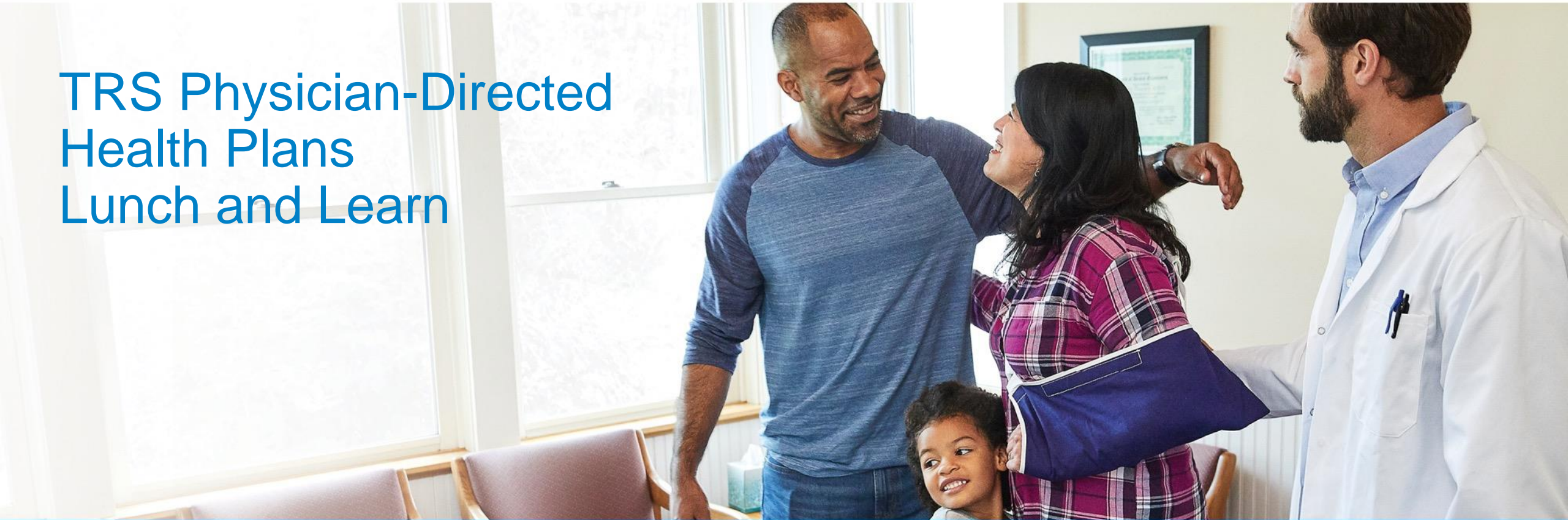


TRS Physician-Directed Health Plans Lunch and Learn



March 2021

Today you'll learn about:



What is a physician-directed plan and why is the terminology important?



Why reframe the term “HMO” for TRS-ActiveCare Primary and TRS-ActiveCare Primary+ participants?



How do we work together to get participants the care they need?



How eliminating confusion over what their health plan is called can help participants get and stay healthy

Background



Health care **benefits can be confusing** to participants, which can lead them to misuse or not take full advantage of their benefits.



46% of all TRS-ActiveCare participants, or **200,583 participants**, are enrolled in the TRS-ActiveCare Primary and TRS-ActiveCare Primary+ plans; both are called physician-directed plans.



TRS participants **know their plans' names**, but **do not know what network** the plans are in.



Calling these HMO plans **physician-directed** more clearly **communicates the intention of the plans**.

What is a physician-directed plan and why is the terminology important?



Physician-directed plans require participants to **develop a relationship with a primary care provider** (PCP) to guide their care.



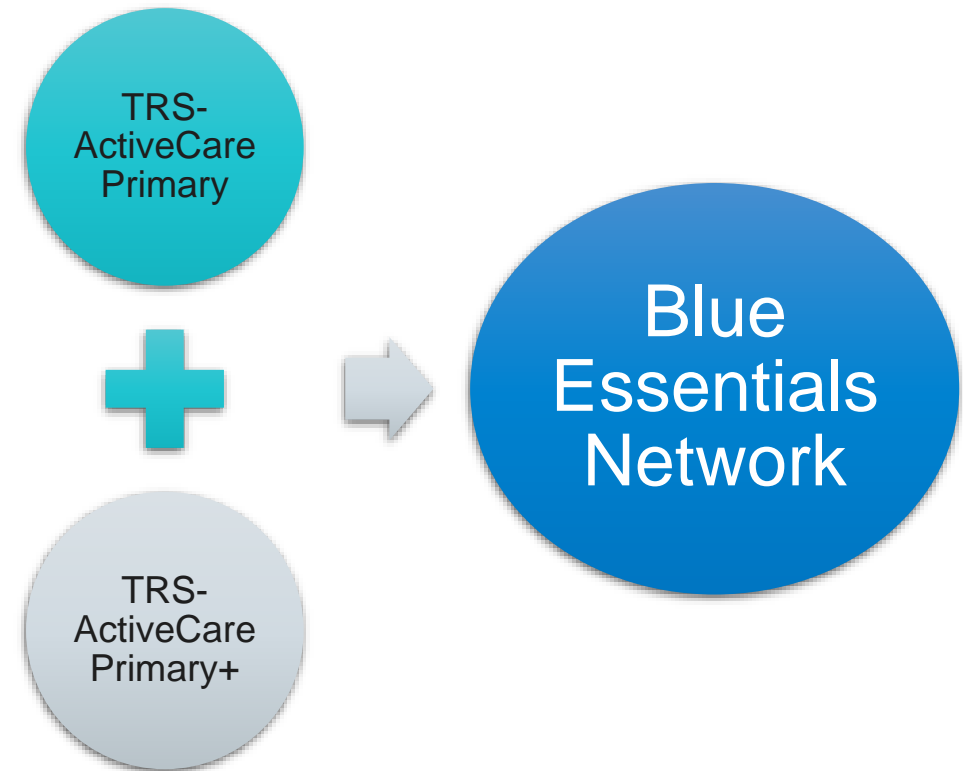
TRS calls the TRS-ActiveCare Primary plans **physician-directed** rather than **HMOs**.



