

State Health Plan New Provider Reimbursement Effort Provider Frequently Asked Questions

1. I do not have a contract with the State Health Plan (Plan) and the Plan has never reimbursed me. How does this apply to me?

Blue Cross NC is the Plan's third party administrator (TPA) for claims and related services. One of the services provided by Blue Cross NC is a provider network. Currently, the Plan utilizes the Blue Cross NC Blue Options network. It's also important to note that the Plan is a self-funded health plan, which means the Plan, not the TPA, funds claims reimbursements.

At the Plan's request, Blue Cross NC is developing a Plan-specific network. This network, the NC State Health Plan network, will be contracted by Blue Cross NC for the State Health Plan. Therefore, the contract will continue to be with Blue Cross NC, but specific to Plan members only.

2. I need to know what my reimbursement rates will be before I can complete the Participation Interest Form. What will my specific rates be?

To learn more about your specific rates, please complete the participation interest form by indicating you want to learn more. The next step in the process will be to provide you more information about your specific rates. It is important to note that numbers included in the letter were based on average reimbursement rates. Overall, the network will use a reimbursement rate indexed to publicly available Medicare rates.

The interest form does not commit you to joining this Plan-specific network.

3. What will my rate be if I choose not to participate in the Plan-specific network?

If you do not agree to participate in the Plan's new network, you will be considered non-network and your reimbursements will be based on non-network member cost shares and on non-network fee schedules. Like the new network fee schedules, the non-network fees schedule will be based on Medicare reimbursement rates, but at a much lower percentage. As a reminder, non-network reimbursements are sent to the member, not the provider.

4. Are all the proposed reimbursement rates for the Plan's network less than the current reimbursement rates?

No, some providers will see an increase in reimbursement rates. For more information on your specific rates, indicate that you are interested in learning more information and you will be contacted in the coming months with more information.

5. Can you provide CPT code specific rate information?

We will not be providing CPT level reimbursement information at this time. The Medicare reimbursement rates referenced in the letter are based on aggregated results. We will, however, be able to provide more information about your specific reimbursement rates during the next phase of contracting, which will take place over the next six to nine months.

6. What happens if I don't respond or respond and say that I am not interested?

If you do not respond or you indicate you have no interest in learning more, you may remain in Blue Cross NC's Blue Options network, but effective January 1, 2020, you will be considered non-network for all Plan members and will be reimbursed at the non-network cost-share and reimbursement rate. Any Blue Cross NC non-network payment rules will also apply. And as stated earlier, non-network reimbursements are sent to the member, not the provider.

7. What happens next? Will there be a period to either opt in or opt out of the network once we know the actual final reimbursement schedule?

If you indicate you are interested in learning more about participating in the Plan's network, you will receive additional information about your specific rates from Blue Cross NC. The next wave of information will be communicated over the next several months. As this will be either a new contract or an amendment to your current provider contract with Blue Cross NC, you will have the option to opt in or out.

8. I have been hearing some mention for months that providers will be required to have a specific EHR to remain in-network with the State Health Plan into 2019. Is this true?

There is no requirement to have a specific type of EHR to remain in-network with the Plan.

9. We are a dental provider and, per the letter and the information on your website, we do not believe that this letter applies to our practice. Does it?

Any dental services paid under the medical benefits are impacted; therefore, any dental providers that participate in Blue Cross NC's Blue Options network are impacted. If you choose not to join the Plan's network, you will be considered non-network as of January 1, 2020. Non-network reimbursements are sent to the member.

10. How do I know if I fall into the Outpatient or Professional provider category?

If you bill services on a CMS-1500 form, these are considered Professional services. If you are billing on a UB-04 or a CMS-1450 form, these are considered outpatient services.

11. Can you explain how this new reimbursement for Blue Options PPO Network affects pharmacies?

This reimbursement strategy is for medical services only. Any changes to the pharmacy reimbursement strategy will be handled separately.

12. As we understand it, the change will affect claims beginning January 2020. Is that correct?

That is correct.

13. Will the reimbursement for January 2020 be using 2019 Medicare rates or 2020 Medicare rates and do you know what they will be at that time? Are Medicare rates projected to go up or down?

Initially the reimbursement rates will be updated on an annual basis using the rates provided by CMS in October. Therefore, the 2020 rates will be based on the Medicare reimbursement rates established in October 2019. Generally, there are both increases and decreases in the Medicare reimbursement rates.

14. Does this agreement supersede our current and/or future contracts with Blue Cross NC?

At the Plan's request, Blue Cross NC is developing a Plan-specific network. This network, the NC State Health Plan network, will be contracted by Blue Cross NC for the State Health Plan. Therefore, the contract will continue to be with Blue Cross NC, but specific to Plan members only. The Plan specific contract should not impact your other contracts with Blue Cross NC.

15. If we agree to the transition can we opt out of the agreement in the future?

If you initially agree to join the NC State Health Plan network, you will be able to opt out at a future date. If you opt out, you will become a non-network provider for State Health Plan members.

16. We are not able to bill Medicare. How does this affect us? How are Blue Cross NC rates going to change? Will we receive less per session?

You do not have to be a Medicare provider to participate in the Plan's network. You will continue to submit claims to Blue Cross NC as you do today. It is the reimbursement that is changing, not the claims submission process. Your reimbursement rates will be indexed to the Medicare reimbursement rates. This reimbursement methodology will result in higher reimbursement rates for some services and lower rates for others. You will find out more about your specific reimbursement rate if you indicate that you are willing to learn more about the Plan's new network. As noted above, Blue Cross NC and the Plan will be following up with interested providers over the next six to nine months.

17. Does this have anything to do with Medicare participation? We are not a Medicare provider and we do not want to be. Will this affect anything if we are to opt in to this new State Health Plan network?

You do not have to participate in Medicare to participate in the Plan's new network. The Plan, which is a government payer, is using Medicare's rates, which are government payer rates, as a reference to build new State Health Plan reimbursement rates.

18. Will these new reimbursement rates apply to active employees and retired?

These reimbursement rates will apply to any Plan Members on a plan administered by Blue Cross NC. This will include both active and retired employees and their dependents who participate in plans administered by Blue Cross NC.

19. What if the services that I provide are not covered by Medicare?

For services that are not priced/covered by Medicare, we will be utilizing a reimbursement methodology that (e.g. average contracted rates) that appropriately reimburse these important services.

20. Will the new rates reduce payment for covered services that are currently covered under the Blue Cross NC Blue Options network and not under Medicare guidelines?

This reimbursement methodology will result in higher reimbursement rates for some services and lower rates for others. You will find out more about your specific reimbursement rate if you indicate that you are willing to learn more about the Plan's new network. As noted above, Blue Cross NC and the Plan will be following up with interested providers over the next six to nine months.

21. The letter was sent to an old address. How do I get this information updated?

Providers will need to reach out to Blue Cross NC to have this information updated. For more information visit the following website: <https://www.bluecrossnc.com/provider-home> and click *Update Contact and Demographic Info*.