Teacher Retirement System of Texas
TRS-ActiveCare HD, TRS-ActiveCare 2 and TRS-Care Standard - Quick Reference Guide

Major Characteristics	Benefits, Eligibility, Claims Status or Verification	Claim Reviews, All Correspondence	Prior Authorization & Referrals	Laboratory Services	Behavioral Health Services (Mental Health & Chemical Dependency)
• Blue Cross and Blue Shield of Texas (BCBSTX) **TRS** participant's ID cards will display the **TRS logo** and the and network ID of **BCA. Their prefixes are:** ○ **TRS- ActiveCare HD** and **TRS- ActiveCare**: **T2S** ○ **TRS-Care Standard: T3X** • To receive Network benefits, **TRS-ActiveCare HD, TRS-ActiveCare 2 and TRS-Care Standard** participants must receive medical care from in-network Blue Choice PPO℠ health care providers. No primary care providers or referrals are required. • To receive in-network benefits, referrals to out-of-network health care providers must be authorized by the Medical Management Dept. • Blue Choice PPO health care providers may only bill patients for copayments, cost share (coinsurance) and deductibles, where applicable. • **TRS-ActiveCare and TRS-Care Standard** members may have a health savings account (HSA) to pay for medical care.	• Obtain eligibility and benefits through Availity® ☑ or your preferred vendor or call BCBSTX **TRS-ActiveCare HD, TRS-ActiveCare 2 and TRS-Care Standard** Provider Customer Service at: **1-800-451-0287** • **Verification does not apply to TRS participants.** **All claims should be submitted electronically.** BCBSTX Electronic Payor ID: **84980** • If the health care provider must file a paper claim, mail claim to: BCBSTX P.O. Box 660044 Dallas, TX 75266-0044 • Claims must be submitted within **365** days of the date of service. Claims that are not submitted within **365** days from the date of service are not eligible for reimbursement. Health care providers must submit a complete claim for any services provided to a T**RS-ActiveCare HD, TRS-ActiveCare 2 and TRS-Care Standard p**articipant. Blue Choice PPO health care providers may not seek payment from the participant for claims submitted after the **365** day filing deadline. *Interactive Voice Response (IVR) system. To access, you must have full participant's information, i.e. participant's ID, patient date of birth, etc.)*	• Claim Reviews/ Correspondence should be sent to: BCBSTX P.O. Box 660044 Dallas, TX 75266-0044 • The Claim Review form with instructions is located on the BCBSTX website: bcbstx.com/provider	• Health care providers should verify through Availity or their preferred vendor if prior authorization or referrals are required for select outpatient or inpatient services and determine if they are managed by BCBSTX Medical Management or AIM Specialty Health® (AIM). • Refer to Utilization Management page on the provider website for additional information. • **Submit requests managed by BCBSTX Medical Management:** **(1)** Online using Authorizations & Referrals Tool on Availity. ✓ Log in to Availity.com ☑ ✓ Select **Patient Registration** menu option, choose **Authorizations & Referrals**, then **Authorizations*** ✓ Select **Inpatient Authorization or Outpatient Authorization** ✓ Review and submit your authorization ✓ For more information, refer to **Availity Authorizations & Referrals** under **Provider Tools** on the provider website. *Choose **Referrals** instead of Authorizations if you are submitting a referral request. **(2)** By Phone: **1-855-896-2701** • **Submit requests managed by AIM:** (1) Online at www.aimspecialtyhealth.com ☑ (2) Phone **1-800-859-5299** • Current listings of health care providers and their NPI numbers are available online through Provider Finder ☑. • For case management or to contact the BCBSTX Medical Care Management Dept., call **1-800-441-9188**.	**Laboratory Services** • Providers should refer outpatient lab services to in-network participating Blue Choice PPO lab providers. • To locate participating labs in the **Blue Choice PPO** network, visit the Provider Finder ☑.	• Prior authorization must be obtained **prior** to the delivery of care including all inpatient, partial hospitalization and outpatient behavioral health services. • To obtain prior authorization, check benefits, eligibility, claims status/ problems or to check benefits call: **1-800-528-7264** • The patient, PCP or behavioral health professional must prior authorize all inpatient, partial hospitalization and outpatient behavioral health services. • The health care provider is responsible for filing claims. ○ Electronically using BCBSTX Electronic Payor ID: 84980 ○ Mail paper claims to: **BCBSTX** P.O. Box 660044 Dallas, TX 75266-0044 ***Note:*** Claim Status may be obtained through the Availity® Claim Status tool or your preferred vendor.

