



# MEDICARE ADVANTAGE



BlueCross BlueShield of South Carolina and  
BlueChoice<sup>®</sup> HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

# Agenda

- 2022 Benefits
- What's New?
- Reminders
- Resources



# 2022 Benefits



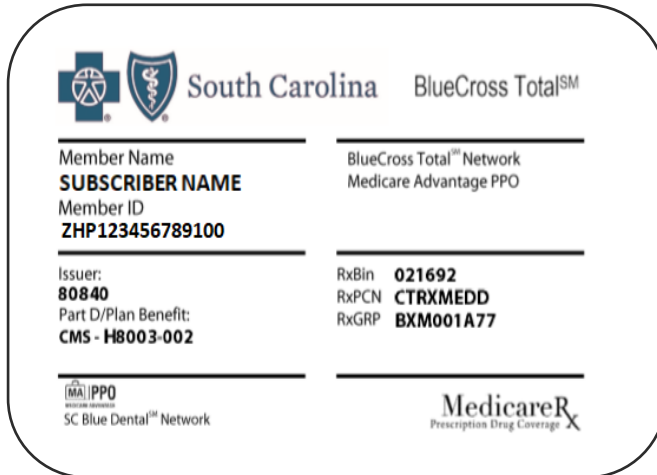
# BlueCross Total



# 2022 Benefits – BlueCross Total

## Medicare Advantage – BlueCross Total<sup>SM</sup>

- **Individual** products access the broad **BlueCross Total PPO Network**.
- The prefix for this plan is **ZHP**.
- Cards reflect the plan name and network.
- Out-of-network services received at a Medicare participating provider are reimbursable, but a higher out-of-network cost sharing will apply.



South Carolina BlueCross Total<sup>SM</sup>

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Member Name  
**SUBSCRIBER NAME**

Member ID  
**ZHP123456789100**


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Issuer:  
**80840**  
Part D/Plan Benefit:  
**CMS - H8003-002**

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RxBin **021692**  
RxPCN **CTRXMEDD**  
RxGRP **BXM001A77**

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 PPO  
SC Blue Dental<sup>SM</sup> Network

 MedicareRx<sup>SM</sup>  
Prescription Drug Coverage



South Carolina

[www.SCBUESMedAdvantage.com](http://www.SCBUESMedAdvantage.com)

Members: Use network services for maximum benefits. There will be no reimbursement for services from providers who are ineligible to receive Medicare payments.

Members: **1-855-204-2744**  
Health Providers: **1-855-209-7267**  
Dental Providers: **1-800-222-7156**  
TTY Users: **711**  
Pharmacy Help Desk: **1-855-540-5951**  
Prior Authorization: **1-855-843-2325**  
Mental Health: **1-800-868-1032**

Providers: Do not bill Medicare. Medicare limiting charges apply to ineligible providers. File claims with the local BlueCross and/or BlueShield Plan where member received services.

**BlueCross BlueShield of South Carolina**  
P.O. Box 100191  
Columbia, SC 29202-3191  
An independent licensee of the Blue Cross and Blue Shield Association.



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# 2022 Benefits – BlueCross Total

## Medicare Advantage

BlueCross Total	2021	2022
<b>Deductibles</b>		
In-network & Out-of-network	\$0	No change
<b>Out-of-Pocket Maximum</b>		
From in-network providers:	\$6,900	<b>\$6,500</b>
From in-network & out-of-network providers combined	\$10,000	No change
<b>Services</b>		
Outpatient office visits	INN - \$10 Copay (PCP) INN - \$45 Copay (Specialist) OON - \$30 Copay (PCP) OON - \$55 Copay (Specialist)	<b>INN - \$5 Copay (PCP)</b> INN - No Change (Specialist) OON - No change (PCP) OON - No change (Specialist)
Inpatient Hospital – Acute	INN - \$450 Copay, per day (1-4) INN - \$0 Copay (5-90) OON - 30% COINS for total stay	<b>INN - \$420 Copay, per day (1-4)</b> OON - No change
Inpatient Hospital – Psychiatric	INN - \$465 Copay, per day (1-4) INN - \$0 Copay (5-90) OON - 30% COINS for total stay	No change



