

# BLUE CROSS AND BLUE SHIELD OF MINNESOTA

## 2014 PLATINUM BLUE <sup>SM</sup> (COST)



For the health of all.

# COURSE OBJECTIVES

At the end of this course, you should be able to:

- Explain the key features of Platinum Blue
- Describe the basic benefits of Platinum Blue
- Describe reasons a beneficiary might consider Platinum Blue
- Explain the eligibility requirements and enrollment process
- Understand the provider network



# PLATINUM BLUE PLAN DESCRIPTION

- Platinum Blue is a Medicare Cost plan with an annual contract with the Centers of Medicare & Medicaid Services (CMS)
- Frequently described as a “hybrid” between a Medicare Advantage and a Medigap plan



# PLATINUM BLUE PLAN DESCRIPTION

## Similar to Medicare Advantage plans:

- Most in-network Medicare Part B claims are submitted directly to the plan by providers; Platinum Blue is the *primary* payer
- Benefits and premiums may change on an annual basis
- Members must remain residents of the service area to remain enrolled in the plan
- There is no health history requirement, but CMS may limit enrollment of Medicare beneficiaries with certain illnesses or in certain circumstances (i.e. kidney failure)



# PLATINUM BLUE PLAN DESCRIPTION

## Similar to a Medigap plan:

- Members retain access to their Original Medicare benefits and will receive benefits under Original Medicare only when using out-of-network providers
- Platinum Blue is the *secondary* payer on Medicare Part A claims, select Part B claims and any non-emergency out-of-network claims



# ELIGIBILITY AND BENEFITS



# ELIGIBILITY FOR PLATINUM BLUE

- Beneficiaries must:
  - Have Medicare Parts A and B or Medicare Part B only
  - Continue to pay the Part B premium
  - Be a permanent resident of Minnesota
- Beneficiaries with end-stage renal disease (ESRD) may not be eligible to enroll unless:
  - He or she has had a successful kidney transplant
  - He or she is moving from a different plan offered by the same carrier



# PLATINUM BLUE PLAN OPTIONS

**Platinum Blue Core**

**Platinum Blue Choice**

**Platinum Blue Complete**





# PLATINUM BLUE

## 2014 MONTHLY PREMIUMS

	Core Plan	Choice Plan	Complete Plan
Monthly Premium	\$29	\$74	\$109
Deductible	\$0	\$0	\$0

- Platinum Blue does not include Medicare Part D prescription drug coverage
- Beneficiaries may purchase MedicareBlue<sup>SM</sup> Rx (PDP) or another stand-alone PDP for an additional premium cost



# NEW FOR 2014

- A new fitness program, Silver&Fit<sup>®</sup> Exercise and Healthy Aging Program, provides older adults with a full fitness facility membership where available and access to an on-site fitness advisor in a broad network of participating locations
  - Fitness classes designed for seniors available at over 10,000 facilities
  - Members may choose home exercise kits
  - Access to web-based health and exercise tracking tools
  - Replaces the current SilverSneakers<sup>®</sup> fitness program

The Silver&Fit<sup>®</sup> program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH), an independent company providing personal health and wellness programs.

SilverSneakers<sup>®</sup> is a registered mark of Healthways, Inc., an independent company that provides fitness benefits.



# PLATINUM BLUE PROVIDER NETWORK

- The Platinum Blue service area includes the entire state of Minnesota and participating providers in the contiguous counties that border Minnesota
- Except in limited circumstances, Platinum Blue members must use network providers in Minnesota to receive in-network benefits
  - Allowable uses of out-of-network providers in Minnesota include emergency medical services and nonpatient-driven care (such as an anesthesiologist)
- Original Medicare deductibles and coinsurance apply for any other out-of-network services within the service area



# PLATINUM BLUE BENEFITS

- Benefits shown in the following charts are for Medicare-eligible services received from network providers or under the plan's travel benefit
- The following charts are NOT a complete description of the plan
- See the 2014 *Summary of Benefits* for additional information and benefit limits



# PLATINUM BLUE MEDICARE PART A BENEFITS



# PLATINUM BLUE FEATURES: MEDICARE PART A

- Medicare is the primary payer for Medicare Part A services; Platinum Blue is secondary to Medicare
  - Claims are received through an electronic crossover
- No Part A deductible
- Blood covered from first pint



