



**BlueCross BlueShield
of Oklahoma**

MyBlue HMOSM Frequently Asked Questions

On Jan. 1, 2023, Blue Cross and Blue Shield of Oklahoma (BCBSOK) created a new network called MyBlue HMOSM.

What are some requirements of the MyBlue HMO Member Health Plan?

- MyBlue HMO Members must choose a Primary Care Provider (PCP)* who is participating in the MyBlue HMO network.
- The MyBlue HMO PCP must submit referrals for specialists, hospitals and other providers to BCBSOK.
 - Behavioral health providers do not require a referral from the MyBlue HMO PCP for outpatient services.
- MyBlue HMO Members do not have coverage for services provided by out-of-network providers except for true emergencies.

*The PCP can be a family practitioner, pediatrician, internist, or physician assistant or advanced practice nurse in one of those areas of practice.

The MyBlue HMO PCP can be an independent provider or one from the following provider groups:

Counties	Provider Groups
Cleveland, Lincoln, Logan and Oklahoma	<ul style="list-style-type: none"> • Mercy Clinic Oklahoma Communities, Inc.
Creek, Okmulgee, Osage, Pawnee, Rogers and Tulsa	<ul style="list-style-type: none"> • Utica Park Clinic • UPC Primary Care Hillcrest Hospital Claremore; UPC Hillcrest Hospital Henryetta • UPC Hillcrest Hospital Pryor

The following hospitals can be used with a referral from MyBlue HMO Member’s PCP through BCBSOK in addition to the MyBlue HMO Member’s specialist:

Counties	Hospitals
Cleveland, Lincoln, Logan, and Oklahoma	<ul style="list-style-type: none"> • Mercy Hospital Logan County • Mercy Hospital Oklahoma City • Mercy Hospital Oklahoma City South • Oklahoma Heart Hospital • Oklahoma Heart Hospital South

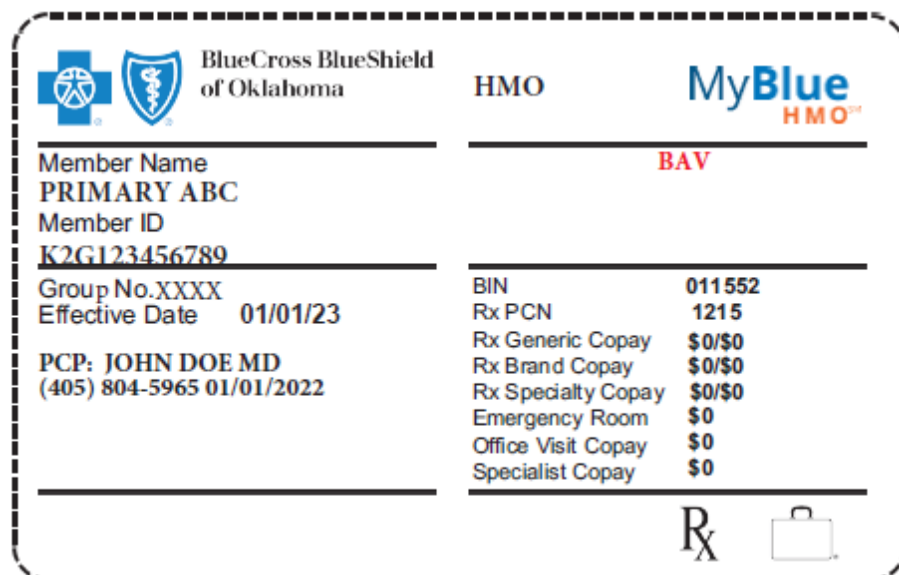
Creek, Okmulgee, Osage, Pawnee, Rogers and Tulsa	<ul style="list-style-type: none"> • Bailey Medical Center • Hillcrest Hospital Claremore • Hillcrest Hospital Henryetta • Hillcrest Hospital South • Hillcrest Medical Center • Tulsa Spine and Specialty Hospital
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How can I identify MyBlue HMO Members?


