

# Blue Cross and Blue Shield of Nebraska

*Important phone numbers  
and resources*

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**SECTION 1 Blue Cross Blue Shield Nebraska Medicare Advantage contacts**

(how to contact us, including how to reach Customer Service)

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**How to contact our plan's Customer Service**

For assistance with claims, billing, or member card questions, please call or write to Blue Cross Blue Shield Nebraska Medicare Advantage Customer Service. We will be happy to help you.

<b>Method</b>	<b>Customer Service – Contact Information</b>
<b>CALL</b>	888-488-9850 Calls to this number are free. Hours are 8:00 a.m. to 9:00 p.m., Central time, seven days a week. Customer Service also has free language interpreter services available for non-English speakers.
<b>TTY</b>	711 Calls to this number are free. Hours are 8:00 a.m. to 9:00 p.m., Central time, seven days a week.
<b>FAX</b>	1-210-568-4364
<b>WRITE</b>	Blue Cross and Blue Shield of Nebraska PO Box 211136 Eagan, MN 55121
<b>WEBSITE</b>	<b>Medicare.NebraskaBlue.com</b>

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### How to contact us when you are asking for a coverage decision or appeal about your medical care

A coverage decision is a decision we make about your benefits and coverage or about the amount we will pay for your medical services or Part D prescription drugs. An appeal is a formal way of asking us to review and change a coverage decision we have made. For more information on asking for coverage decisions or appeals about your medical care or Part D prescription drugs, see Chapter 9 (*What to do if you have a problem or complaint (coverage decisions, appeals, complaints)*).

<b>Method</b>	<b>Coverage Decisions and Appeals for Medical Care – Contact Information</b>
<b>CALL</b>	1-888-488-9850 Calls to this number are free. Hours are 8:00 a.m. to 9:00 p.m., Central time, seven days a week.
<b>TTY</b>	711 Calls to this number are free. Hours are 8:00 a.m. to 9:00 p.m., Central time, seven days a week.
<b>FAX</b>	1-877-482-9749
<b>WRITE</b>	Blue Cross and Blue Shield of Nebraska PO Box 21831 Eagan, MN 55121
<b>WEBSITE</b>	<a href="http://Medicare.NebraskaBlue.com">Medicare.NebraskaBlue.com</a>

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<b>Method</b>	<b>Coverage Decisions and Appeals for Part D Prescription Drugs – Contact Information</b>
<b>CALL</b>	1-855-457-1349 Calls to this number are free. Office hours are 24 hours per day, 7 days per week.
<b>TTY</b>	711 Calls to this number are free. Office hours are 24 hours per day, 7 days per week.
<b>FAX</b>	1-800-693-6703
<b>WRITE</b>	Blue Cross Blue Shield of Nebraska Attn: Clinical Review Department 2900 Ames Crossing Road Eagan, MN 55121
<b>WEBSITE</b>	<a href="http://www.myprime.com">www.myprime.com</a>

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### How to contact us when you are making a complaint about your medical care

You can make a complaint about us or one of our network providers or pharmacies, including a complaint about the quality of your care. This type of complaint does not involve coverage or payment disputes. For more information on making a complaint about your medical care, see Chapter 9 (*What to do if you have a problem or complaint (coverage decisions, appeals, complaints)*).

Method	Complaints about Medical Care – Contact Information
<b>CALL</b>	1-888-488-9850 Calls to this number are free. Hours are 8:00 a.m. to 9:00 p.m., Central time, seven days a week.
<b>TTY</b>	711 Calls to this number are free. Hours are 8:00 a.m. to 9:00 p.m., Central time, seven days a week.
<b>FAX</b>	1-877-482-9749
<b>WRITE</b>	Blue Cross and Blue Shield of Nebraska PO Box 21831 Eagan, MN 55121
<b>MEDICARE WEBSITE</b>	You can submit a complaint about Blue Cross Blue Shield Nebraska Medicare Advantage directly to Medicare. To submit an online complaint to Medicare, go to <a href="http://www.medicare.gov/MedicareComplaintForm/home.aspx">www.medicare.gov/MedicareComplaintForm/home.aspx</a> .