# 2022 Benefits – BlueCross Total

## Medicare Advantage

BlueCross Total	2021	2022
<b>Services (cont'd)</b>		
Skilled Nursing Facility (SNF)	INN - \$0 (Days 1-20) INN - \$184 Copay (Days 21-100) OON - 30% COINS for total stay	No change
Urgently Needed Services	INN & OON - \$50 Copay, per visit	No change
Worldwide Emergency/Urgent Coverage	\$250 service specific deductible, then 20% COINS for emergency care outside the United States	No change \$25,000 benefit period maximum
Ambulance Services	INN & OON - \$295 per trip (Ground) INN & OON - 20% COINS (Air)	<b>INN &amp; OON - \$295 per trip (Ground or Air)</b>
Hearing Aids	\$699-\$999 using TruHearing 2 per year (one per ear)	No change
Preventive Dental	Fluoride treatment not covered	<b>INN - \$0 Copay (2, per year)</b> <b>OON - 50% COINS</b> Fluoride treatment not covered
Comprehensive Dental	N/A	<b>INN &amp; OON - 50% COINS</b> <b>\$1,000 benefit maximum</b>



# BlueCross Total Value

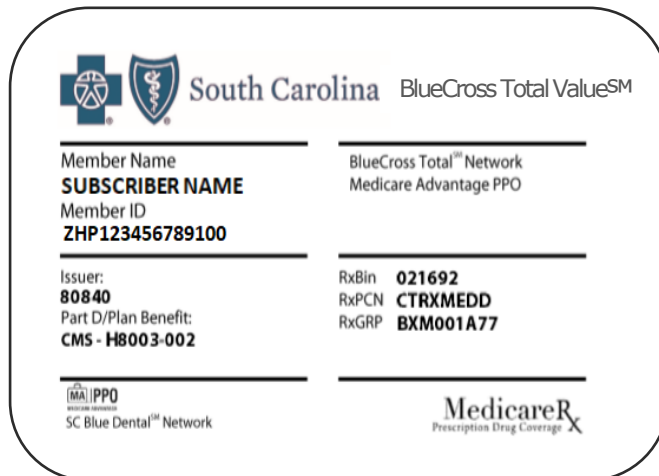





# 2022 Benefits – BlueCross Total Value

## Medicare Advantage – BlueCross Total Value<sup>SM</sup>

- **Individual** products access the broad **BlueCross Total PPO Network**.
- The prefix for this plan is **ZHP**.
- Cards reflect the plan name and network.
- Out-of-network services received at a Medicare participating provider are reimbursable, but a higher out-of-network cost sharing will apply.



 **South Carolina** BlueCross Total Value<sup>SM</sup>

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Member Name  
**SUBSCRIBER NAME**


Member ID  
**ZHP123456789100**

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Issuer:  
**80840**


Part D/Plan Benefit:  
**CMS - H8003-002**

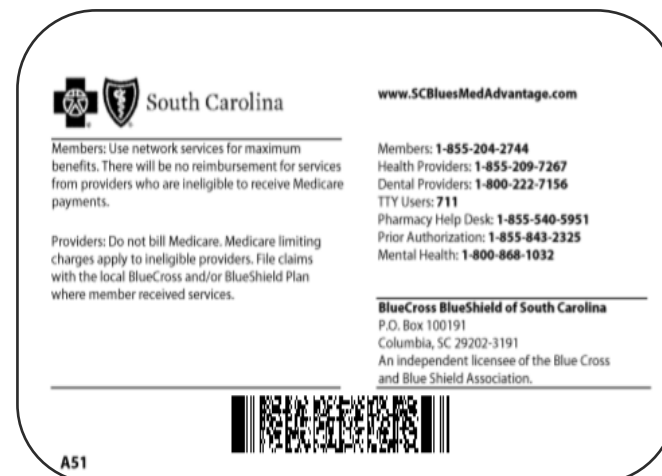
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 **PPO**  
SC Blue Dental<sup>SM</sup> Network

BlueCross Total<sup>SM</sup> Network  
Medicare Advantage PPO

RxBin **021692**  
RxPCN **CTRXMEDD**  
RxGRP **BXM001A77**

 **MedicareRx**  
Prescription Drug Coverage



 **South Carolina**

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Members: Use network services for maximum benefits. There will be no reimbursement for services from providers who are ineligible to receive Medicare payments.


