

# Welcome



## State Health Plan Medicare Advantage Benefits

Medicare Plus Blue<sup>SM</sup> PPO  
Effective January 1, 2020



# Agenda

- Medicare basics
- State Health Plan
  - Medicare Advantage Plan Benefits & Provider Network
- Blue Cross Health & Wellness



A nonprofit corporation and independent licensee  
of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.



# Medicare Basics

# Basics – Original Medicare Part A



## WHAT'S INCLUDED

- Hospital care
- Skilled nursing facility care
- Hospice
- Home health care

PART  
**A**



# Basics – Original Medicare Part B



## WHAT'S INCLUDED

- Doctor visits
- Mental health care
- Outpatient surgery
- Lab tests
- Durable medical equipment

## PART B

## PREMIUM

- You must pay your Part B premium every month.
- Your premium depends on when you first signed up and your income.

# Basics – Medicare Advantage



## WHAT'S INCLUDED – Medicare Advantage

### PART C

- Original Medicare Part A & B benefits
- Original Medicare rights & protections
- Original Medicare covered services
- Extra benefits offered in this plan
  - SilverSneakers®
  - Care management services
  - Online visits (Telehealth)

**You must continue to pay your monthly Part B premium.**

# Medicare Advantage enrollment



- In November, Blue Cross will mail a pre-enrollment packet to members enrolled in Original Medicare Part A and Part B.
- To accept the Medicare Advantage plan requires no action on your part.
- If you are already enrolled in a Medicare Advantage plan through another employer, you have two options:

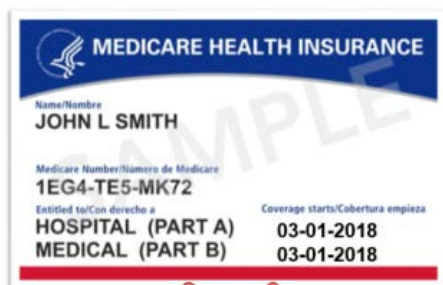
Option 1 – You can remain under your current Medicare Advantage plan. You will need to complete the opt-out form from Blue Cross included in the pre-enrollment packet.

Option 2 – Transition to the Medicare Advantage plan offered for State Health Plan members. This option requires no action on your part. You will automatically be enrolled by Blue Cross and you will be disenrolled from your current Medicare Advantage plan.

# Member ID cards



1. Put your red, white and blue Medicare Health Insurance card in a safe place.
2. New Blue Cross member ID card for Medicare Advantage.
3. New ID cards will be mailed in December.







# State Health Plan

## Medicare Advantage Plan Benefits & Provider Network



# Medical benefit design



Members will experience the same level of benefits currently covered under under the State Health Plan PPO.

	Medicare Advantage PPO Plan
<b>Deductible</b>	\$400
<b>Annual OOP Maximum</b>	\$2,000
<b>Hospital Inpatient</b>	Coinsurance applicable
<b>Outpatient Facility Services</b>	Coinsurance applicable
<b>Skilled Nursing Facility</b>	Coinsurance applicable
<b>Emergency Room</b>	\$50 copay
<b>PCP Office Visits</b>	\$20 copay
<b>Specialist Office Visits</b>	\$20 copay
<b>Online Visits (Telehealth)*</b>	\$10 copay
<b>Hearing Benefit</b>	\$2,500 / 36 months
<b>Annual Physicals</b>	\$0 copay

\*Online visits not available in Supplemental Plan.

# Medicare Supplemental vs. Medicare Advantage cost share Example – member copay (\$20)



## Medicare Supplemental

Scenario	Original Medicare	State Health Plan	Member Cost Share
Office visit charge of \$150 is billed to Medicare as primary insurance.	Medicare payment is \$120.	SHP supplemental payment is \$10.	Member is responsible for \$20.

## Medicare Advantage

Scenario	Medicare Advantage	Member Cost Share
Office visit charge of \$150 is billed to Blue Cross as primary insurance.	Blue Cross payment is \$130.	Member is responsible for \$20.

**Note: In the above example, claims process differently, but the member cost share is the same.**

# Medicare Supplemental vs. Medicare Advantage cost share Example – member coinsurance (10%)



## Medicare Supplemental

Scenario	Original Medicare	State Health Plan	Member Cost Share
Inpatient hospital claim charge of \$500 is billed to Medicare as primary insurance. The member has satisfied the SHP deductible of \$400.	Medicare payment is \$400.	SHP supplemental payment is \$90.	Member is responsible for \$10.

