

Medicare PLUS Blue PPOSM



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Blue Cross Blue Shield of Michigan Medicare Plus Blue PPOSM Dual Eligible Special Needs Plan (D-SNP) Provider - Frequently Asked Questions

Topic Category	Question	Response
Product	What is a special needs plan?	<p>Special needs plans were created by Congress and implemented by the Center for Medicare and Medicaid Services to improve care for Medicare's most vulnerable beneficiaries, including the frail elderly, persons with severe or disabling chronic conditions, and those near the end of life.</p> <p>Dual eligible special needs plans or "D-SNPs" enroll beneficiaries who are entitled to both Medicare (Title XVIII) and medical assistance from a state plan under Title XIX (Medicaid) and offer the opportunity of enhanced benefits by combining those available through Medicare and Medicaid.</p>
Product	What does dual eligible mean?	<p>The term "dual eligible" refers to persons who are entitled to both Medicare and Medicaid benefits. Although D-SNPs are available to beneficiaries in all Medicaid eligibility categories, D-SNPs may restrict enrollment to beneficiaries who belong to certain Medicaid eligibility categories. In the BCBSM D-SNP, any person who is entitled to full Medicare and Medicaid benefits and determined categorically eligible will have the choice to enroll.</p>
Product	When will the BCBSM Medicare Plus Blue PPO D-SNP become effective?	<p>Once approved by CMS in 2012, the program will become effective January 1, 2013.</p> <p>BCBSM will begin marketing activities during the 2013 Medicare Annual Enrollment Period, which will begin Oct. 7 and continue through Dec. 15, 2012.</p>

Product	How is this program different from the BCBSM Medicare Plus PPO?	A special needs plan improves care for Medicare beneficiaries with special needs primarily through improved coordination and continuity of care. An assessment and individualized care plan will be developed for each BCBSM D-SNP designed to coordinate the care coordination needs of the enrolled member.
Product	Will the claims submission process be the same as the current Medicare Plus Blue PPO Program?	While all the operating details have yet to be finalized, the current Medicare Plus Blue PPO claims submission and customer service process is expected to support the Medicare Plus Blue PPO D-SNP Program.
Contracting	To what number can providers fax their executed addendum?	Executed addendums can be faxed to: Provider Enrollment Data Management Fax#: 1-877-215-7902
Contracting	If I choose not to participate in this program, will I be able to continue to participate in the BCBSM Medicare Plus Blue PPO Program?	Yes. If you need additional information to assist you in your decision to participate in the BCBSM D-SNP Program, please contact your provider consultant. BCBSM D-SNP members will be required to seek services from participating BCBSM D-SNP contracted providers.
Contracting	If a provider executes the D-SNP addendum now and, at some later point, decides he or she doesn't wish to participate, can they disenroll as a D-SNP provider?	A participating provider who wishes to disenroll from the BCBSM D-SNP network would follow the disenrollment process as outlined in BCBSM Medicare Advantage PPO Agreement.

Contracting	If a provider cannot return the addendum within the 14-day requested timeframe, what will happen? Can they submit it beyond this timeframe?	To begin the D-SNP program effective Jan. 1, 2013, BCBSM must submit an application for approval to CMS in February 2012. As part of the filed application, BCBSM must represent (attest) that it has a sufficient amount and type of providers contracted to meet the specific needs of BCBSM D-SNP enrolled members.
		By the beginning of February 2012, BCBSM will assess the D-SNP network based on executed addendums received and determine whether or not it has a sufficient number to meet CMS requirements. To meet the CMS D-SNP adequacy requirements by February, it is critical that providers interested in participating in the BCBSM D-SNP network return their executed addendums by the end of January 2012.
		Beyond January 2012, current and new providers will be able to continue submitting the executed D-SNP addendum. Only providers executing the D-SNP addendum will be able to service BCBSM Medicare Advantage PPO D-SNP enrollees effective Jan. 1, 2013.
Contracting	Will BCBSM Medicare Plus Blue PPO D-SNP providers be required to see all Medicaid patients?	No – Providers will only be required to provide services to BCBSM Medicare Plus Blue PPO D-SNP Medicare-eligible enrolled members.