# PLATINUM BLUE BENEFITS: MEDICARE PART A IN NETWORK

	Core member pays	Choice member pays	Complete member pays
<b>Inpatient Hospital Care</b>	<p><b>\$500 copay</b> For each Medicare-covered stay</p> <p>Limit to 90 days per benefit period* plus 60 lifetime reserve days</p>	<p><b>\$100 copay</b> For each Medicare-covered stay</p> <p>No limit of days per benefit period*</p>	<p><b>\$0</b> For each Medicare-covered stay</p> <p>No limit of days per benefit period*</p>
<b>Inpatient Mental Health Care</b>	<p><b>\$500 copay</b> For each Medicare-covered stay</p> <p>Lifetime limit of up to 190 days in a psychiatric hospital</p>	<p><b>\$100 copay</b> For each Medicare-covered stay</p> <p>Lifetime limit of up to 190 days in a psychiatric hospital</p>	<p><b>\$0</b> For each Medicare-covered stay</p> <p>Lifetime limit of up to 190 days in a psychiatric hospital</p>
<b>Medicare Covered Skilled Nursing Facility Care</b>	<p><b>Days 1-20: \$0</b> <b>Days 21-100: \$150.00 per day</b></p> <p>(3-day prior hospital stay required)</p> <p>Limit of up to 100 days per benefit period*</p>	<p><b>Days 1-100: \$0</b></p> <p>(3-day prior hospital stay required)</p> <p>Limit of up to 100 days per benefit period*</p>	<p><b>Days 1-100: \$0</b></p> <p>(3-day prior hospital stay required)</p> <p>Limit of up to 100 days per benefit period*</p>



\*A “benefit period” starts on the date a Medicare beneficiary is admitted to the hospital and ends when there are 60 consecutive days without hospital or skilled nursing care.

# PLATINUM BLUE MEDICARE PART B BENEFITS





# PLATINUM BLUE FEATURES: MEDICARE PART B

- Most Part B claims are processed directly by the plan
  - Network providers submit claims directly to the plan
  - Non-network providers submit claims directly to Medicare



# PLATINUM BLUE BENEFITS: MEDICARE PART B IN NETWORK

	Core member pays	Choice member pays	Complete member pays
<b>Doctor Office and Specialty Visits</b>	20% coinsurance	\$15 copay	\$0
<b>Urgently Needed Care</b> (not emergency care)	\$25 copay Medicare covered visits	\$25 copay Medicare covered visits	\$0 Medicare covered visits
<b>Emergency Care</b>	\$50 copay Worldwide coverage	\$50 copay Worldwide coverage	\$0 Worldwide coverage
<b>Physical Exams</b>	\$0 For Medicare-covered initial preventive physical exam and annual wellness visit*  \$0 for non-Medicare covered routine exam	\$0 For Medicare-covered initial preventive physical exam and annual wellness visit*  \$0 for non-Medicare covered routine exam	\$0 For Medicare-covered initial preventive physical exam and annual wellness visit*  \$0 for non-Medicare covered routine exam
<b>Annual Out-of-Pocket Maximum</b>	\$5,000	\$3,000	\$3,000



\*Initial preventive physical exam is available during the first 12 months of enrollment in Part B. Annual wellness visits are available once per year after the first 12 months of enrollment in Part B.

# PLATINUM BLUE BENEFITS: MEDICARE PART B IN NETWORK

	Core member pays	Choice member pays	Complete member pays
Durable medical equipment/prosthetics; diabetic supplies	20% coinsurance Medicare covered items	20% coinsurance Medicare covered items	\$0 Medicare covered items
Immunizations (Flu, pneumonia and hepatitis B)	\$0	\$0	\$0
Diagnostic Tests, X- Rays, Labs	\$0 For Medicare-covered lab services  0-20% coinsurance For Medicare-covered diagnostic procedures and tests  20% coinsurance For Medicare-covered X- rays, diagnostic and therapeutic radiology services	\$0 for Medicare-covered lab services, diagnostic procedures and tests, X- rays, diagnostic and therapeutic radiology services	\$0 for Medicare-covered lab services, diagnostic procedures and tests, X- rays, diagnostic and therapeutic radiology services



