITS, HEARING AID AND NON-MEDICAL VISION RESOURCES

- **Dental** – DentaQuest
  - (800) 936-0941

- **Hearing Aid** – Nations Hearing
  - (877) 246-6955

- **Vision** – Vision Service Plan (VSP)
  - (800) 877-7195 or Visit their website at http://vsp.com
VBA RESOURCES CONT’D

- VBA’s website: vermontblueadvantage.com

Note: Google Chrome or Mozilla Firefox are the recommended browsers for this site

Click on “Provider” to enter the provider landing page
The links on the top of the page take you to a non-secure area that houses basic information you need to know to do business with VBA – medical policies, provider manual, claim submission, etc.

If you scroll down, you can link into the secure area of the VBA website the Provider Portal where you get eligibility, benefits, and the online PA tool - Symphony.
This page contains:

• General Resources

• 2021 Plan Benefit Information
  - Evidence of Coverage documents that provide details on benefits and member liabilities
  - Policy Papers provide details about enhanced benefits
    - Annual physicals exams
    - Chiropractic care
    - Dental
    - Vision
    - Hearing

• Claim Resources

• Prior Authorization Resources
Please note: the samples on this page are only SAMPLES, please review full documents for all details.
VBA PROVIDER PORTAL

- Each staff member that will be using the VBA Provider Portal must complete their own account – this website does not use a “system administrator” to issue accounts
  - Note: If you are not contracted with VBA, you will not be approved for access in the Provider Portal.
BLUE CROSS AND BLUE SHIELD OF VERMONT
RESOURCES

▪ Blue Cross VT Provider Relations: EFT enrollment, network participation and contract questions
  • providerrelations@bcbsvt.com
  • Phone: 888-449-0443, option 1
  • 8:00 a.m. – 4:30 p.m., EST
  • Monday through Friday, except holidays

▪ Blue Cross VT Provider Files Team: update provider and practice demographics (address, open/closing of panel, terminations)
  • providerfiles@bcbsvt.com
  • Phone: 888-449-0443, option 2

▪ Medicare Advantage Support Specialists: questions about claim status or processing for non-VBA Medicare Advantage members. VBA member related questions need to be directed to VBA, do NOT use the email below.
  • Email only: MedicareAdvantage@bcbsvt.com