

# MEDICARE ADVANTAGE



South Carolina

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## **DISCLAIMER**

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# AGENDA

- Reminders
- Resources



# REMINDERS



# GENERAL 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)

# PRIOR AUTHORIZATIONS

- **Medical Services**
  - My Insurance Manager
  - 855-843-2325
- **Behavioral Health**
  - [www.CompanionBenefitAlternatives.com](http://www.CompanionBenefitAlternatives.com)
  - 833-971-4075
- **Laboratory Services**
  - My Insurance Manager
    - Prior Authorization System (PAS)
  - 844-227-5769
- **DME (in the home setting), Home Health and Home Infusion Services**
  - Integrated Home Care Services
  - 844-215-4264

Always verify benefits and eligibility prior to rendering services.  
Use My Insurance Manager or call 855-843-2325.

*Note: Throughout the year there may be changes to the services that require prior authorization. Periodically check, for any code changes, additions, or deletions.*

## PRIOR AUTHORIZATIONS (CONTINUED)

- Faxed requests should be faxed to 803-264-6552 and include:
  - Member's name
  - Date of birth
  - ID card number including the prefix (ZHP or ZOH)
  - CPT/HCPCS code(s)
  - Diagnosis code(s)
  - Provider's NPI
  - Return fax number
  - Date(s) of service
  - Units, if applicable
  - Supporting clinical documentation

# VALUE ADDED BENEFITS

- **FitOn Health**
  - A flexible health and fitness benefit with 22 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 (Note: Benefit only applies to 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
  - *Transportation benefit does not apply to the Total Value PPO plans*
- **Over the counter**
  - \$55 - \$100 credit per quarter (credit dependent on plan – 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



## VALUE ADDED BENEFITS (CONTINUED)

- **Post discharge meals**
  - 10 free frozen meals after each inpatient or rehab discharge
  - Orders must be placed through the care management team
- **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
- **In-home health assessment award (New for 2025)**
  - All members receive a \$50 health assessment award after completing an in-home health assessment through Signify
- **Routine eye exams and eyewear**
  - One routine eye exam every year and one pair of lenses or contact lenses every year
  - Frames are covered every two years
  - This benefit is only covered through a BlueCross authorized vendor, (EyeMed)

## VALUE ADDED BENEFITS (CONTINUED)

- **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

# 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) covered at \$0 (pharmacy).
- \$35 copay INN and OON for a 1-month supply of Medicare Part B insulins for use in home infusion pumps.
- Members stay in the Initial Coverage stage until their total out-of-pocket costs reach \$2,000. They then move to the Catastrophic Coverage stage. **(New for 2025)**
- Members will pay 0% cost share in Catastrophic Coverage stage.

# 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® 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.

# 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)

## CMS STARS RATINGS (CONTINUED)

- BlueCross BlueShield of South Carolina is pleased to announce we have successfully repeated our 4 Star Rating with our PPO Plans. This includes our Total, Total Value and Blue Basic plans.
- In addition to this 4 Star Rating, we have multiple individual star measures that reached 5 Stars:
  - Excellent customer service – based on member survey
  - Reliable call center accuracy and availability – based on CMS secret shopper calls
  - Low rate of member complaints – based on CMS reporting
  - Low rate of member disenrollment – based on CMS reporting
  - Timeliness processing of member appeals – based on CMS reporting
  - Personalized medication review – based on membership participation
  - Quality improvement in clinical measures – based on clinical outcomes



# 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**