# PRODUCT SUITABILITY



# WHY PLATINUM BLUE?

- **Cost-sharing options**

- Choice of three different cost-sharing levels, with premiums that are generally less than those for Medigap plans offering similar coverage
  - May be an affordable option for beneficiaries of Veterans Administration (VA) benefits who want additional coverage outside a VA facility

- **Protection of an out-of-pocket maximum**

- Core - \$5,000 in network
- Choice and Complete - \$3,000 in network
- Out-of-pocket maximums include all plan-covered services, including those received under the travel benefit



# WHY PLATINUM BLUE?

- **Flexible travel benefit**

- Members can travel outside the service area throughout the United States for up to nine months and receive full plan benefits from any provider that accepts Medicare

- **Worldwide coverage for emergency medical care**

- **Easy access to providers**

- Members can see any provider in the Platinum Blue network with no referrals



# WHY PLATINUM BLUE?

- **Provides healthy lifestyle support**
  - Stop-Smoking Support program
  - Eyewear and hearing aid benefits (Choice and Complete options)
    - Can be used in combination with discount offers
  - 24-hour access to Nurse Advice Line
- **Includes the Silver&Fit<sup>®</sup> Fitness Program**
  - Access to exercise equipment, fitness tools and classes at participating facilities as available or home exercise kits with fitness support
- **Enrollment opportunities outside of AEP**
  - May enroll at any time of the year as long as eligibility requirements are met and there are no lock-in restrictions in effect for the beneficiary (that is, beneficiary is currently enrolled in a Medicare Advantage plan)



# PLATINUM BLUE ENROLLMENT PROCESS





# DETERMINING THE “APPLICATION DATE”

- CMS considers sales representatives to be an extension of the plan, therefore receipt of an enrollment form by a sales representative is considered receipt by the plan
- Receipt by the plan is considered to be:
  - the date the sales representative signs and dates the enrollment form;
  - the earlier of the date stamp and/or signature date of the sales representative or the agency; or
  - Blue Cross’ mailroom receipt date if there is no sales representative signature on the enrollment form



# ENROLLMENT OPTIONS

- **Online enrollment** via Blue Edge with client present during the enrollment submission
- **Paper to online enrollment**
  - Beneficiary grants sales representative permission for online submission (without beneficiary present) via checkbox on paper enrollment form
  - Original enrollment form and submission confirmation must be kept on file and made available upon Blue Cross request
- **Fax** completed enrollment form to **(651) 662-6315**
- **Overnight mail**
  - Blue Cross and Blue Shield of Minnesota  
PO Box 64024  
St. Paul, MN 55164-0024



# TIMELY SUBMISSION OF ENROLLMENT FORMS

- **Submit enrollment form immediately to the plan**
  - Blue Cross requires sales representatives to submit enrollment forms within 2 calendar days
  - CMS monitors the plan to ensure enrollments are submitted in a timely manner
  - Untimely enrollment submission by a sales representative will result in a compliance violation and no commission will be paid



# EFFECTIVE DATE DETERMINATION

- **Individuals new to Medicare**

- May enroll up to 90 days prior to their Medicare Part B effective date
- Platinum Blue coverage will coincide with their Medicare effective date
  - For example, a beneficiary eligible for Medicare on April 1, may submit an enrollment form in January, February, or March for an April 1 effective date



# EFFECTIVE DATE DETERMINATION

- **Current Medicare beneficiaries**
  - The effective date will be the first of the month following the receipt of the enrollment form
    - For example, a member leaving an employer group plan desiring an August 1<sup>st</sup> effective date would need to submit his/her enrollment form in July
  - Enrollments received during the Annual Enrollment Period (AEP) will receive an effective date of January 1, 2014