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Dental Providers: **1-800-222-7156**  
TTY Users: **711**  
Pharmacy Help Desk: **1-855-540-5951**  
Prior Authorization: **1-855-843-2325**  
Mental Health: **1-800-868-1032**

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Providers: Do not bill Medicare. Medicare limiting charges apply to ineligible providers. File claims with the local BlueCross and/or BlueShield Plan where member received services.

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# 2022 Benefits – BlueCross Total Value

## Medicare Advantage

BlueCross Total Value	2021	2022
<b>Deductibles</b>		
In-network & Out-of-network	\$0	No change
<b>Out-of-Pocket Maximum</b>		
In-network	\$7,500	<b>\$6,900</b>
Out-of-network	\$11,300	No change
<b>Services</b>		
Outpatient office visits	INN - \$15 Copay (PCP) INN - \$50 Copay (Specialist) OON - \$40 Copay (PCP) OON - \$55 Copay (Specialist)	<b>INN - \$0 Copay (PCP)</b> <b>INN - \$40 Copay (Specialist)</b> OON - No change (PCP) OON - No change (Specialist)
Inpatient Hospital – Acute	INN - \$495 Copay, per day (1-4) INN - \$0 Copay (5-90) OON - 40% COINS for total stay	<b>INN - \$450 Copay, per day (1-4)</b> OON - No change
Inpatient Hospital – Psychiatric	INN - \$620 Copay, per day (1-4) INN - \$0 Copay (5-90) OON - 50% COINS for total stay	No change



# 2022 Benefits – BlueCross Total Value

## Medicare Advantage

BlueCross Total Value	2021	2022
<b>Services (cont'd)</b>		
Skilled Nursing Facility (SNF)	INN - \$0 (Days 1-20) INN - \$184 Copay (Days 21-100) OON - 40% COINS for total stay	INN - No change (Days 1-20) <b>INN - \$188 Copay (Days 21-100)</b> OON - No change
Urgently Needed Services	INN & OON - \$65 Copay, per visit	<b>INN &amp; OON - \$0-\$50 Copay</b>
Worldwide Emergency/Urgent Coverage	\$250 service specific deductible, then 20% COINS for emergency care outside the United States	No change for emergency services <b>\$0 Copay for urgent care services</b> \$25,000 benefit period maximum
Ambulance Services	INN & OON - \$310 per trip (Ground) INN & OON - 20% COINS (Air)	<b>INN &amp; OON - \$275 per trip (Ground or Air)</b>
Hearing Aids	\$699-\$999 using TruHearing 2 per year (one per ear)	No change
Preventive Dental	INN - \$0 Copay OON - 50% COINS	No change
Comprehensive Dental	N/A	<b>INN &amp; OON - 50% COINS \$500 benefit maximum</b>