The term **physician-directed** can help participants see the value without **confusing them with traditional HMO plans**.



Physician-directed plans are part of a broad **statewide network**, not a limited network like traditional HMOs.



Why reframe the term “HMO” for TRS-ActiveCare Primary and TRS-ActiveCare Primary+ participants?

- 1** HMOs may have a lingering **negative** connotation.
- 2** Blue Essentials is **different** from other HMOs and the plans warrant a more descriptive name.
- 3** TRS-ActiveCare Primary and TRS-ActiveCare Primary+ plans and the Blue Essentials network **help dispel two important myths about HMOs:**
 - a. Lack of flexibility
 - b. Limited doctors



Why reframe the term “HMO” for TRS-ActiveCare Primary and TRS-ActiveCare Primary+ participants? (CONT.)



TRS **does not use the terminology HMO** when it communicates with participants who are in these plans.



ID cards **don't say HMO or Blue Essentials.**



Participants are required to have a **PCP and referrals to specialists.** Calling the plans physician-directed reinforces this requirement in a more positive framework.

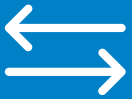


Why reframe the term “HMO” for TRS-ActiveCare Primary and TRS-ActiveCare Primary+ participants? (CONT.)

While these plans are similar to traditional HMO plans, they **have some features traditional HMOs don't** have.



Participants have **comprehensive pharmacy coverage** through a large pharmacy benefits manager.



Participants can make **PCP changes** that are applied retroactively to the first day of the current month.



Participants can **cover out-of-state dependents** by completing an Attestation Form.

How do we work together to get participants the care they need?

Participant-facing messages reinforce physician-directed language throughout our plan materials, including the TRS-ActiveCare website, emails, benefits booklets and plan resource guides.

A streamlined message between insurers and providers instills patient confidence. Knowing they are on the same page reduces participant frustration and confusion, which may lead to increased preventive care visits and overall health plan usage. This is critical to ensure patient care and better health outcomes.

See our physician-directed provider webpage for more details and helpful language you can use when talking to patients.

How eliminating confusion over what their health plan is called can help participants get and stay healthy



Studies show health plan misuse is often due to lack of research or understanding of health coverage. **Education is key.**



Preventive care is way down because of the pandemic. We need to do everything we can to streamline messaging to **encourage participants to use their preventive care benefits.**



If they are already familiar with the term physician-directed, hearing **“HMO” may confuse** them.



Participants may have **chosen their health plan based only on the premium** and don't understand how their health plan actually works.

What you see in Availity

Availity Provider Portal

When you're checking a patient's benefits and eligibility in Availity or another benefit verification system, you'll see the TRS-ActiveCare plan names. You'll also see that these are called HMOs in the *Plan/Product* field. Due to regulations, the plan or product type cannot be altered in the benefit verification system.

When you see TRS-ActiveCare Primary and TRS-ActiveCare Primary+ in the system, remember that participants know their plans as physician-directed. Use the physician-directed term instead of HMO to:

- Avoid confusing patients
- Reinforce the plans' intentions
- Streamline messaging between provider and insurer

Group Number 385001
Plan Sponsor Name TRS-ACTIVECARE PRIMARY + 

Plan / Product Information


Active Coverage

Insurance Type Health Maintenance Organization (HMO)

Plan / Product HEALTH MAINTENANCE ORGANIZATION MEDICAL

Service Types

Health Benefit Plan Coverage

Group Number 385003
Plan Sponsor Name TRS-ACTIVECARE PRIMARY 

Plan / Product Information

Active Coverage

Insurance Type Health Maintenance Organization (HMO)

Plan / Product HEALTH MAINTENANCE ORGANIZATION MEDICAL

Service Types

Health Benefit Plan Coverage



BlueCross BlueShield of Texas

Questions