# WHAT HAPPENS WHEN BLUE CROSS RECEIVES A PLATINUM BLUE ENROLLMENT FORM?

1. The plan reviews the enrollment form to ensure that all required data is included and submits the request to CMS for approval
2. OEV call(s) are made to the beneficiary within 15 calendar days of the enrollment receipt date to verify the beneficiary understands the plan rules
  - Three call attempts are made, and if no contact after second call attempt a letter is sent
  - Sales representative should advise beneficiary of the process and explain that it is a CMS requirement
3. Once the plan has submitted the enrollment form to CMS, an acknowledgment letter, ID cards and member materials are generated and mailed
4. A confirmation letter is sent to the applicant informing them of final CMS acceptance or denial
  - CMS typically notifies the plan of enrollee eligibility within 14 days
  - Agency managers will receive reports of CMS accepted enrollments



# WHAT HAPPENS WHEN BLUE CROSS RECEIVES A PLATINUM BLUE ENROLLMENT FORM?

- **Other enrollment considerations**

- A CMS decision for an enrollment received in the later part of a month may not be completed until the beginning of the following month
  - If approved the requested effective date will be honored, however ID cards and other member mailings may be delayed



# INCOMPLETE ENROLLMENT FORMS

Common errors that will delay processing and may impact the effective date include:

1. Not using applicant's legal name as identified by the Social Security Administration
2. Missing or incorrect date of birth
3. Missing, incorrect, or incomplete Medicare HIC number
4. No plan option selected
5. Incomplete or missing information in Section C
6. Missing beneficiary signature (or signature of authorized legal representative)





# INCOMPLETE ENROLLMENT FORMS

- The sales representative and/or beneficiary will be contacted by phone to obtain missing information
- If the plan is unable to obtain missing information via phone, a letter is sent to the beneficiary requesting the necessary information
  - Beneficiaries should be encouraged to respond to enrollment inquiries in a timely manner
  - Enrollment may be denied if missing information is not received by the date required



# OTHER COVERAGE CONSIDERATIONS

- Platinum Blue enrollment will result in automatic disenrollment from a current MA, MA-PD, or other Medicare Cost plan
  - Beneficiaries will also need to enroll in a stand-alone Medicare Part D plan
- Platinum Blue enrollment will not result in automatic disenrollment from a non-Medicare contracted health plan
  - For example, employer/union group coverage, individual or Medicare supplement coverage
  - Beneficiaries must contact their current health plan to learn how to disenroll from existing coverage
    - **Exception:** Blue Cross and Blue Shield of Minnesota will terminate an existing member's Medicare Supplement plan as of the effective date of their Platinum Blue coverage



# ENROLLMENT FORM RETENTION POLICY

- CMS and the Minnesota Department of Commerce regulate Platinum Blue, and require that you keep the following materials for the current year plus 10 years (11 years total):
  - Completed suitability form (this form should not be submitted to Blue Cross, but the member and sales representative must keep a copy)
  - Original application
  - Scope of Appointment form
  - Copies of all confirmation sheets (fax, paper-to-online)



# PLATINUM BLUE COURSE SUMMARY



# COURSE SUMMARY

- A Medicare Cost plan is often described as a “hybrid” between a Medigap plan and a Medicare Advantage Plan because it has characteristics of both
- Platinum Blue offers three plan options
  - Core
  - Choice
  - Complete
- Platinum Blue offers members a large provider network
- Platinum Blue has a lower premium than many Medicare plans that offer similar coverage, including many Medigap plans, as well as some Medicare Cost and Medicare Advantage plans



# COURSE SUMMARY

- Platinum Blue plan allows members to enroll in their choice of a stand-alone Medicare Part D plan, including MedicareBlue Rx
- Medicare-eligible beneficiaries must permanently reside in Minnesota to enroll in Platinum Blue
- Beneficiaries with ESRD may not be eligible for coverage, but should not be discouraged from enrolling as CMS will make the final determination
- Approval of enrollment is determined by CMS



# COURSE SUMMARY

- The effective date of benefits will generally be the 1st of the month following the month in which Blue Cross receives a complete Platinum Blue enrollment form
  - Enrollees who are new to Medicare may complete an enrollment form up to 90 days before their Part B effective date
- OEV calls will be made to the beneficiary within 15 calendar days of the application receipt date to verify they understand the plan rules
- Enrollment forms must be submitted timely– sales representatives should **NOT** submit via United States Postal Service (USPS) regular mail





For the health of all.

Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licensees of the Blue Cross and Blue Shield Association.