

# MEDICARE ADVANTAGE



South Carolina

*BlueCross BlueShield of South Carolina  
is an independent licensee of the  
Blue Cross Blue Shield Association.*

# AGENDA

- 2024 Benefits
- Reminders
- Resources



# 2024 BENEFITS



# 2024 BENEFITS

BlueCross Total	2023	2024
<b>Deductibles</b>		
In-network & Out-of-network	\$0	No change
<b>Out-of-Pocket Maximum</b>		
From in-network providers:	\$6,500	<b>\$6,900</b>
From in-network & out-of-network providers combined	\$10,000	No change
<b>Services</b>		
Outpatient office visits	INN - \$0 copay (PCP) INN - \$30-40 copay (Specialist) OON - \$30 copay (PCP) OON - \$55 copay (Specialist)	INN – No change (PCP) <b>INN - \$25 (Specialist)</b> OON – No change (PCP) OON – No change (Specialist)
Inpatient hospital – Acute	INN - \$350 copay, per day (1-4) INN - \$0 copay, per day (5-90) OON - 30% COINS for total stay	<b>INN - \$300 copay, per day (1-4)</b> INN – No change (5-90) OON – No change
Inpatient hospital – Psychiatric	INN - \$624 copay, per day (1-4) INN - \$0 copay, per day (5-90) OON - 40% COINS for total stay	<b>INN - \$645 copay, per day (1-4)</b> INN – No change (5-90) OON – No change

# 2024 BENEFITS

BlueCross Total	2023	2024
<b>Services (Continued)</b>		
Skilled nursing facility (SNF)	INN - \$0 (days 1-20) INN - \$196 copay (days 21-100) OON - 40% COINS for total stay	INN – No change (days 1-20) <b>INN - \$203 copay (days 21-100)</b> OON – No change
Urgently needed services	INN & OON - \$50 copay, per visit	<b>INN &amp; OON - \$55 copay, per visit</b>
Worldwide Emergency/Urgent Coverage	\$250 service specific deductible, then 20% COINS for emergency care outside the United States	No change
Ambulance services (Ground or air)	INN & OON - \$295 copay, per trip	No change
Hearing aids	\$699-\$999 using TruHearing Two per year (one per ear)	No change
Preventive dental (Fluoride treatment not covered)	INN - \$0 copay (two, per year) OON - 50% COINS \$3,000 maximum (combined)	No change <b>\$3,500 maximum (combined)</b>
Comprehensive dental (Medicare covered services)	INN - \$50 copay OON - 40% COINS \$3,000 maximum (combined)	INN – No change OON – No change <b>\$3,500 maximum (combined)</b>
Comprehensive dental (non-covered Medicare services)	INN & OON - 50% COINS \$1,000 benefit maximum \$3,000 maximum (combined)	No change <b>\$3,500 maximum (combined)</b>

# 2024 BENEFITS

BlueCross Total Value	2023	2024
<b>Deductibles</b>		
In-network & Out-of-network	\$0	No change
<b>Out-of-Pocket Maximum</b>		
In-network	\$6,900	<b>\$7,900</b>
Out-of-network	\$11,000 (Midlands/Coastal) \$11,300 (Upstate/Lowcountry)	<b>\$11,300</b>
<b>Services</b>		
Outpatient office visits	INN - \$0 copay (PCP) INN - \$30 copay (Specialist) OON - \$40 copay (PCP) OON - \$55 copay (Specialist)	No change
Inpatient hospital – Acute	Midlands/Coastal INN \$350 copay per days 1-5 Upstate/Lowcountry INN \$375 copay per days 1-5 OON – 50% of total cost	<b>INN - \$350 copay per day (1-4)</b> <b>Midlands/Coastal/Upstate</b> <b>OON – 20% COINS of total cost</b> <b>Lowcountry</b> <b>OON – 50% COINS of total cost</b>
Inpatient hospital – Psychiatric	INN - \$624 copay, per day (1-3) OON - 50% COINS for total stay	<b>INN - \$645 copay per day (1-3)</b> <b>Midlands/Coastal</b> <b>OON – 20% COINS of total cost</b> <b>Upstate/Lowcountry</b> <b>OON – 50% COINS of total cost</b>

# 2024 BENEFITS

BlueCross Total Value	2023	2024
<b>Services (Continued)</b>		
Skilled nursing facility (SNF) (100 benefit day max, per year)	INN - \$0 (days 1-20) INN - \$196 copay (days 21-100) OON - 50% COINS for total stay	INN – No change (days 1-20) <b>INN - \$203 copay (days 21-100)</b> OON – No change
Emergency care	INN & OON - \$95 copay, per visit	<b>INN &amp; OON - \$100 copay, per visit</b>
Worldwide emergency	\$250 service specific deductible, then 20% COINS for emergency care outside the United States	No change
Urgent care	\$50 copay	<b>\$55 copay</b>
Ambulance services (Ground or air)	INN - \$285 per one way trip OON - \$295 per one way trip	<b>INN &amp; OON - \$295 per one way trip</b>
Hearing aids	\$699-\$999 using TruHearing Two per year (one per ear)	No change
Preventive dental	INN - \$0 copay (two visits per year) OON - 50% COINS \$2,000 maximum (combined)	No change
Comprehensive dental (Medicare covered services)	INN & OON - \$50 copay \$2,000 maximum (combined)	No change
Comprehensive dental (non-covered Medicare services)	INN & OON - 50% COINS \$500 benefit maximum \$2,000 maximum (combined)	No change

