How your health insurance works

Important information about you and your membership in Blue Cross and Blue Shield of North Carolina

As a member of Blue Cross and Blue Shield of North Carolina (BCBSNC), you should know your rights, how to track claims, how to appeal a decision and other information essential to being an active partner in maintaining your good health. To help you find that information quickly and easily, we put together this summary explaining how your health insurance works, with additional information about BCBSNC Quality Improvement programs.
Your rights and responsibilities as a BCBSNC member

As a BCBSNC member, you have certain rights and responsibilities. These guidelines are included in your BCBSNC benefit booklet, or you can view them online at bcbsnc.com. To access Member Rights and Responsibilities, visit bcbsnc.com/memberservices/public/forms. On that page, you’ll find the “Rights & Responsibilities” link on the left, where you can view a page detailing what you can expect from BCBSNC and what we expect from you.

If you’d like us to mail you a printed copy of your benefit booklet, just call the toll-free number on your BCBSNC ID card to request a copy.

BCBSNC member rights and responsibilities

As a BCBSNC member, you have the right to:

+ Receive information about your coverage and your rights and responsibilities as a member
+ Receive, upon request, facts about your plan, including a list of doctors and health care services covered
+ Receive polite service and respect from BCBSNC
+ Receive polite service and respect from the doctors who are part of the BCBSNC networks
+ Receive the reasons why BCBSNC denied a request for treatment or health care service and the rules used to reach those results
+ Receive, upon request, details on the rules used by BCBSNC to decide whether a procedure, treatment, site, equipment, drug or device needs prior approval
+ Receive, upon request, a copy of BCBSNC’s list of covered prescription drugs. You can also request updates about when a drug may become covered.
+ Receive clear and correct facts to help you make your own health care choices
+ Play an active part in your health care and discuss treatment options with your doctor, without regard to cost or benefit coverage
+ Participate with practitioners in making decisions about your health care
+ Expect that BCBSNC will take measures to keep your health information private and protect your health care records
+ Voice complaints and expect a fair and quick appeals process for addressing any concerns you may have with BCBSNC
+ Make recommendations regarding BCBSNC’s member rights and responsibilities policies
+ Receive information about BCBSNC – its services, its practitioners and providers, and member’s rights and responsibilities
+ Be treated with respect and recognition of your dignity and right to privacy

As a BCBSNC member, you should:

+ Present your BCBSNC ID card each time you receive a service
+ Read your BCBSNC benefit booklet and all other BCBSNC member materials
+ Call BCBSNC when you have a question or if the material given to you by BCBSNC is not clear
+ Follow the course of treatment prescribed by your doctor. If you choose not to comply, advise your doctor.
+ Provide BCBSNC and your doctors with complete information about your illness, accident or health care issues, which may be needed in order to provide care
+ Understand your health problems and participate in developing mutually agreed-upon treatment goals to the degree possible
+ Make appointments for non-emergency medical care and keep your appointments. If it is necessary to cancel an appointment, give the doctor’s office at least 24 hours notice.
+ Play an active part in your health care
+ Be polite to network doctors, their staff and BCBSNC staff
+ Tell your place of work and BCBSNC if you have any other group coverage
+ Tell your place of work about new children under your care or other family changes as soon as you can
+ Protect your BCBSNC ID card from improper use
+ Comply with the rules outlined in your benefit booklet

Using your benefit booklet

To learn more about your benefits and access to medical services, please visit mybcbsnc.com and log in to Member Services for details within your benefit booklet.

Your benefit booklet provides information regarding:

+ Benefits and services included in, and excluded from, coverage
+ Pharmaceutical management procedures, if they exist
+ Copayments and other charges for which members are responsible
+ Benefit restrictions that apply to services obtained outside the organization’s system or service area
+ How to submit a claim for covered services, if applicable
+ How to obtain information about practitioners who participate in the provider network
+ How to obtain primary care services, including points of access
+ How to obtain specialty care and behavioral health care services and hospital services
+ How to obtain care after normal office hours
+ How to obtain emergency care, including the organization’s policy on when to directly access emergency care or use 911 services
+ How to obtain care and coverage when subscribers are out of the organization’s service area
+ How to voice a complaint
+ How to appeal a decision that adversely affects coverage, benefits or a member’s relationship with the organization
+ How the organization evaluates new technology for inclusion as a covered benefit

Your privacy rights

The protection of our members’ medical and personal information is a top priority for BCBSNC. We take our commitment seriously and have strict privacy policies addressing our customers’ protected health information (PHI).