## Medicare Advantage

Scenario	Medicare Advantage	Member Cost Share
Inpatient hospital claim charge of \$500 is billed to Blue Cross as primary insurance. The member has satisfied the SHP deductible of \$400.	Blue Cross payment is \$490.	Member is responsible for \$10.

**Note: In the above example, claims process differently, but the member cost share is the same.**



# Robust network in Michigan and nationally



State retirees will have access to an extensive network within Michigan and nationwide. A review of SHP PPO 2018 claims showed that the vast majority of members are already using a participating provider.

Claim type	Percent of claims rendered from providers in national network
Hospital Inpatient	96.8%
Hospital Outpatient	96.4%
Physician Services	90.1%
<b>Grand Total</b>	<b>93.8%</b>

Providers and members will experience the following:

- The passive network minimizes provider and member disruption.
- Over 93% of services rendered to SHP supplemental members were from providers in the national BCBSA Medicare Advantage PPO network.
- Providers not in the Medicare Advantage PPO network would be paid based on the Medicare fee schedule.

# Medicare Advantage provider network



## When choosing a provider

## National Medicare Advantage PPO network or Original Medicare participating provider

Confirm that your provider is in Blue Cross' Medicare Advantage PPO network.

If yes, the provider will be paid the Medicare Advantage PPO fee schedule and you will be responsible for the applicable in-network member cost share. More than 93% of the providers used by SHP PPO members last year are in this category.

If your provider isn't in the Medicare Advantage PPO network, just as you would currently, confirm that the provider accepts Original Medicare and is willing to accept your Medicare Advantage ID card.

If yes, the provider will be paid the Original Medicare fee schedule and you'll be responsible for the applicable in-network member cost share.

If your provider isn't in the Medicare Advantage PPO network and accepts Original Medicare but has questions regarding your plan benefits.

Blue Cross can answer questions about plan benefits and eligibility. Additionally, Blue Cross developed a brochure that will assist providers in understanding your Medicare Advantage plan. Since the provider will be reimbursed at the Original Medicare fee schedule, the vast majority will accept the card with this assurance.

If your provider isn't in the Medicare Advantage PPO Network and doesn't accept Original Medicare or is unwilling to accept your Medicare Advantage ID card.

It's extremely unusual for a provider to refuse the Medicare Advantage ID card since their reimbursement aligns with the Original Medicare fee schedule. If this happens, Blue Cross has multiple processes in place to ensure a member has access to accepting providers for the required services. This includes member and provider outreach and identification on the member's behalf in their geographic area.

# You can keep your primary care physician



**Medicare doesn't require PPO members to have a primary care physician, but they can serve a valuable role.**

Examples of PCPs include:

- Family practice
- Internal medicine
- Nurse practitioner

**They know you and your health:** Your PCP can see changes in your health and what it means.

**They expertly guide your care through the PPO network**

- Your PCP can help you identify other doctors or specialists you need and brief them on your health.
- They also monitor the big picture of your health, while specialists will manage more focused needs.

## Finding a doctor is as easy as 1, 2, 3!

**1. Call:** Customer service using the number of the back of your member ID card

**2. Click:** Go to [www.bcbsm.com/medicare](http://www.bcbsm.com/medicare) and click on "Find a Doctor".

**3. Ask:** Call your provider's office billing department. You can ask, "Do you participate with the Medicare Advantage PPO plan offered by Blue Cross Blue Shield?"

# Prior authorization programs



- Prior authorization for certain services is key to making sure you receive high-quality care.
- As under the current plan, it may be necessary for certain services to be approved before you receive them to ensure your treatment plan is the best for you.
- Prior authorization requirements are the responsibility of your doctor and have no financial impact on you as a Medicare Advantage member.
- If a request for service isn't approved, you and your provider will both receive a letter detailing the rationale and the process to request reconsideration (appeal), if needed.



# Explanation of Benefits



- It's not a bill
- Summarizes the total cost of the medical services you received
- Shows you what your health care provider billed us, what we paid the provider and your share of the cost
- Explains your deductible and yearly out-of-pocket maximums and how much you've paid towards them
- Instead of receiving a statement from Original Medicare and Blue Cross, you'll get a monthly statement for any month you receive services

**Your Medicare Advantage Explanation of Benefits**

**What is your Explanation of Benefits?**

Blue Cross Blue Shield of Michigan sends you Explanation of Benefit Payments statements, also known as EOBs, to help you keep track of your plan use. An EOB is not a bill, even though there are dollar amounts listed.

We'll only send you an EOB once a month, and only if you used your benefits.