# 2024 BENEFITS

BlueCross Secure – No out-of-network benefits.	2023	2024
<b>Deductibles</b>		
In-network	\$0	No change
<b>Out-of-Pocket Maximum</b>		
In-network	\$6,500	No change
<b>Services</b>		
Office visits	INN - \$0 copay (PCP) INN - \$30 copay (Specialist)	INN – No change (PCP) <b>INN - \$35 copay (Specialist)</b>
Inpatient hospital – Acute	INN - \$325 copay, per day (1-6) INN - \$0 copay (7-90)	No change
Inpatient hospital – Psychiatric	INN - \$624 copay, per day (1-3) INN - \$0 copay (4-90)	<b>INN - \$645 copay, per day (1-3)</b> INN – No change (4-90)
Skilled nursing facility (SNF)	INN - \$0 copay ( days 1-20) INN - \$196 copay (days 21-100)	INN – No change ( days 1-20) <b>INN - \$203 copay (days 21-100)</b>
Urgently needed services	INN - \$40 copay, per visit	<b>INN - \$45 copay, per visit</b>
Emergency care	\$95 copay, per visit (Waived if admitted within 24 hours)	No change



# 2024 BENEFITS

BlueCross Secure – No out-of-network benefits.	2023	2024
<b>Services (Continued)</b>		
Worldwide Emergency/Urgent Coverage	\$250 service specific deductible, then 35% COINS for emergency care outside the United States	No change
Ambulance services (Ground or air)	INN - \$285 per trip	No change
Hearing aids	\$699-\$999 using TruHearing Two per year (one per ear)	No change
Preventive dental	Not covered	<b>No COINS or Copay for: 2 oral exams, per year 2 cleanings, per year 1 dental x-ray, per year</b>
Comprehensive dental (Medicare covered services)	INN - \$50 copay	No change

# 2024 BENEFITS

BlueCross Blue Basic	2023	2024
<b>Deductibles</b>		
In-network & Out-of-network	\$0	No change
<b>Out-of-Pocket Maximum</b>		
In-network	\$6,000	<b>\$5,900</b>
Out-of-network	\$10,000	<b>\$9,550</b>
<b>Services</b>		
Outpatient office visits	INN - \$0 copay (PCP) INN - \$35 copay (Specialist) OON - \$30 copay (PCP) OON - \$45 copay (Specialist)	No change
Inpatient hospital – Acute	INN - \$325 copay, per day (1-6) INN - \$0 copay, per day (7-90) OON - 30% COINS for total stay	INN – No change (1-6) INN – No change (7-90) <b>OON - 20% COINS for total stay</b>
Inpatient hospital – Psychiatric	INN - \$624 copay, per day (1-3) OON - 30% COINS for total stay	<b>INN - \$645 copay, per day (1-3)</b> <b>OON - 20% COINS for total stay</b>

# 2024 BENEFITS

BlueCross Blue Basic	2023	2024
<b>Services (Continued)</b>		
Skilled nursing facility (SNF)	INN - \$0 copay (days 1-20) INN - \$196 copay (days 21-100) OON - 30% COINS for total stay	INN – No change (days 1-20) INN – No change (days 21-100) <b>OON - 20% COINS for total stay</b>
Urgently needed services	INN & OON - \$40 copay	No change
Emergency care	\$90 copay, per visit (Waived if admitted within 24 hours)	No change
Worldwide Emergency/Urgent Coverage	\$250 service specific deductible, then 20% COINS for emergency care outside the United States.	No change
Ambulance services (Ground or air)	INN & OON - \$275 per trip	No change

# 2024 BENEFITS

BlueCross Blue Basic	2023	2024
<b>Services (Continued)</b>		
Hearing Aids	\$699-\$999 using TruHearing 2 per year (one per ear)	No change
Preventive Dental (Fluoride treatment not covered)	INN & OON - \$0 copay (Two per year) \$1,000 maximum (combined)	INN & OON – No change (Two per year) <b>\$2,000 maximum (combined)</b>
Comprehensive Dental (Medicare covered services)	INN - \$50 copay OON - 30% COINS \$1,000 maximum (combined)	INN – No change <b>OON - 20% COINS</b> <b>\$2,000 maximum (combined)</b>
Comprehensive dental (non-covered Medicare services)	INN & OON - 50% COINS \$1,000 benefit maximum	No change <b>\$2,000 maximum (combined)</b>

# 2024 BENEFITS

All Plans (Total, Total Value, Secure, & Blue Basic)	2023	2024
<b>Services</b>		
Annual wellness visit/Annual physical	\$0 Copay	No change
Lab work	\$0 copay	No change
Preventive screenings: <ul style="list-style-type: none"><li>• Colorectal cancer screening</li><li>• Breast cancer screening</li><li>• Bone mineral density tests</li><li>• Diabetic eye exam</li><li>• Eyeglasses and frames</li><li>• Glaucoma screening</li></ul>	\$0 Copay	No change