All employees must complete training on the policies and sign a privacy acknowledgment form binding them to follow those policies and procedures. You will find more specific information in our Notice of Privacy Practices, which describes our responsibility...
Para recibir asistencia en español acerca de sus beneficios y el acceso a los servicios médicos, por favor comuníquese con un profesional de servicio al cliente al número que aparece al respaldo de su tarjeta del seguro. Nuestros representantes bilingües están disponibles de lunes a viernes de 8:00 a.m. a 9:00 p.m. para contestar sus preguntas. Para obtener más información en español visitenos en bcbsnc.com/azul.

Protecting the patient’s health care needs
Did you know that there are national standards for utilization management that protect you, the health care consumer? BCBSNC follows the standards developed by The National Committee for Quality Assurance:

+ Utilization management decisions are based on whether the care or service is appropriate and the existence of coverage
+ BCBSNC does not reward practitioners or other individuals for issuing denials of coverage or care
+ Financial incentives for utilization management decision-makers do not encourage decisions that result in under-utilization

At BCBSNC, we are committed to making appropriate coverage decisions, which are based on the terms of your health benefit plan and whether care or services address your medical needs.
For more information about utilization management, see the utilization management section in this document.

Pharmaceutical preferences and restrictions
Providers and members may access prescription medication formularies (list of drugs covered under your benefits) located on our “Find a Drug” website at bcbsnc.com/content/services/formulary/drug-search.htm. Providers and members may print a medication formulary from this website. In the prescription medication formularies, providers and members will find the following:

+ Tier level information (what pharmacy copayment is associated with each medication)
+ If a medication is considered Specialty (indicating the medication is available through Specialty Pharmacies only)
+ If a medication requires prior review
+ If a medication has restricted access (step therapy)
+ If a medication has a quantity limit

Prescription medication formularies are subject to change throughout the year, but are updated to the above referenced website on a quarterly basis in January, April, July and October. Some medications covered under the pharmacy benefit require certain criteria to be met before the member can receive the medication under their BCBSNC benefits. Information about medications requiring authorization and how to use the pharmaceutical management procedures is located on our “Prior Review and Limitations” website at bcbsnc.com/content/services/formulary/rxnotes.htm. Here providers and members can find coverage criteria and appropriate coverage request fax forms for certain medications by searching by the medication name.

The website also explains the different types of coverage reviews and how they work for:
+ Prior authorization
+ Restricted access/step therapy

La atención preventiva es el primer paso hacia una mejor salud
Prevenir es mejor que curar.
Se recomienda ir al médico periódicamente, al menos una vez al año para exámenes generales, así como para recibir atención de salud para la prevención y el control de enfermedades. De esta forma es posible detectar problemas de salud antes que éstos empeoren.
Estos son algunos consejos que puede tener en cuenta para llevar un estilo de vida más saludable:
+ Aléntese bien y cuide su peso
+ Manténgase activo
+ No fume
+ Conduzca seguro

To obtain a copy of our Notice of Privacy Practices, call the Customer Service number on your BCBSNC ID card or download a copy from bcbsnc.com. Just click on “Privacy and Usage” at the very bottom of the homepage screen to view the entire notice.
+ Quantity limits
+ Nonformulary exception requests
At the end of the Web page, providers and members will find information regarding benefit limits for certain medications.

How to appeal payment decisions
There are two common reasons that an adverse benefit determination may be made:
+ The service may not be medically necessary
+ The service is not covered under your health plan

Your first step
To find out whether something is covered by your health plan, first carefully review the benefits in your benefit booklet or visit bcbsnc.com/content/services/medical-policy to see our medical policies. If you need more help, a BCBSNC Customer Service professional can help you review your benefits. If you disagree with an adverse benefit determination, you have the right to appeal by following the process below. For more information about the appeals process, please refer to your benefit booklet.

The internal and external appeals process
Level One – only level required for individual/direct-pay members for noncertifications
At this level, you can appeal an adverse benefit determination, or submit a grievance, by submitting a written request that includes a description of the situation and, if applicable, a full explanation of why you disagree with the initial BCBSNC decision. Be sure to supply any documentation that supports your position and BCBSNC will review this information. If you disagree with the outcome, in most instances you can proceed to the next level of the appeals process.

Level Two – applicable to employer group health plan members and individual/direct-pay members for grievances
Please refer to your benefit booklet for specific details regarding the Level Two appeals process.

Level Three – external review
For members of fully-insured employer group health plans and individual/direct-pay plans, this level is handled through the North Carolina Department of Insurance (NCDOI). You may request a review through the NCDOI for all medical necessity denials. Generally, you must complete Level One and Level Two appeals before you can appeal to the NCDOI. If your request is accepted by the NCDOI for review, it will be sent to an Independent Review Organization (IRO). BCBSNC must follow the decision of the IRO. For members of non-grandfathered self-funded employer group health plans, the external review by an IRO is facilitated by either BCBSNC or the employer group. You should contact your Plan Administrator for details.