- Contracting What are the advantages and disadvantages for a provider joining the BCBSM Medicare Plus Blue PPO D-SNP network?
- The **advantages** of becoming a contracted BCBSM D-SNP provider include:
- **Recognition** – The participating provider will be viewed as one who supports the BCBSM social mission and vision of the Patient Centered Medical Home initiative and Physician Group Incentive Program, both targeted at impacting Michigan's overall health.
 - **Increased patient revenue** – The number of Medicare beneficiaries who are also eligible for Medicaid benefits is growing. In Michigan, the combined provider service revenue associated with the dual eligible population is \$7.8 billion annually. The State of Michigan, in collaboration with CMS, is developing a statewide initiative to improve the delivery of care to dual eligible beneficiaries. The development of the BCBSM Medicare Plus Blue PPO D-SNP Program will position BCBSM and BCBSM D-SNP providers to participate in and support the Michigan dual eligible integrated care initiative.
 - **Protecting current patient base** – Nationally, an average of 10 percent of dual eligibles are enrolled in a dual SNP. In Michigan, currently, only 4 percent of dual eligibles are enrolled in a SNP. Effective Nov. 1, 2011, Michigan Department of Community Health began to allow voluntary enrollment of dual eligibles into managed care plans. Enrollment is expected to continue to increase as Michigan seeks CMS approval to enroll Michigan dual eligible beneficiaries into managed care plans beginning in 2013.
 - **Administrative ease** – Pending final CMS program approval, providers will be able to submit both Medicare and Medicaid claims submissions to BCBSM.
 - **Increased patient clinical support** – BCBSM's Model of Care and program support resources are available to help providers meet the special needs of the dual eligible population. Providers will be supported through a care coordination team approach focused on meeting the special needs of the dual eligible beneficiaries enrolled.

Contracting	What are the advantages and disadvantages for a provider who joins the BCBSM Medicare Plus Blue PPO D-SNP network?	<p>Disadvantages to not becoming a BCBSM Medicare Plus Blue PPO D-SNP provider:</p> <ul style="list-style-type: none"> • Declining patient base – Current Medicare patients who are also eligible for Medicaid benefits will shift to other participating providers contracted with both CMS and MDCH. • Declining patient revenue – As the largest Michigan Medicare payer, the BCBSM Medicare Plus Blue PPO D-SNP will be targeted on maintaining and growing services to this growing population. By choosing not to participate, physicians may experience reductions in patient base and, as a result, reductions in revenue.
Eligibility	What counties must a beneficiary reside in to enroll in the program?	<p>Effective Jan. 1, 2013 through Dec. 31, 2013, the beneficiary must reside in Livingston, Washtenaw or Wayne County and meet all other state (Medicaid) and federal (CMS) program eligibility requirements. If a beneficiary seeks services in a BCBSM D-SNP participating physician office in Livingston, Washtenaw or Wayne County, but does not reside in one of these counties, he or she isn't not eligible to enroll in the BCBSM Medicare Plus PPO D-SNP.</p> <p>Additional counties may be added as the State of Michigan provides future Medicaid HMO expansion opportunities.</p>
Eligibility	How do I know if my patients will be able to join this plan?	<p>If your Medicare-eligible patient is also eligible for full Medicaid benefits, they may qualify to enroll in the BCBSM D-SNP. As the program is implemented later in 2012, BCBSM will distribute enrollment information in advance of that date.</p>

Eligibility	What happens if a BCBSM D-SNP enrolled member no longer meets the D-SNP eligibility requirements?	A SNP that exclusively enrolls special needs individuals may continue to provide care for up to six months for a member who no longer has special needs status as long as the plan can provide appropriate care. For example, a dual eligible individual who loses Medicaid eligibility can be deemed to continue to be eligible for the plan if that individual would likely regain eligibility within six months. If the member does not re-qualify within this time period, he or she must be involuntarily disenrolled (with proper notice), from the plan at the end of this period. The SNP may choose any length of time from 30 days through six months for deeming continued eligibility as long as it applies the criteria consistently among all members and fully informs members of its policy.
Model of Care	What is a model of care?	A model of care provides the structure for care management processes and systems that will enable BCBSM to provide coordinated care for its enrolled dual eligible members. The model of care will define the BCBSM Care Management Program.
Model of Care	Will BCBSM Medicare Plus Blue PPO D-SNP enrolled members be required to select a primary care physician?	Yes – The PCP will become an integral part of the BCBSM D-SNP enrolled member’s individualized care plan development and participate in the member’s interdisciplinary team to provide necessary coordination of services.
Model of Care	What does the model of care for a SNP include?	<p>The MOC includes:</p> <ul style="list-style-type: none"> • goals and objectives for the targeted population, • a specialized provider network, <p>and:</p> <ul style="list-style-type: none"> • uses nationally-recognized clinical practice guidelines, • conducts health risk assessments to identify the special needs of beneficiaries, and • adds services for the most vulnerable beneficiaries including, but not limited to those beneficiaries who are frail, disabled, or near the end-of-life.