**What will your Explanation of Benefits tell you?**

Your EOB has important information in it. And, we'll present the information in a way that will make more sense to you. (The dollar amounts and dates used below are just examples.)

**1.** We'll summarize the total costs of the services you received. We'll tell you what your health care providers billed us, what we paid them and what your share is.

Amount providers have billed the plan	Total cost (amount the plan has approved)	Plan's share	Your share
\$810.00	\$552.00	\$337.60	\$214.40

**2.** Instead of showing you boxes of numbers, we'll explain what your deductible and yearly out-of-pocket limits are, and then we'll tell you how much you've paid toward them.

**DEDUCTIBLE:**

For most covered services, the plan pays its share of the cost only after you have paid your yearly plan deductible.

As of September 01, 2016 you have paid \$67.80 toward your \$245.00 yearly plan deductible.

**YEARLY LIMITS**

These limits tell the most you will have to pay in 2016 in "out-of-pocket" costs (copays, coinsurance, and your deductible) for medical and hospital services covered by the plan.

These yearly limits are called your "out-of-pocket maximums." They put a limit on how much you have to pay, but they do not put a limit on how much care you can get. This means:

Medicare Plus Blue™ is a PPO plan with a Medicare contract. Enrollment in Medicare Plus Blue depends on contract renewal.

<https://www.bcbsm.com/content/dam/microsites/medicare/documents/eob-guide-ppo.pdf>

# When you travel



**Blue Cross gives you access to providers anywhere in the United States and its territories.**

There are two ways to find a provider:

- Use the *Find a doctor* button in the app.
- Call the number on the back of your ID card.

When traveling outside the United States, in some instances, you'll have to pay for your emergency and urgent care and get a refund from us.



**You're covered for emergency and urgent care worldwide.**



# Blue Cross Health & Wellness®

# Medicare Advantage voluntary programs and services



## Blue Cross Online Visits<sup>SM</sup>

Online doctor visits bring new meaning to house calls.

- When your primary care doctor is unavailable, you can have an online visit with a physician to get advice and treatment for minor health concerns.
- Use your smartphone, tablet or computer for a doctor visit.
- It's available 24/7, anywhere in the U.S. using an internet connection.
- Doctors are telemedicine experts, U.S. board-certified, licensed and credentialed to provide non-emergency medical visits on demand at in-network costs.
- This benefit is only available to Medicare Advantage members due to CMS regulation.



### To access this benefit:

- BCBSM Online Visits<sup>SM</sup> app
- Visit [bcbsmonlinevisits.com](https://www.bcbsmonlinevisits.com)
- Call 1-844-606-1608



# Medicare Advantage voluntary programs and services



## **Blue Cross Coordinated Care Chronic condition management**

### **A personal nurse manager can help if you have:**

- Coronary artery disease
- Chronic obstructive pulmonary disease
- Diabetes
- Heart failure

### **Once you're in the program, your nurse can support your health care needs by:**

- Reviewing your health
- Creating a personalized care plan for you
- Identifying health goals and building skills
- Helping you recognize symptoms and respond to warning signs
- Identifying additional care you may need
- Working with your regular doctor



# Medicare Advantage voluntary programs and services

## **Blue Cross Coordinated Care Case management**

A serious illness can feel overwhelming, and we're here to help you. Rely on our registered nurses who will work with you, your family and your regular doctor to:

- Coordinate care
- Inform you about your condition and treatment options
- Help with community resources
- Find specialty medical devices and equipment



# Medicare Advantage voluntary programs and services



## **Blue Cross Coordinated Care Blue Care Connect<sup>SM</sup>**

**Blue Care Connect is your connection to the extra support you might need for complex care.**

A nurse will work with you to meet your goals, help you feel comfortable and:

- Help you manage your condition
- Coordinate your care
- Inform you about your care and treatment options
- Coordinate the delivery of medical supplies and equipment prescribed by your doctor
- Coordinate home visits as needed
- Help with community resources

# Medicare Advantage voluntary programs and services



## **Blue Cross Coordinated Care Care transition to home**

**Our goal is your full recovery and continued good health.**

The first 30 days after a hospital stay are critical to a full recovery. As part of this program, a nurse provides the following services:

- Talks with hospital staff to determine the level of care needed
- Discusses next steps with member
- Coordinates in-home care, including medical equipment
- Calls to ensure the member has medications and knows how and when to take them
- Explains signs of possible complications or worsening symptoms
- Follows up with physicians



# Medicare Advantage voluntary programs and services



## 24-Hour Nurse Line

**A registered nurse is available to you 24 hours a day, seven days a week if you have health questions, want information to help you make a medical decision or need support with managing a chronic condition.**

**SAFE.** One-on-one conversations with a registered nurse. Caring. Confidential.

**QUICK.** Expert health advice by phone. No web searches. No waiting.

**EASY.** Connect from home or on the go. No appointments. No cost. No hassle.

# Medicare Advantage voluntary programs and services



## Tobacco cessation

Our tobacco cessation coaching includes a free 12-month telephone-based support program.