# 2024 BENEFITS

## Value-added benefits

- FitOn Health
  - A flexible health and fitness benefit with monthly credits to use on a nationwide network of gyms, local fitness studios, or community centers.
  - Credits can be used to cover a variety of options – monthly gym membership with unlimited visits, fitness studio classes, and at-home fitness accessories and equipment.
- Transportation (Only for Secure, Total and Blue Basic plans)
  - 24 one-way non-emergency rides to health-related locations such as in-patient facilities, health plan sponsored health events and other approved medical centers
  - Members must schedule rides at least 48 hours before pick-up time
- Over the counter
  - \$30-\$150 credit per quarter (credit dependent on plan – Secure, Total, Total Value or Blue Basic)
  - Orders can be placed by phone, online, or catalog
  - Members receive a Flex card for local pharmacies to purchase select items
- Post discharge meals
  - 10 free frozen meals after each inpatient discharge
  - Orders must be placed through the care management team

# 2024 BENEFITS

## Value-added benefits (Continued)

- Annual wellness incentive
  - All members receive a \$40 annual incentive after completing a wellness exam or physical
    - Received as additional money on the over-the-counter Flex card
- Concierge pharmacy services
  - For members that received a denial due to step therapy or prior authorization, or those who have difficulty obtaining medications
- Member health events
  - Members can attend local health events sponsored by BlueCross BlueShield of South Carolina
    - Includes free services
    - Allows members to speak with a BlueCross representative for assistance
    - Has games for social interactions

# 2024 BENEFITS

## Inflation Reduction Act (For Plans with Part D Coverage)

- \$35 limit for monthly insulin copay.
  - Shown as Tier 3 in formulary but special pricing.
- Part D vaccines (such as shingles) are covered at \$0.
- Effective July 1, 2023 – “You pay a \$35 copay in-network and out-of-network for a 1-month supply of Medicare Part B insulins for use in home infusion pumps.”
- Members will pay 0% cost share in Catastrophic drug stage.





# REMINDERS



# REMINDERS

- Check the member's ID card to determine their plan type
- Follow Medicare guidelines at [www.cms.gov](http://www.cms.gov) for covered services
- Verify eligibility and benefits at each visit prior to rendering services
- Prior authorization requirements may differ from other plans
  - View the requirements and methods for obtaining authorization at [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com)
    - *Providers>Medicare Advantage>Prior Authorization*
- When possible, always refer members to network participating providers
- Review the Medicare Advantage provider manuals for more information
  - Update: Section 3.8: Confidentiality and Data Use
    - Visit [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com)

# REMINDERS

## Prior Authorization – Important Notice: Integrated Home Care Services

- On July 5, 2023, our Medicare Advantage plans began requiring prior authorization through Integrated Home Care Services (IHCS) for all durable medical equipment (DME) used in the home setting, home health and home infusion services.
  - IHCS follows the Centers for Medicare and Medicaid Services guidelines to provide prior authorization for these services.
  - Services are covered when Medicare coverage criteria are met.
- The following places of service are included:
  - 4: Homeless shelter
  - 12: home
  - 13: Assisted living facility
  - 14: Group home
- Methods for requesting prior authorizations:
  - My Insurance Manager
  - Phone: 855-843-2325
  - Fax: 803-264-6552

**Note:** View the list of codes that will require prior authorization on [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) under Medicare Advantage.

# REMINDERS

## Network sharing

- Allows Medicare Advantage (MA) PPO members from other Blue Plans to get in-network benefits
- Available in 48 states, District of Columbia and Puerto Rico
- Eligible members will have the following symbol on their ID cards:



## Tips for accuracy:

- Verify eligibility for out-of-area MA PPO members using the BlueCard<sup>®</sup> Eligibility Line or through My Insurance Manager<sup>SM</sup>.
- Submit claims for all BlueCross BlueShield members, regardless of state, to BlueCross Blue Shield of South Carolina.
- Review member care gap reports and pay attention to open quality care gaps and patient health concerns.
- Ensure documentation of completed services while patients are visiting from other states.

# REMINDERS

## CMS Stars ratings

- **Schedule** patients for Medicare Annual Wellness Exams annually
- **Document** all care in the patient's medical records
- **Code and bill** appropriately for services rendered and conditions addressed
- **Promote** medication adherence
- **Recommend** formulary alternatives, when necessary
- **Recommend** participation in disease management programs
- **Respond** to medical record requests (within five business days)



# RESOURCES



# RESOURCES

- [Member ID Card Guide](#)
- [Medicare Advantage Medical Policies](#)
- [Medicare Advantage Authorization List](#)
- [BlueCross Total<sup>SM</sup> PPO Provider Office Manual](#)
- [BlueCross Secure<sup>SM</sup> HMO Provider Office Manual](#)



**THANK YOU FOR ATTENDING**