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<b>Method</b>	<b>Complaints about Part D Prescription Drugs – Contact Information</b>
<b>CALL</b>	1-888-488-9850 Calls to this number are free. Hours are 8:00 a.m. to 9:00 p.m., Central time, seven days a week.
<b>TTY</b>	711 Calls to this number are free. Hours are 8:00 a.m. to 9:00 p.m., Central time, seven days a week.
<b>FAX</b>	1-877-898-5921
<b>WRITE</b>	Blue Cross and Blue Shield of Nebraska P.O. Box 21831 Eagan, MN 55121
<b>MEDICARE WEBSITE</b>	You can submit a complaint about Blue Cross Blue Shield Nebraska Medicare Advantage directly to Medicare. To submit an online complaint to Medicare, go to <a href="http://www.medicare.gov/MedicareComplaintForm/home.aspx">www.medicare.gov/MedicareComplaintForm/home.aspx</a> .

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**Where to send a request asking us to pay for our share of the cost for medical care or a drug you have received**

If you have received a bill or paid for services (such as a provider bill) that you think we should pay for, you may need to ask us for reimbursement or to pay the provider bill. See Chapter 7 (*Asking us to pay our share of a bill you have received for covered medical services or drugs*).

Please note: If you send us a payment request and we deny any part of your request, you can appeal our decision. See Chapter 9 (*What to do if you have a problem or complaint (coverage decisions, appeals, complaints)*) for more information.

Method	Payment Requests for Part C Medical – Contact Information
<b>CALL</b>	1-888-488-9850 Calls to this number are free. Hours are 8:00 a.m. to 9:00 p.m., Central time, seven days a week.
<b>TTY</b>	711 Calls to this number are free. Hours are 8:00 a.m. to 9:00 p.m., Central time, seven days a week.
<b>FAX</b>	1-210-568-4364
<b>WRITE</b>	Blue Cross and Blue Shield of Nebraska PO Box 211136 Eagan, MN 55121
<b>WEBSITE</b>	<a href="http://Medicare.NebraskaBlue.com">Medicare.NebraskaBlue.com</a>

Method	Payment Requests for Part D Prescription Drugs – Contact Information
<b>CALL</b>	1-855-457-1349 Calls to this number are free. Hours are 8:00 a.m. to 9:00 p.m., Central time, seven days a week
<b>TTY</b>	711 Calls to this number are free. Hours are 8:00 a.m. to 9:00 p.m., Central time, seven days a week
<b>FAX</b>	1-210-568-4364

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<b>Method</b>	<b>Payment Requests for Part D Prescription Drugs – Contact Information</b>
<b>WRITE</b>	Prime Therapeutics Part D Claims P.O. Box 20970 Lehigh Valley, PA 18002-0970
<b>WEBSITE</b>	<a href="http://www.myprime.com">www.myprime.com</a>

## SECTION 2 Medicare (how to get help and information directly from the Federal Medicare program)

Medicare is the Federal health insurance program for people 65 years of age or older, some people under age 65 with disabilities, and people with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).

The Federal agency in charge of Medicare is the Centers for Medicare & Medicaid Services (sometimes called CMS). This agency contracts with Medicare Advantage organizations including us.

<b>Method</b>	<b>Medicare – Contact Information</b>
<b>CALL</b>	1-800-MEDICARE or 1-800-633-4227 Calls to this number are free. 24 hours a day, 7 days a week.
<b>TTY</b>	1-877-486-2048 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free.
<b>WEBSITE</b>	<a href="http://www.Medicare.gov">www.Medicare.gov</a> This is the official government website for Medicare. It gives you up-to-date information about Medicare and current Medicare issues. It also has information about hospitals, nursing homes, physicians, home health agencies, and dialysis facilities. It includes documents you can print directly from your computer. You can also find Medicare contacts in your state.



