# Continuity of Care

UT CARE™ Medicare PPO plan provides member access to medically necessary covered services and coordination of care during transition to this plan in accordance with Medicare Managed Care guidelines.

Members may be identified for Transition of Care as follows:

- Reporting that identifies members in active care management programs with a Health Advocate at time of transition.
- Open authorizations report that is active and extends past Jan. 1, 2023, or the retiree's UT CARE plan effective date.
- Claims reports that identify members with ongoing care throughout the 180-day continuity of care period.

The Blue Cross and Blue Shield of Texas (BCBSTX) Health Care Management (HCM) team facilitates coordination of care with the members to ensure appropriate providers either continue to provide services or assume care. Our goal is to transition these members seamlessly to our plan without any gaps in coverage or care. This includes members who are currently in treatment, have procedures scheduled or are engaged with a case manager. We recognize the importance for members to remain with their current doctors.

We will use an approval process and establish a committee for appeal resolution that will bring in information from all sources. It will include review and coordination by the HCM team that manages clinical authorizations. They will collaborate with the customer service team to review claims and make sure coverage is appropriate for members who meet the Transition and Continuity of Care guidelines outlined above.

For members new to UT CARE, we are committed to:

- Supporting members undergoing care for sensitive conditions such as cancer, congestive heart failure and organ transplant with providers who accept Medicare and are willing to file the claim with the plan..
- Creating a support program as the member receives care. This may include working with their provider to accept the UT CARE plan in the future.
- Identifying members experiencing specific clinical episodes (e.g. cancer, transplants, etc.) for our coordination of care program.
- Working collaboratively with members who are engaged with their current health plan's case or disease management.

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- Communicating with members to reduce anxiety and concern, reassuring them that a change in their plan does not have to mean a change in their care.

HCM informs the member of available alternatives for care when coverage of a service ends due to exhaustion of benefit and the member still needs care.

## Coverage/Claims

- There will be a 180-day continuity of care period in which current care will be paid without a prior authorization being required if the service is a Medicare-covered benefit. This applies to both BCBSTX contracted and non-contracted providers who accept Medicare assignment.
    - For ongoing care that does not require a prior authorization, we will ensure the continuity of care by manually creating an authorization and/or manually adjudicating claims, which will allow the services to flow through our system.
- UT CARE™ is a PPO and members may see any provider that accepts them as a patient, accepts Medicare-assignment and will submit claims to the plan. Non-contracted providers are not required to adhere to our prior authorization requirements. However, the member and/or provider may elect to request a medical necessity determination in advance as services should meet medical necessity criteria to be covered.

Please visit **www.bcbstx.com/retiree-medicare-ut** for more information about UT CARE™ Medicare PPO. If you have questions about your UT CARE benefits, contact customer service at **1-877-842-7562** TTY **711**, anytime, 24 hours a day, seven days a week except Thanksgiving and Christmas Day. UT CARE™ Medicare PPO is an open access Medicare Advantage PPO plan. On occasion, you may receive automated communications that reference plan name 'Blue Cross Group Medicare Advantage Open Access (PPO)℠.' This plan name also refers to UT CARE Medicare PPO.

PPO plans provided by Blue Cross and Blue Shield of Texas, which refers to HCSC Insurance Services Company (HISC) and GHS Insurance Company (GHSIC). PPO employer/union group plans provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). HCSC, HISC, and GHSIC are Independent Licensees of the Blue Cross and Blue Shield Association. HCSC, HISC, and GHSIC are Medicare Advantage organizations with a Medicare contract. Enrollment in these plans depends on contract renewal.