Model of Care	How are the needs of a new SNP member determined?	Within 90 days of enrollment and annually thereafter, an initial health risk assessment will be performed to identify the specialized needs of the member including medical, psychosocial, functional and cognitive needs, medical and mental history. After this is completed, BCBSM will notify the Interdisciplinary Care Team, the provider network and member about the health risk assessment results.
Model of Care	What will I be required to do differently for these members?	As part of the BCBSM Model of Care Plan, a member-specific assessment and individualized care plan will be developed to meet the special needs of each member. Physicians will be a part of a member-specific care team, also referred to as the ICT, and be responsible for coordinating with the ICT and member to deliver specialized services.
Model of Care	What is an interdisciplinary care team?	An interdisciplinary care team is a group of individuals identified as responsible for coordinating the delivery of services and benefits. The team typically consists of a case manager, caregiver (if applicable), primary care physician and other health care professionals who provide care to the member.
Payment	How much will I be paid?	<p>The BCBSM SNP fee schedule will be based on the Medicare and Medicaid payment rates in effect at the time services are provided.</p> <p>For Medicare Plus Blue PPO D-SNP Medicare-covered services, providers will bill BCBSM and BCBSM will pay 100 percent of the Medicare payment rate less any applicable member cost share. Because the proposed BCBSM D-SNP Program will be a “zero cost share” program (no co-pays), the applicable member cost share will be zero. Medicare Plus Blue PPO providers are currently paid 100 percent Medicare payment rates.</p> <p>For Medicare Plus Blue PPO D-SNP services covered by Medicaid only, providers will bill the appropriate CSM-approved state source. The state source will be either BCBSM or Michigan Medicaid. The CMS-approved state source will pay 100 percent of the Medicaid payment rate.</p>

Payment	How much will I be paid?	<p>Medicare will be considered “primary” for <u>Medicare covered services</u>. The Medicaid payment rate will be paid for <u>Medicaid covered services</u>. Pending final approval by CMS, the BCBSM D-SNP will have no member cost share amount (no co-pays) for Medicare and Medicaid covered services.</p> <p>Incentive Program – BCBSM hasn’t developed an incentive program for this product; however, we may choose to develop and implement one sometime in the future.</p>
Payment	Will I get paid extra to be a part of an interdisciplinary care team?	<p>Per CMS requirements, BCBSM and its providers must develop and deploy the Model of Care to meet the specific care needs of its enrolled. As a participating provider, you agree to work with BCBSM to coordinate with the ICT and member to deliver specialized services.</p> <p>BCBSM does not have an incentive program developed for this product. However, it may choose to develop and implement one sometime in the future.</p>
Payment	If my patients join, what will the cost be to them?	<p>Because BCBSM will be enrolling fully-eligible Medicare and Medicaid beneficiaries, BCBSM will pay 100 percent of the Medicare and Medicaid payment rate less any applicable member cost share. As long as enrolled members abide by the defined requirements of the CMS approved program, there should be no out-of-pocket member costs.</p>
Credentialing	What credentialing requirements must be met to participate in the BCBSM D-SNP?	<p>Since you already credentialed under the BCBSM MA PPO contract, no further credentialing is necessary for D-SNP participation.</p>
Product	Will there be any type of additional information or training given to providers?	<p>Yes, BCBSM will be offering training for all SNP providers. Information on the training dates and times will be provided through web-DENIS.</p>
Product	Who can I contact if I have additional questions or concerns?	<p>If you have any additional questions or concerns please contact your provider consultant.</p>