Method	Medicare – Contact Information
	<p>The Medicare website also has detailed information about your Medicare eligibility and enrollment options with the following tools:</p> <ul style="list-style-type: none"><li>• <b>Medicare Eligibility Tool:</b> Provides Medicare eligibility status information.</li><li>• <b>Medicare Plan Finder:</b> Provides personalized information about available Medicare prescription drug plans, Medicare health plans, and Medigap (Medicare Supplement Insurance) policies in your area. These tools provide an <i>estimate</i> of what your out-of-pocket costs might be in different Medicare plans.</li></ul> <p>You can also use the website to tell Medicare about any complaints you have about Blue Cross Blue Shield Nebraska Medicare Advantage:</p> <ul style="list-style-type: none"><li>• <b>Tell Medicare about your complaint:</b> You can submit a complaint about Blue Cross Blue Shield Nebraska Medicare Advantage directly to Medicare. To submit a complaint to Medicare, go to <a href="http://www.medicare.gov/MedicareComplaintForm/home.aspx">www.medicare.gov/MedicareComplaintForm/home.aspx</a>. Medicare takes your complaints seriously and will use this information to help improve the quality of the Medicare program.</li></ul> <p>If you don't have a computer, your local library or senior center may be able to help you visit this website using its computer. Or, you can call Medicare and tell them what information you are looking for. They will find the information on the website and review the information with you. You can call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p>

**SECTION 3 State Health Insurance Assistance Program**  
(free help, information, and answers to your questions about Medicare)

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Nebraska, the SHIP is called Nebraska Senior Health Insurance Information Program.

Nebraska Senior Health Insurance Information Program is an independent (not connected with any insurance company or health plan) state program that gets money from the Federal government to give free local health insurance counseling to people with Medicare.

Nebraska Senior Health Insurance Information Program counselors can help you understand your Medicare rights, help you make complaints about your medical care or treatment, and help

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you straighten out problems with your Medicare bills. Nebraska Senior Health Insurance Information Program counselors can also help you with Medicare questions or problems and help you understand your Medicare plan choices and answer questions about switching plans.

### METHOD TO ACCESS SHIP and OTHER RESOURCES:

- Visit [www.shiphelp.org](http://www.shiphelp.org) (Click on SHIP LOCATOR in middle of page)
- Select your **STATE** from the list. This will take you to a page with phone numbers and resources specific to your state.

Method	Nebraska Senior Health Insurance Information Program – Contact Information
<b>CALL</b>	1-800-234-7119
<b>TTY</b>	1-800-833-7352 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.
<b>WRITE</b>	Nebraska Senior Health Insurance Information Program 941 O Street P.O. Box 82089 Lincoln, NE 68508
<b>WEBSITE</b>	<a href="http://doi.nebraska.gov/consumer/senior-health">doi.nebraska.gov/consumer/senior-health</a>

## SECTION 4 Quality Improvement Organization

There is a designated Quality Improvement Organization for serving Medicare beneficiaries in each state. For Nebraska, the Quality Improvement Organization is called Livanta.

Livanta has a group of doctors and other health care professionals who are paid by Medicare to check on and help improve the quality of care for people with Medicare. Livanta is an independent organization. It is not connected with our plan.

You should contact Livanta in any of these situations:

- You have a complaint about the quality of care you have received.
- You think coverage for your hospital stay is ending too soon.
- You think coverage for your home health care, skilled nursing facility care, or Comprehensive Outpatient Rehabilitation Facility (CORF) services are ending too soon.

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Method	Livanta (Nebraska’s Quality Improvement Organization) – Contact Information
<b>CALL</b>	1-888-755-5580 Hours are 9:00 a.m. to 5:00 p.m., Eastern, Central, and Mountain time, Monday through Friday. 11:00 a.m. to 5:00 p.m., Eastern, Central, and Mountain time, Saturday and Sunday.
<b>TTY</b>	1-888-985-9295 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.
<b>FAX</b>	1-833-868-4061
<b>WRITE</b>	Livanta BFCC-QIO Program 10820 Guilford Road, Suite 202 Annapolis Junction, MD 20701
<b>WEBSITE</b>	<a href="http://livantaqio.com">livantaqio.com</a>

### SECTION 5 Social Security

Social Security is responsible for determining eligibility and handling enrollment for Medicare. U.S. citizens and lawful permanent residents who are 65 or older, or who have a disability or End-Stage Renal Disease and meet certain conditions, are eligible for Medicare. If you are already getting Social Security checks, enrollment into Medicare is automatic. If you are not getting Social Security checks, you have to enroll in Medicare. To apply for Medicare, you can call Social Security or visit your local Social Security office.

