

# GROUP MEDICARE ADVANTAGE PPO

**Know Your Provider Network  
Webinar Presentation**

Proprietary and Confidential

CareFirst   
Medicare Advantage



# TODAY'S AGENDA



01. Network Overview
02. Passive PPO Network
03. Prior Authorizations
04. Resources and Reminders
05. Q&A



# LOCAL AND NATIONAL PROVIDER PARTNERS

CareFirst's Passive PPO allows you to access in- and out-of-network Medicare providers at the same rate.



## Local providers

High-quality providers available throughout Maryland and the District of Columbia.



## Nationwide providers

Robust, nationwide PPO network available through BlueCross BlueShield Network Sharing.






## Broad provider choice

You can see any Medicare provider at the same in-network rates\*.

\*Out-of-network providers must participate in Medicare and be willing to bill CareFirst or their local Blues Plan.

# VISITING A PROVIDER

Use your CareFirst ID card when at the provider's office or pharmacy. You won't need your red, white and blue Medicare card to use this plan.

		<b>CareFirst BlueCross BlueShield Group Advantage (PPO)</b>	
Member Name <b>F_NAME M_INIT L_NAME</b>	PCP Office <b>IN: \$X OON: \$X</b>	Specialist Office <b>IN: \$X OON: \$X</b>	Urgent Care Center <b>IN: \$X OON: \$X</b>
Member ID <b>EGE SBSB_ID</b>	Emergency Room <b>IN: \$X OON: \$X</b>	RxBIN <b>RXBIN</b>	RxPCN <b>RXPCN</b>
Group Number <b>GRGR_ID</b>		RxGRP <b>RX_GROUP</b>	
Effective Date <b>M_R_DT</b>			
BC/BS Plan <b>193/963</b>			
Issuer <b>(80840)</b>			
			CMS-H7379-801
			

Logo lets providers know you have nationwide PPO coverage

## Network statistics:

- ~98% of providers participate in Medicare nationwide
- 8,000 primary care doctors, 57,000 specialists and 55 hospitals in Maryland and DC participate in the CareFirst Medicare Advantage PPO network
- You also have access to the nationwide BlueCross BlueShield Medicare network



YOUR PPO

NETWORK

# CAREFIRST PROVIDER TOOL

You can find any provider using our Provider Tool at <https://www.carefirst.com/findadocmappo>.

The screenshot shows the CareFirst website's provider tool interface. At the top left is the CareFirst logo with a cross and shield icon. To the right are language and login options: "English" with a globe icon and a "Log In" button. Below the header is a grey banner with a blue information icon and text: "If you would like to receive a hard copy of the CareFirst BlueCross BlueShield Medicare Advantage Provider Directory, or if you need help finding a network provider, please call our Member Services Department at 833-320-2664, Monday-Friday, 8 a.m. – 6 p.m., ET. TTY users should call 711" with a "View Less" link. The main content area has a dark blue background with white text: "Good Evening!" followed by "Browse or search to find the care you need." Below this are two dropdown menus: "Network" set to "Medicare Advantage (PP...)" and "City, state or zip" set to "Baltimore, MD – 21224". A search bar with the placeholder "Search for Names and Specialties" and a magnifying glass icon is positioned below the dropdowns. At the bottom, there are "Common Searches" with dropdowns for "CloseKnit Virtual Care", "Primary Care", "Behavioral Health", and "Specialist".

- You can look up search results using any zip code within the United States, including those outside the D.C., Maryland, and northern Virginia area.
- You have the ability to filter providers by specialty, provider gender and languages spoken to find one that meets your needs.
- You can also receive primary and urgent services from our virtual care partner, CloseKnit.



# VIRTUAL-FIRST CARE—CLOSEKNIT

Advanced primary care practice where members can connect to a clinician online 24/7 and:



**Get care where it's most convenient**—at home, through pop-up clinics, community events, or practice partners.

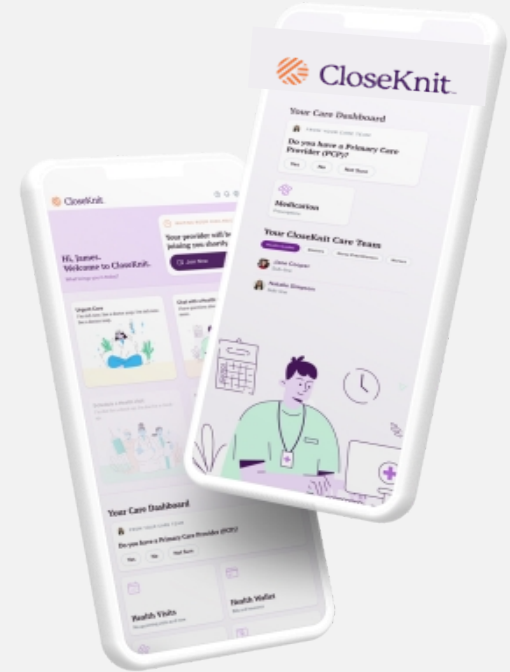


**Get predictable costs**—copay will be the same amount as an in-office visit.



**Get support from an advocacy team**—to create a frictionless experience.

CloseKnit offers advanced primary care, urgent care, mental healthcare, and nutrition services.