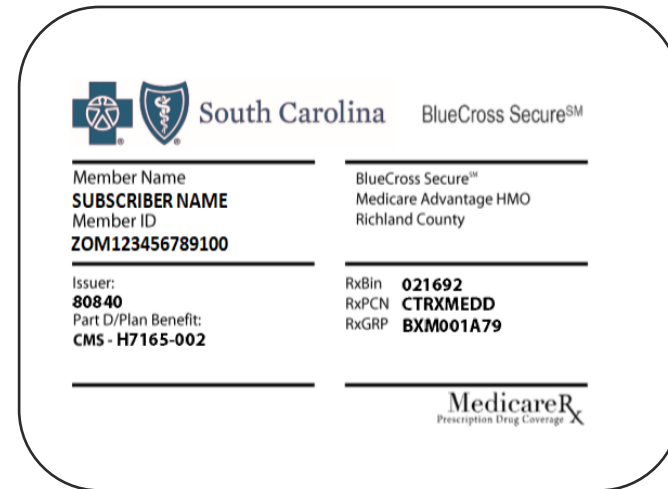
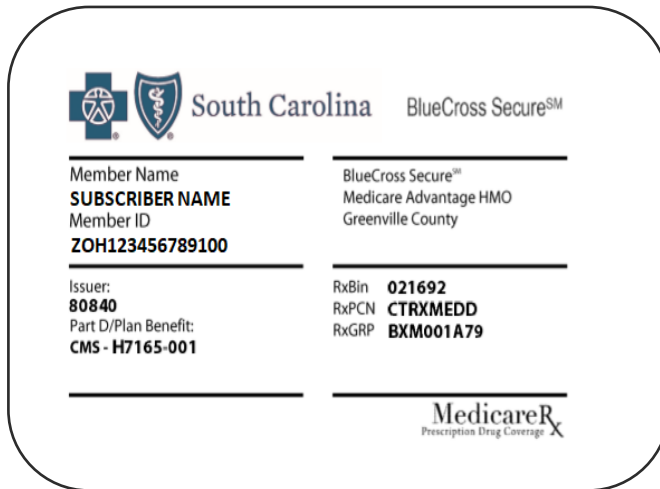
# BlueCross Secure



# 2022 Benefits – BlueCross Secure

## Medicare Advantage – BlueCross Secure<sup>SM</sup>

- **Individual** products access the narrow **Medicare Advantage HMO Greenville/Richland County Network**.
- The prefix for this plan is **ZOH** or **ZOM**.
- Cards reflect the plan name and network.
- Members may use the Greenville network or Richland network for benefits except in cases of emergency.
- There will be no reimbursement for services from providers who are out-of-network or ineligible to receive Medicare payments.



# 2022 Benefits – BlueCross Secure

## Medicare Advantage

BlueCross Secure – No out of network benefits.	2021	2022
<b>Deductibles</b>		
In-network	\$0	No change
<b>Out-of-Pocket Maximum</b>		
In-network	\$6,700	<b>\$6,500</b>
<b>Services</b>		
Outpatient office visits	INN - \$15 Copay (PCP) INN - \$40 Copay (Specialist)	<b>INN - \$5 Copay (PCP)</b> INN - No change (Specialist)
Inpatient Hospital – Acute	INN - \$425 Copay, per day (1-4) INN - \$0 Copay (5-90)	No change
Inpatient Hospital – Psychiatric	INN - \$425 Copay, per day (1-4) INN - \$0 Copay (5-90)	<b>INN - \$415 Copay, per day (1-4)</b>
Skilled Nursing Facility (SNF)	INN - \$0 Copay ( Days 1-20) INN - \$172 Copay (Days 21-100)	INN – No change (Days 1-20) <b>INN - \$188 Copay (Days 21-100)</b>
Urgently Needed Services	INN - \$40 Copay, per visit	No change



# 2022 Benefits – BlueCross Secure

## Medicare Advantage

BlueCross Secure – No out of network benefits.	2021	2022
<b>Services (cont'd)</b>		
Worldwide Emergency/Urgent Coverage	\$250 service specific deductible, then 20% COINS for emergency care outside the United States	No change \$25,000 benefit period maximum
Ambulance Services	INN - \$265 per trip (Ground) INN - 20% COINS (Air)	<b>INN - \$275 per trip (Ground or Air)</b>
Hearing Aids	\$699-\$999 using TruHearing 2 per year (one per ear)	No change
Preventive Dental	INN - \$50 Copay (For Medicare-covered services)	No change