**A personal health coach** helps you develop an action plan to quit smoking or using tobacco.

### Tobacco cessation coaching offers:

- Unlimited telephone access to your dedicated health coach
- Personal plan for quitting
- Online resources



# Medicare Advantage voluntary programs and services



## Blue Cross Engagement Center

**Call the Blue Cross Engagement Center  
for access to these programs**

Our knowledgeable specialists are here to answer your questions about any of the programs or services offered through Blue Cross<sup>®</sup> Health & Wellness.

### **We can help:**

- Coordinate any program referrals
- Find personal or specialist doctors

**1-800-775-2583**

Monday through Friday

8 a.m. to 6 p.m. Eastern time

TTY users, please call 1-800-240-3050

Blue Cross<sup>®</sup>  
HEALTH & WELLNESS



# Medicare Advantage voluntary programs and services



## SilverSneakers®\* fitness program

### Program benefits:

- Membership in a network of health clubs and exercise classes
- 15,000 participating U.S. locations (no restrictions on days and times)
- Classes designed just for you
- Exercise at your own pace with people in your age group
- Program advisors at each location to help you get started
- Online support to help you lose weight, reduce stress
- Walking and home fitness programs



### Visit:

[www.silversneakers.com](http://www.silversneakers.com)  
for participating locations.

### Call:

1-888-423-4632  
Monday through Friday  
8 a.m. to 8 p.m. Eastern time  
TTY users call 711

\*SilverSneakers is a registered trademark of Tivity Health, an independent company that provides services to Blue Cross Blue Shield of Michigan Medicare Plus Blue PPO members.

# Medicare Advantage voluntary programs and services



## Blue365®

Blue365® offers exclusive health and wellness deals, keeping you healthy and happy, every day of the year. As a member of Medicare Plus Blue PPO, you automatically have access to nationwide discounts. Visit [www.blue365deals.com](http://www.blue365deals.com)

 **Belton**

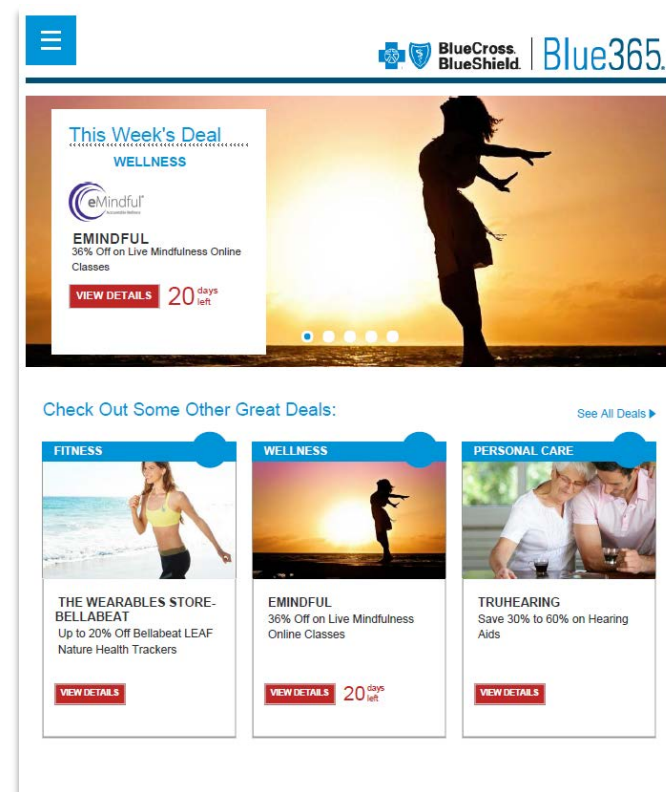
**GLASSES**.COM

 **Jenny CRAIG**

**Nutrisystem**

 **last minute TRAVEL CLUB**

 **Sprint**



The screenshot shows the Blue365 website interface. At the top, there's a navigation bar with the Blue Cross Blue Shield logo and the Blue365 logo. Below the navigation bar, there's a large banner for "This Week's Deal" in the "WELLNESS" category, featuring a deal on eMindful EMINDFUL classes with a 36% discount and a "VIEW DETAILS" button. To the right of the banner is a silhouette of a person jumping against a sunset background. Below the banner, there's a section titled "Check Out Some Other Great Deals:" with three columns: "FITNESS" featuring a deal on Bellabeat wearables, "WELLNESS" featuring a deal on eMindful classes, and "PERSONAL CARE" featuring a deal on TruHearing hearing aids. Each deal card includes a "VIEW DETAILS" button and a countdown timer.