Notice of mastectomy benefits
As required by the Women's Health and Cancer Rights Act of 1998, your health insurance policy provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses and complications resulting from a mastectomy, including lymphedema. This coverage is subject to the same deductibles, copayments, coinsurance or limitations as applied to other medical and surgical benefits provided under your policy. If you have questions, please check your benefit booklet or call the Customer Service number on your ID card for more information.

Access to utilization management staff
The BCBSNC care management and operations (CM&O) department works with physicians and members to facilitate the most medically appropriate and cost-effective, quality care for our members. Staff in the CM&O department is available to assist with arranging:
+ Certification requests (except for mental health/substance abuse)
  * Certification requests for members enrolled in the State Health Plan 1-800-672-7897
+ Prior review requests (except for mental health/substance abuse)
  * Prior review requests for members enrolled in the State Health Plan 1-800-672-7897
+ Discharge planning (when calling include ext. 51910 to be connected with discharge services)
  * Discharge planning requests for members enrolled in the State Health Plan 1-800-672-7897 at ext. 53065 (except for mental health/ substance abuse)
+ Pharmacy quantity limitations (when calling include ext. 51689)
+ Transplants
+ Medical director reviews (when calling include ext. 51019)
+ A request to reconsider an initial medical necessity denial
+ Physician hotline (when calling include ext. 51019)
The BCBSNC CM&O department makes available fax capability for providers arranging member services and supplying BCBSNC requested documentation. Fax numbers are as follows:
  - Pharmacy: 1-800-795-9403
  - Restricted Access/Step Therapy: 1-888-348-7332
  - State PPO: 1-866-225-5258
  - Discharge Services: 1-800-228-0838
  - Commercial: 1-800-459-1410
  - Commercial: 1-800-571-7942
  - Commercial: 1-800-672-6587

The following utilization management services are available:
+ Staff are available during normal business hours as indicated below, excluding holidays, for utilization management issues at 1-800-672-7897 (toll free)
+ After normal business hours, providers and members have access to a voice messaging system using the toll free number
+ Staff are identified by name, title and organization name when initiating or returning calls
+ TDD/TTY services for members who need them at 1-800-442-7028 (toll free)
+ Language assistance for members to discuss utilization management issues
Continuity of care

At BCBSNC, when you change health plans or your provider no longer participates in the BCBSNC network, you may be eligible to have your care continue. Our continuity of care assists members who need continued provider care during a change in coverage.

BCBSNC must authorize a service or services in advance for you to receive in-network benefits for care. Your physician can request an authorization from BCBSNC or you can contact Customer Service at the phone number located on the back of your ID card to obtain a continuity of care request form within 45 days of your effective date.

If you are currently receiving care for mental health or substance abuse, please call the mental health or substance abuse phone number on your ID Card to determine continuity of care eligibility.

To be eligible for continuity of care, one of the following conditions must apply:

+ You have an acute illness or condition that requires medical care to avoid a reasonable possibility of death or permanent harm.
+ You have a chronic illness or condition that’s life-threatening, degenerative or disabling and requires medical care over a prolonged period of time.
+ You are in the second or third trimester of pregnancy or completing postpartum care.
+ You have a terminal illness: a medical prognosis that puts life expectancy at six months or less.

Progress in quality improvement

At BCBSNC, our desire is to help improve your health and well-being with compassion, simplicity and affordability. Meeting these goals means that we continually review our quality processes, assess existing member programs and offerings, ensure care is based on strong clinical evidence and attempt to communicate clearly with you.

The following information provides a summarization of areas where improvement has been achieved, indications of where improvement could be attained and some specific highlights and accomplishments in 2013.

The quality of what we offer is based on such factors as:
+ Safety
+ Effective care based on strong clinical evidence
+ Your health needs
+ Availability when you need it
+ Affordability
+ Efficiency

Quality accreditation and improvement

Quality accreditation is an official recognition that illustrates a health plan’s commitment and level of quality. Since 1994, BCBSNC has worked closely with the National Committee for Quality Assurance (NCQA) to improve health care quality across our company. NCQA is an independent, not-for-profit organization that evaluates and publicly reports on the quality of the nation’s managed care plans.

Why is this important to you?

NCQA accredited health plans today face a rigorous set of more than 200 standards and must report on their performance in more than 40 areas in order to earn NCQA’s seal of approval. The 2013-14 NCQA Health Insurance Plan Rankings show that BCBSNC ranked No. 1 among all health care plans in North Carolina in the Overall Rating of the Health Plan. As evidence of our ranking, BCBSNC is dedicated to our quality program and strives to provide you with the best health care quality and service in North Carolina.