# BlueCross Blue Basic

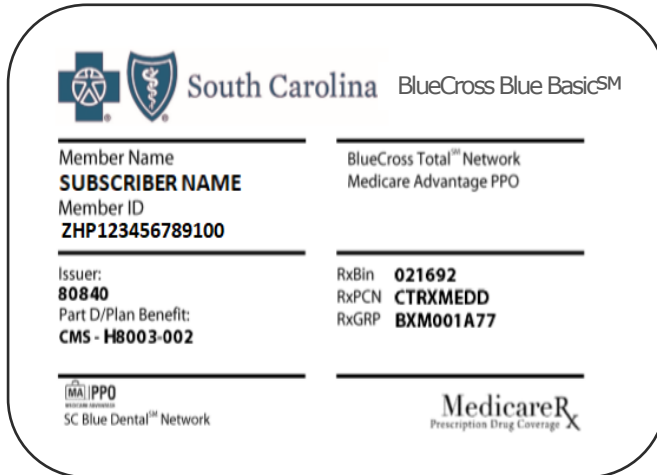





# 2022 Benefits – BlueCross Blue Basic

## Medicare Advantage – BlueCross Blue Basic<sup>SM</sup>

- **Individual** products access the broad **BlueCross Total PPO Network**.
- The prefix for this plan is **ZHP**.
- Cards reflect the plan name and network.
- Out-of-network services received at a Medicare participating provider are reimbursable, but a higher out-of-network cost sharing will apply.



 **South Carolina** BlueCross Blue Basic<sup>SM</sup>

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Member Name  
**SUBSCRIBER NAME**

Member ID  
**ZHP123456789100**


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Issuer:  
**80840**  
Part D/Plan Benefit:  
**CMS - H8003-002**

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RxBin **021692**  
RxPCN **CTRXMEDD**  
RxGRP **BXM001A77**

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 **PPQ**  
SC Blue Dental<sup>SM</sup> Network

 **MedicareRx**  
Prescription Drug Coverage



 **South Carolina**

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Dental Providers: **1-800-222-7156**  
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# 2022 Benefits – BlueCross Blue Basic

## Medicare Advantage

BlueCross Blue Basic	2022
<b>Deductibles</b>	
In-network & Out-of-network	<b>\$0</b>
<b>Out-of-Pocket Maximum</b>	
From in-network providers	<b>\$4,900</b>
From in-network & out-of-network providers combined	<b>\$10,000</b>
<b>Services</b>	
Outpatient office visits	<b>INN - \$0 Copay (PCP) INN - \$35 Copay (Specialist) OON - \$30 Copay (PCP) OON - \$45 Copay (Specialist)</b>
Inpatient Hospital – Acute	<b>INN - \$325 Copay, per day (1-6); \$0 Copay (7-90) OON - 30% COINS for total stay</b>
Inpatient Hospital – Psychiatric	<b>INN - \$620 Copay, per day (1-3) OON - 30% COINS for total stay</b>



# 2022 Benefits – BlueCross Blue Basic

## Medicare Advantage

BlueCross Blue Basic	2022
<b>Services (cont'd)</b>	
Skilled Nursing Facility (SNF)	<b>INN - \$0 Copay (Days 1-20) INN - \$188 Copay (Days 21-100) OON - 30% COINS for total stay</b>
Urgently Needed Services	<b>INN &amp; OON - \$0-\$40 Copay</b>
Worldwide Emergency/Urgent Coverage	<ul style="list-style-type: none"><li>• <b>\$250 service specific deductible, then 20% COINS for emergency care outside the United States.</b></li><li>• <b>\$0 Copay for urgent care outside the United States</b></li><li>• <b>\$25,000 benefit period maximum</b></li></ul>
Ambulance Services	<b>INN &amp; OON - \$275 per trip (Ground or Air)</b>
Hearing Aids	<p><b>The copay range (\$699-\$999) is based on different types and styles of hearing aids. The lower range is for the Advanced hearing aid type and the higher range is for the Premium hearing aid type.</b></p> <p><b><i>Premium hearing aids are available in rechargeable style options (for an additional \$50 per aid). Member must use TruHearing provider for this benefit.</i></b></p>