Social Security is also responsible for determining who has to pay an extra amount for their Part D drug coverage because they have a higher income. If you got a letter from Social Security telling you that you have to pay the extra amount and have questions about the amount or if your income went down because of a life-changing event, you can call Social Security to ask for reconsideration.

If you move or change your mailing address, it is important that you contact Social Security to let them know.

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Method	Social Security – Contact Information
CALL	1-800-772-1213 Calls to this number are free. Available 8:00 am to 7:00 pm, Monday through Friday. You can use Social Security’s automated telephone services to get recorded information and conduct some business 24 hours a day.
TTY	1-800-325-0778 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free. Available 8:00 am to 7:00 pm, Monday through Friday.
WEBSITE	<a href="http://www.ssa.gov">www.ssa.gov</a>

## SECTION 6 Medicaid

Medicaid is a joint Federal and state government program that helps with medical costs for certain people with limited incomes and resources. Some people with Medicare are also eligible for Medicaid. The programs offered through Medicaid help people with Medicare pay their Medicare costs, such as their Medicare premiums. These **Medicare Savings Programs** include:

**Qualified Medicare Beneficiary (QMB):** Helps pay Medicare Part A and Part B premiums, and other cost-sharing (like deductibles, coinsurance, and copayments). (Some people with QMB are also eligible for full Medicaid benefits (QMB+).)

**Specified Low-Income Medicare Beneficiary (SLMB):** Helps pay Part B premiums. (Some people with SLMB are also eligible for full Medicaid benefits (SLMB+).)

**Qualifying Individual (QI):** Helps pay Part B premiums.

**Qualified Disabled & Working Individuals (QDWI):** Helps pay Part A premiums.

To find out more about Medicaid and its programs, contact Nebraska Department of Health and Human Services.

Method	Nebraska Department of Health and Human Services – Contact Information
CALL	1-402-471-3121 <b>Automated System:</b> Hours are: 24 hours per day, 7 days per week. <b>Live Support:</b> Hours are: 8:00 a.m. to 5:00 p.m., Central time, Monday through Friday.

Method	Nebraska Department of Health and Human Services – Contact Information
TTY	711 Hours are: 8:00 a.m. to 5:00 p.m., Central time, Monday through Friday.
WRITE	Nebraska Department of Health & Human Services P.O. Box 95026 Lincoln, Nebraska 68509-5026
WEBSITE	<a href="http://www.dhhs.ne.gov">www.dhhs.ne.gov</a>

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## SECTION 7 Information about programs to help people pay for their prescription drugs

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The Medicare.gov website (<https://www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage/costs-in-the-coverage-gap/5-ways-to-get-help-with-prescription-costs>) provides information on how to lower your prescription drug costs. For people with limited incomes, there are also other programs to assist, described below.

### Medicare’s “Extra Help” Program

Medicare provides “Extra Help” to pay prescription drug costs for people who have limited income and resources. Resources include your savings and stocks, but not your home or car. If you qualify, you get help paying for any Medicare drug plan’s monthly premium, yearly deductible, and prescription copayments. This “Extra Help” also counts toward your out-of-pocket costs.

If you automatically qualify for “Extra Help” Medicare will mail you a letter. You will not have to apply. If you do not automatically qualify you may be able to get “Extra Help” to pay for your prescription drug premiums and costs. To see if you qualify for getting “Extra Help,” call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week;
- The Social Security Office at 1-800-772-1213, between 8 am to 7 pm, Monday through Friday. TTY users should call 1-800-325-0778 (applications); or
- Your State Medicaid Office (applications). (See Section 6 of this chapter for contact information.)

If you believe you have qualified for “Extra Help” and you believe that you are paying an incorrect cost-sharing amount when you get your prescription at a pharmacy, our plan has a

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process for you to either request assistance in obtaining evidence of your proper copayment level, or, if you already have the evidence, to provide this evidence to us.