This guide is intended to be used for quick reference and may not contain all of the necessary information. For detailed information, refer to the Blue Choice PPO Provider Manual online at bcbstx.com/provider**.**

Claims Submission:
- All claims should be submitted electronically. The Electronic Payor ID for BCBSTX is **84980**.
  - For support relating to claims that are being sent to the Availity platform, submitters should contact Availity Client Services at **800-AVAILITY (282-4546)**.
  - For support relating to claims and/or other transactions available on the Availity portal or other Availity platforms, submitters should contact Availity Client Services at **800-AVAILITY**
  - **(282-4546)**. For information on electronic filing, access the Availity website at availity.com ⬀.
- Paper claims must be submitted on the Standard CMS-1500 (08/05) or UB-04 claim form.
- All claims must be filed with the insured's complete unique ID number including any letter or 3-digit alpha prefix.
- Duplicate claims may not be submitted prior to the applicable 30-day (electronic) or 45-day (paper) claims payment period.
- If services are rendered directly by the physician & other professional provider, the services may be billed by the physician & other professional provider.   However, if the physician & other professional provider does not directly perform the service and the service is rendered by another provider, only the rendering provider can bill for those services. **Note**: This does not apply to services provided by an employee of a physician & other professional provider, e.g., Physician Assistant, Surgical Assistant, Advanced Practice Nurse, Clinical Nurse Specialist, Certified Nurse Midwife and Registered Nurse First Assistant, who is under the direct supervision of the billing physician & other professional provider.

ParPlan is a Blue Cross and Blue Shield of Texas (BCBSTX) payment plan under which health care professionals agree to:
- File all claims electronically for BCBSTX patients;
- Accept the BCBSTX allowable amount;
- Bill participants only for deductibles, cost-share (coinsurance) and medically necessary services which are limited or not covered; either at the time of service or after BCBSTX has reimbursed the
- provider; Not bill BCBSTX for experimental, investigative or otherwise unproven or excluded services; and
- Not bill either BCBSTX or members for covered services which are not medically necessary.

For all plans, BCBSTX encourages the provider's office to:
- Ask for the participant's ID card at the time of a visit;
- Copy both sides of the participant ID card and keep the copy with the patient's file;
- Check eligibility & benefits, request for verification or inquire on claims status and/or claim problems, contact Availity or your preferred electronic connectivity vendor or call the toll-free Provider Customer Service number indicated on the participant's ID card.
- Utilize Availity Authorization and Referrals at www.availity.com ⬀ to obtain approval of benefits for select outpatient services and inpatient admissions, maternity notifications, or for notification within 48 hours of an emergency hospital admission managed by BCBSTX. Use AIM Specialty Health ⬀ portal for outpatient services requiring approval by AIM. For case management, call the Medical Care Management Department at **1-800-441-9188**

Provider Record ID & Network Effective Dates:
- A minimum of 30 days advance notice is required when making changes affecting the provider's BCBSTX status, especially in the following areas:
  (1) Physical address (primary, secondary, tertiary); (2) Billing address; (3) NPI & Provider Record ID changes; (4) Moving from Group to Solo practice; (5) Moving from Solo to Group practice;
  (6) Moving from Group to Group practice; and (7) Backup/covering providers.
- *New* Provider Record ID effective dates will be established as of the date the completed application is received in the BCBSTX corporate office. This applies to all additions, changes and cancellations.
- BCBSTX will not add, change or cancel information related to the Provider Record ID on a retroactive basis.
- Retroactive Provider Record ID effective dates will not be issued.
- Retroactive network participation will not be issued.
- Delays in status change notifications will result in reduced benefits or non-payment of claims filed under the new Provider Record ID.
- If the provider files claims electronically and their Provider Record ID changes, the provider must contact Availity at **1-800-AVAILITY (282-4546)** to obtain a new EDI Agreement.
- Submit a **Provider Onboarding** form to obtain a Provider Record ID. Please visit the network participation tab on our website for more information.

BlueCard (Out-of-State Claims):
- To check benefits or eligibility, call **800-676-BLUE (2583)***;
- File all claims that include a 3-digit alpha prefix on the subscriber/member ID card to BCBSTX (*Note: The subscriber's/member's unique ID number may contain alpha characters which may or may not directly follow the 3-digit alpha prefix)*;
- File all other claims directly to the Home Plan's address as it appears on the back of the subscriber/member ID card;
- For status of claims filed to BCBSTX, contact your electronic connectivity vendor, i.e. Availity, RealMed, eCare/NDAS or other electronic connectivity vendor or call the toll-free Provider Customer Service number indicated on the subscriber's/member's ID card or as listed on the previous pages for the appropriate plan type.

*Interactive Voice Response (IVR) system. To access, you must have full participant's information, i.e., participant's ID, patient date of birth, etc.

⬀ *By clicking this link, you will go to a new website/app ("site"). This new site may be offered by a vendor or an independent third party. The site may also contain non-Medicare related information. In addition, some sites may require you to agree to their terms of use and privacy policy.*

Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to Blue Cross and Blue Shield of Texas.

AIM Specialty Health is an independent medical benefits management company that provides utilization management services for Blue Cross and Blue Shield of Texas (BCBSTX).