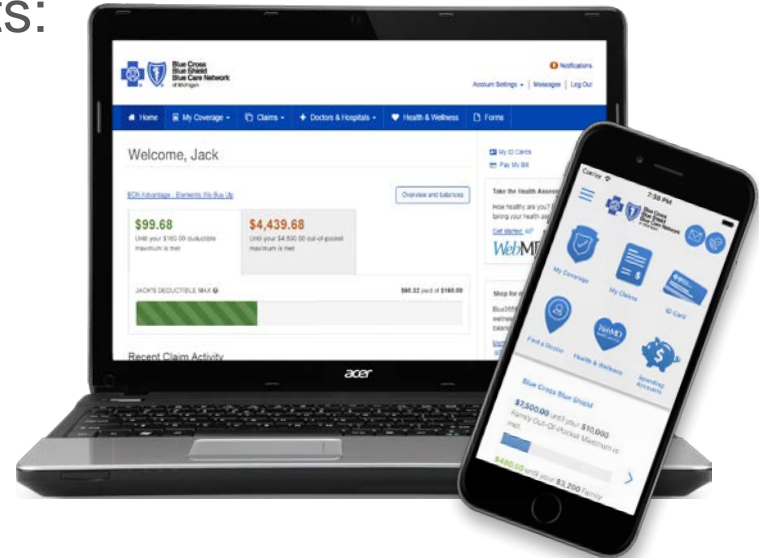


# Your online account and the Blue Cross mobile app



An online account has many benefits:

- Safe, 24x7 access
- See up-to-date deductibles
- Find in-network doctors
- See your claims
- Check your coverage



## To register:

(Have your Blue Cross ID card handy)

- Go to [bcbsm.com](https://bcbsm.com).
- Click *Register your account*.
- Enter your information.

## Stay connected.

Download the Blue Cross mobile app to have your plan at your fingertips.

Available for Apple and Android mobile devices in the App Store® or on Google Play™. Or text REGISTER to 222764 to get a link.



# When we'll contact you



We'll give you a **welcome call** after you get your new ID card.

We'll send you a **health assessment** so you can evaluate your current health.

We'll send you **reminders** for things like your annual exam and preventive care.



**BLUES' MEDICARE ADVANTAGE HEALTH ASSESSMENT**

Please use a blue or black pen or a pencil to complete the questionnaire. Print clearly to fill out each appropriate text box as shown.

Fill the circles completely and do not write notes in the sections where the circles appear. Correct: ☒ Incorrect: ☐

If you need assistance, you may have someone fill out this form for you.

Name:

Date of Birth: -- Today's Date: --

Address:

Enrollee ID (the number on your ID card): XY -----

1. In general, would you say your health is: (Mark one answer)

☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

2. Please mark all those conditions for which you are currently receiving medical treatment:

☐ Breathing problems (COPD, emphysema, or chronic bronchitis) ☐ Arthritis

☐ High blood pressure (hypertension) ☐ Mental problems

☐ Heart problems (heart failure, heart attack, coronary artery disease) ☐ Ankle/leg swelling

☐ Urinary problems ☐ Cancer

3. In the previous 12 months, have you been treated by a doctor for any of the following conditions? (Mark all that apply)

☐ High cholesterol ☐ Yes ☐ No

☐ Asthma ☐ Yes ☐ No

☐ Bone disease (osteoporosis or brittle bones) ☐ Yes ☐ No

☐ Chronic kidney disease (CKD) or end stage renal disease (ESRD) ☐ Yes ☐ No

☐ Stroke, mini-stroke, or transient ischemic attack (TIA) ☐ Yes ☐ No



**Additionally**, you may be contacted by our vendor partners who offer some of our health programs on our behalf. Call our Customer Service team if you have questions or concerns about these communications.



# Questions?

We're here to help.

**Medicare Advantage  
Customer Service Call Center:**

1-800-843-4876

Monday through Friday  
8:30 a.m. to 5 p.m. Eastern time  
TTY users dial 711.

**Email:**

[KSASOM@bcbsm.com](mailto:KSASOM@bcbsm.com)