# ACCESS TO OUT-OF-NETWORK PROVIDERS

**With the CareFirst BlueCross BlueShield Group Advantage (PPO) plan, you can see doctors and other health care providers that are in and out of our network at the same cost share.**

- If you would like to see a provider that is currently out of network, please be sure to ask the provider's office the following questions:
  - Does the provider currently participate in Medicare?
  - Is the provider willing to bill CareFirst or their local BlueCross BlueShield plan at the same rate as under original Medicare?
- Once the provider's office confirms they will accept the plan, they will submit the claim directly to CareFirst. No action should be required on your behalf.



# PROVIDER FLIER

This resource may be helpful for you to share with an out-of-network provider. To access it:

- Visit [www.carefirst.com/learngroupma](http://www.carefirst.com/learngroupma).
- Scroll down to *Helpful Resources* .
- Under *Accessing Care* , select *Flier for your doctor (PDF)*.



## A Message for Your Provider

CareFirst BlueCross BlueShield Group Advantage will provide coverage for this retiree under a group (or an employer-sponsored) Medicare employer preferred provider organization (PPO) plan.

**This retiree's in-network and out-of-network benefits and cost shares are the same. This means you can provide services to this retiree or any member of this plan if you are a Medicare provider without a concern about having a large out-of-network deductible or cost share.**

**Contracted healthcare providers**—If you're a CareFirst BlueCross BlueShield Group Advantage PPO-contracted healthcare provider, you'll receive your contracted rate.

**Out-of-network healthcare providers**—CareFirst BlueCross BlueShield Group Advantage is dedicated to an easy transition. If you're a Medicare provider, you can treat and receive payment for your CareFirst BlueCross BlueShield Group Advantage-covered patients who have this plan. CareFirst BlueCross BlueShield Group Advantage pays providers according to the Original Medicare fee schedule less any member plan responsibility.

Healthcare providers in Maryland, Washington, D.C., and Northern Virginia who want information about our claims processes or about becoming a CareFirst BlueCross BlueShield Group Advantage PPO-contracted provider can call provider services at **833-320-2664**.

Healthcare providers outside the CareFirst BlueCross BlueShield service area who want information about claims processes can call the local Blue Cross and/or Blue Shield plan. Or call BlueCard Eligibility at **1-800-676-BLUE (2583)** and provide the member's prefix located on the ID card.

*NOTE: This number is not for patient use. Patients, please call the Member Services number on the back of your CareFirst BlueCross BlueShield Group Advantage member ID card.*

**The in-network and out-of-network benefits are the same for any member of this plan if you are a Medicare provider.**

CareFirst BlueCross BlueShield Medicare Advantage is a PPO with a Medicare contract. Enrollment in CareFirst BlueCross BlueShield Medicare Advantage depends on contract renewal.

CareFirst BlueCross BlueShield Medicare Advantage is the business name of CareFirst Advantage PPO, Inc., an independent licensee of the Blue Cross and Blue Shield Association, BLUE CROSS<sup>SM</sup>, BLUE SHIELD<sup>®</sup> and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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PRIOR

AUTHORIZATIONS

# PRIOR AUTHORIZATION

Approval in advance may be required to obtain select services or prescription drugs.

## What you need to know:

- Your provider will coordinate this with CareFirst before your visit.
- You do not need to get prior authorization when you get care from out-of-network providers.
- If we say we will not cover your services, you, or your provider, have the right to appeal our decision.



# PRIOR AUTHORIZATION FAQs

- **What services will I need prior authorizations for?**

- Prior authorizations are required for certain provider specialties as well as certain services like physical therapy, podiatry, transplants, durable medical equipment and home health.

- **What do I need to do to get a prior authorization started?**

- Nothing. If you know you will need these services, please let your provider know to send a prior authorization request to CareFirst. We will communicate with your provider to get all the information we need to process the request and provide a decision.

- **How long does it typically take to get a prior authorization request reviewed and approved?**

- Our teams can take up to 14 days to review a standard prior authorization request. However, we do review any expedited or urgent requests within 72 hours.



RESOURCES

AND REMINDERS

# MY ACCOUNT MEMBER PORTAL

You have access to a secure personalized account where you can:

- View claims and Explanation of Benefits (EOBs)
- Find a doctor, facility or pharmacy
- Check your benefits
- View, order and print ID cards
- Estimate medical expenses
- Confirm drugs are covered and check pricing at local pharmacies
- Email CareFirst directly with questions



# IMPORTANT ELIGIBILITY REMINDERS

## To be eligible for a Group Medicare Advantage plan, you must:

- ✓ Be retired from the group and meet all employer eligibility guidelines
- ✓ Be enrolled in Medicare (Parts A & B) and continue to pay your Part B premium as well as any Part B or Part D income related monthly adjustment amount
- ✓ Live in CareFirst's Group Medicare Advantage service area, which includes all 50 United States, DC, and all U.S. territories
- ✓ Provide a physical address within the service area to establish permanent residence (cannot be a PO Box)

**!** **You can only be in one Medicare Advantage plan at a time.** Medicare will automatically terminate you from this plan if you enroll in any other Medicare Advantage plan or standalone Part D prescription drug plan.





# QUESTIONS?



THANK YOU

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Please share your feedback!