# 2022 Benefits – BlueCross Blue Basic

## Medicare Advantage

BlueCross Blue Basic	2022
<b>Services (cont'd)</b>	
Preventive Dental	<b>INN - \$0 Copay (2 preventive visits)</b> <b>OON - 50% COINS</b>  <b>Fluoride treatment not covered.</b>
Comprehensive Dental	<b>INN &amp; OON - 50% COINS</b> <b>\$750 benefit maximum</b>



# Shared Benefits



# 2022 Benefits – Shared Benefits

## Medicare Advantage

All Plans (Total, Total Value, Secure, & Blue Basic)	2022
<b>Services</b>	
Annual wellness visit	<b>\$0 Copay</b>
Annual physical	<b>\$0 Copay</b>
Preventive screenings: <ul style="list-style-type: none"><li>• Colorectal cancer screening</li><li>• Breast cancer screening</li><li>• Bone mineral density tests</li></ul>	<b>\$0 Copay</b>
Silver & Fit physical fitness programs and home workout DVDs	<b>\$0 Copay</b>
Other <ul style="list-style-type: none"><li>• Medline OTC (excludes Total Value PPO plan)</li><li>• Meal Program post hospital discharge (excludes Total Value PPO and Blue Basic PPO plans)</li></ul>	<b>\$40 per quarter, \$160 maximum per year</b> <b>\$0 Copay for 10 meals</b>



# What's New?



# What's New?

## Medicare Advantage

### *Authorization Updates*

Effective **Jan. 1, 2022**, the following services require prior authorization:

- Medications covered under Medicare Part B – including, but not limited to visco-supplementation for knee osteoarthritis (hyaluronan), monoclonal antibody treatments and other biologicals for multiple sclerosis, rheumatoid arthritis, psoriasis, inflammatory bowel disease, or chronic migraines.
- Continuous Glucose Monitors – including, but not limited to the Dexcom and Freestyle Libre systems.
- Powered Mobility – including, but not limited to electric wheelchairs and scooters.
- Durable Medical Equipment (DME) – including, but not limited to prosthetics, orthotics, braces, and walkers in the amount of \$250 or more





# What's New?

## Medicare Advantage

### *Authorization Updates (cont'd)*

- Facility-based polysomnography – unsupervised home studies are preferred unless there are specific complicating factors requiring sleep lab monitoring.
- Bariatric surgery
- Inpatient level of care for non-emergency surgery
- Life Vest – external cardiac defibrillators



# What's New?

## Medicare Advantage

### *Authorization Updates*

Effective **April 4, 2022**, the following services require prior authorization:

- Testosterone replacement
- Pneumatic compression devices
- IV iron therapy
- Spinal cord stimulators for chronic pain
- Left atrial appendage closure devices
- Electronic bone growth stimulators

Visit the Medicare Advantage prior authorization section of [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) for a listing of the medications and CPT/HCPCs codes.



# What's New?

## Medicare Advantage

### *New Partnership with Avalon Healthcare Solutions*

Effective **April 25, 2022**, our Medicare Advantage HMO and PPO plans will begin working with Avalon Healthcare Solutions to provide our members with laboratory benefits.

Avalon uses evidence-based medicine to develop and deploy appropriate policies and protocols for the laboratory environment.

*Avalon Healthcare Solutions is an independent company that manages lab benefits on behalf of BlueCross BlueShield of South Carolina and BlueChoice HealthPlan.*

Visit the news and events section of [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com)  
for more information on this upcoming change.



# Reminders



# Reminders

## Medicare Advantage

### *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
- 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)
- Know whether you're in the BlueCross Total PPO network or the BlueCross Secure HMO network



# Reminders

## Medicare Advantage

### *Network Sharing*

- Allows Medicare Advantage (MA) PPO members from other Blue Plans to get in-network benefits
- Available in 39 states 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.
- Submit all medical records, when requested, for out-of-area MA PPO members.
- Ensure documentation of completed services while patients are visiting from other states.



# Reminders

## Medicare Advantage

### *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

- 2022 Member ID Card Guide
- Medicare Advantage Authorization List
- BlueCross Total<sup>SM</sup> PPO Provider Office Manual
- BlueCross Secure<sup>SM</sup> HMO Provider Office Manual



# Questions?