- Any of the following documents will provide proof that you qualify for Extra Help. The documents can be provided by you or your pharmacist, advocate, representative, family member or other individual acting on your behalf. Please send a copy of any of these documents to:

Blue Cross and Blue Shield of Nebraska  
PO Box 211136  
Eagan, MN 55121

- a. A copy of your Medicaid card, which includes your name and an eligibility date during the discrepant period;
- b. A report of contact, including the date a verification call was made to the State Medicaid Agency and the name, title and telephone number of the state staff person who verified the Medicaid status during the discrepant period;
- c. A copy of a state document that confirms active Medicaid status during the discrepant period;
- d. A printout from the State electronic enrollment file showing Medicaid status during the discrepant period;
- e. A screen print from the State's Medicaid systems showing Medicaid status during the discrepant period;
- f. Other documentation provided by the State showing Medicaid status during the discrepant period;
- g. A remittance from the facility showing Medicaid payment for a full calendar month for you during the discrepant period;
- h. A copy of a state document that confirms Medicaid payment to the facility for a full calendar month on behalf of you;
- i. A screen print from the State's Medicaid system showing that individual's institutional status based on at least a full calendar month stay for Medicaid payment purposes during the discrepant period;

If you cannot provide proof of one of the documents listed above, you will need to contact the plan at 888-488-9850; TTY users can call 711. Hours are 8:00 a.m. to 9:00 p.m., Central time, 7 days a week. You may receive a messaging service on weekends and holidays from April 1 through September 30. Please leave a message and your call will be returned the next business day. The plan will notify CMS on your behalf to assist in obtaining evidence.

- When we receive the evidence showing your copayment level, we will update our system so that you can pay the correct copayment when you get your next prescription at the pharmacy. If you overpay your copayment, we will reimburse you. Either we will forward a check to you in the amount of your overpayment or we will offset future copayments. If the pharmacy hasn't collected a copayment from you and is carrying your copayment as a

debt owed by you, we may make the payment directly to the pharmacy. If a state paid on your behalf, we may make payment directly to the state. Please contact Customer Service if you have questions.

**What if you have coverage from an AIDS Drug Assistance Program (ADAP)?  
What is the AIDS Drug Assistance Program (ADAP)?**

The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also on the ADAP formulary qualify for prescription cost-sharing assistance through the Nebraska Department of Health & Human Services, 301 Centennial Mall South, P.O. Box 95026, Lincoln, NE 68509.

**Note:** To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. If you change plans, please notify your local ADAP enrollment worker so you can continue to receive assistance. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-402-559-4673.

**SECTION 8 How to contact the Railroad Retirement Board**

The Railroad Retirement Board is an independent Federal agency that administers comprehensive benefit programs for the nation’s railroad workers and their families. If you receive your Medicare through the Railroad Retirement Board, it is important that you let them know if you move or change your mailing address. If you have questions regarding your benefits from the Railroad Retirement Board, contact the agency.

<b>Method</b>	<b>Railroad Retirement Board – Contact Information</b>
<b>CALL</b>	1-877-772-5772 Calls to this number are free. If you press “0,” you may speak with an RRB representative from 9:00 am to 3:30 pm, Monday, Tuesday, Thursday, and Friday, and from 9:00 am to 12:00 pm on Wednesday. If you press “1”, you may access the automated RRB HelpLine and recorded information 24 hours a day, including weekends and holidays.
<b>TTY</b>	1-312-751-4701 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are <i>not</i> free.
<b>WEBSITE</b>	<b>rrb.gov/</b>

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**SECTION 9 Do you have group insurance or other health insurance from an employer?**

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If you (or your spouse or domestic partner) get benefits from your (or your spouse or domestic partner's) employer or retiree group as part of this plan, you may call the employer/union benefits administrator or Customer Service if you have any questions. You can ask about your (or your spouse or domestic partner's) employer or retiree health benefits, premiums, or the enrollment period. (Phone numbers for Customer Service are printed on the back cover of this document.) You may also call 1-800-MEDICARE (1-800-633-4227; TTY: 1-877-486-2048) with questions related to your Medicare coverage under this plan.

If you have other prescription drug coverage through your (or your spouse or domestic partner's) employer or retiree group, please contact **that group's benefits administrator**. The benefits administrator can help you determine how your current prescription drug coverage will work with our plan.