MyBlue HMO Members are identified by the following on their BCBSOK ID card:

- MyBlue HMO is displayed on the Member ID card or Dependent ID card.
- MyBlue HMO Members have a unique network ID: BAV.
- The MyBlue HMO Member's assigned PCP is displayed on the Member ID card.
- The 3-character prefix is: K2G.

Front of card



Back of card




BlueCross BlueShield
of Oklahoma

Member Portal: www.bcbsok.com/member
Member Customer Service: 1-800-581-0407
24/7 Nurseline: 1-866-520-2507

Call for preauthorization prior to services, including, but not limited to, admissions, home health care, and specified outpatient services. Refer to your coverage documents for a full listing. For Non-ER Services, member may have limited or no benefits outside the HMO service area w/out referral and/or preauthorization. Caution: Confirm your provider is in your plan's network. Go to www.bcbsok.com. File MEDICAL CLAIMS with your local BCBS Plan.

Deductible Information
 Individual \$6000/Family \$1,800
 Out of Network: Ind \$1,200/Fam \$3,600

Out of Pocket Maximum Information
 Individual \$2,700/Family \$5,200
 Out of Network: Ind \$5,400/Fam \$10,800




Pharmacy Benefits Manager

How can I identify a MyBlue HMO Member from a BlueLincs HMO Member?

BlueLincs HMO Members are identified by the following on their BCBSOK ID card:

- BlueLincs HMO is displayed on the Member ID card or Dependent ID card.
- BlueLincs HMO Members have a unique network ID: HMO.
- The 3-character prefix is: YUH.

Front of card



Blue Cross and Blue Shield of Oklahoma

SAMPLE

Subscriber Name:
SAMPLE CARD


Identification Number:
XXX123456789

Group Number: 123456
 Plan: XXX
HMO

PCP: RACHEL ANDERSON MD
 405-364-0555 01/01/12

PCP	\$25
Specialist	\$35
Emergency Room	\$100
Deductible	\$300
RX Copay	\$10/30/60
RxBIN: 011552	
RxPCN: 1215	

Network Value



Rx

How can I verify eligibility and benefits for MyBlue HMO Members?

Providers should verify eligibility and benefits prior to every scheduled appointment through Availity® Essentials or your preferred web vendor. Eligibility and benefit quotes include participant confirmation, coverage status and other important information, such as applicable copayment, coinsurance and deductible amounts. When services may not be covered, participants should be notified they may be billed directly.

How can a MyBlue HMO PCP obtain a required referral?

- MyBlue HMO PCPs are required to submit referrals for their MyBlue HMO Members for services the MyBlue HMO PCP is not able to provide. This includes services provided by MyBlue HMO specialists, hospitals, ancillary providers, and other providers. The referral request should be submitted to BCBSOK and the rendering provider or hospital.
- The MyBlue HMO PCP can submit the referral request online using the Availity Authorization & Referrals tool. Refer to the Availity Referrals User Guide to learn about the submission process. Referral requests may also be submitted via fax to 800-220-4045.

If the MyBlue HMO Member's assigned PCP is not available, is a referral required for the MyBlue HMO Member to see another MyBlue HMO PCP?

If the MyBlue HMO PCP is located at the same physical address as the Member's assigned PCP **or** has the same tax ID, then no referral is required.

Do emergency services require a referral?

Yes, the MyBlue HMO PCP is required to obtain a referral within two (2) business days of the emergency department visit or inpatient hospital admission.

What happens if the required referral is not obtained?

Failure to obtain the required referral may result in services being denied.

If you have questions, please contact your Provider Network Representative.

Checking eligibility and/or benefit information and/or obtaining prior authorization is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage, including, but not limited to, exclusions and limitations applicable on the date services were rendered. If you have any questions, call the number on the member's ID card.

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 BCBSOK. BCBSOK makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as AIM or Availity. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.