BCBSNC follows a continuous quality improvement model, which consists of three steps:

1. Development of a quality improvement plan: Every year, BCBSNC develops a quality improvement plan, which contains quality-based initiatives designed to improve the health care experience of each member.

2. Monitor and measurement: Once the quality initiatives have been implemented, they are monitored and measured over time for their performance.

3. Evaluation: On an annual basis, the initiatives are evaluated for their effectiveness, which helps us identify quality focus areas for the coming year.
Highlights and accomplishments in 2013

1. Healthy Outcomes Program:
BCBSNC launched a new suite of health and wellness programs designed to provide a seamless member experience among a wide variety of services to improve your quality of health and care. Some of the new services include enhanced disease-management tools with telemonitoring services and an enhanced Web portal. Additionally, the new suite of services allows BCBSNC to communicate directly with your health care providers on identified gaps in care.

2. Member Loyalty Program:
We introduced a new member incentive program in which members can earn gift cards and premium credits for completing a Health Risk Assessment (HRA) within specified time frames.

3. Patient-Centered Medical Homes (PCMH):
A PCMH is a centralized “medical home” where patients can receive a large majority of their physical and mental health care needs under one roof, including prevention and wellness, acute care and chronic care. These health care facilities provide a wide range of services through a host of specialties. This patient-centered care is coordinated according to each member’s unique needs and decreases wait times for needed care and communication. The number of NCQA-recognized practitioners continues to rise in North Carolina, and we are proud to note that North Carolina is ranked second in the nation for this designation.

4. Blue Quality Physician Program (BQPP):
The BQPP program is designed to recognize and reward practices that demonstrate a strong commitment to patient-centered care, leadership commitment to quality, improving health outcomes and reducing costs. The NCQA Patient-Centered Medical Home (PCMH) recognition is the core mandatory element in the BQPP program, as the quality and efficiency focus demanded of the recognition is integrated into the practice. BQPP is designed for family practice, internal medicine, general practice, OB/GYN and pediatrics.

The number of BQPP practices continues to grow in North Carolina, and we will continue to raise the quality bar on your providers to deliver the best health care available. BQPP increased the number of providers recognized in 2013 to 687 from 441 in 2012, an increase of 55 percent.

5. Provider Quality Reporting:
BCBSNC developed a provider-performance reporting program to measure providers against national performance metrics and help physicians ensure patients are receiving the care necessary to maintain good health. Providers can measure their performance against others in the same specialty, which has, over time, shown an increase in patients receiving appropriate care. We will continue to work with the provider community to drive member care quality to better your overall health.

6. Patient Care Summary:
In 2013, BCBSNC provided physicians with Patient Care Summary (PCS) reports. The PCS is a member-level report that shows physicians the medical care services members are due to complete or are overdue to have performed, such as chronic, preventive and pharmacy service types. In 2013, more than 7,000 providers had access to the Patient Care Summary, and nearly 37,000 Patient Care Summary reports have been accessed by BCBSNC providers.

7. Diabetes Progress Report:
In addition to sending general reminders of overdue preventive services to members, BCBSNC created a Diabetes Progress Report to support members managing diabetes. The Diabetes Progress Report informs members of services they have completed and, more importantly, reminds them of services still needed.

8. Consumer Assessment of Health Care Providers and Systems (CAHPS) Survey:
BCBSNC continued in 2013 gathering your feedback via the CAHPS survey. This survey asks a sampling of consumers and patients to report on and evaluate their experiences with health care. Based on member responses, BCBSNC improved in a number of areas including the Overall Health Plan rating.
Goals for 2014

1. Medication Adherence Programs:  
BCBSNC is working to create pharmacy programs for those taking certain medications to help ensure they are taken as directed. Taking medications properly supports the maintenance and improvement of overall member health.

2. Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey:  
Based on feedback in 2013, BCBSNC added additional questions to this survey in order to gain a better understanding of members’ experiences and needs. The additional information will assist in the shaping of existing and future programs and services. It also will assist in maintaining the Health Plan Overall score while improving the ratings of Health Care Overall and Personal Doctor Overall. We will be reviewing the latter two measures to determine steps to positively influence members’ experiences.

3. Quality Collaboration with Doctors:  
Excellent quality for our members is a collaborative effort between BCBSNC and doctors. To assist in promoting excellent quality, BCBSNC is developing information kits to share with doctors to ensure consistent quality messages and goals for our members.

4. Healthcare Effectiveness Data and Information Set (HEDIS):  
The goal for the 2015 HEDIS submission is to improve the rates of eight measures. Member- and provider-facing initiatives are underway to support the closing of care and documentation gaps. Closing these gaps ensures our members receive appropriate care and that the provider and BCBSNC receive the appropriate quality scores.

5. Integrated Quality Plan:  
Collaboration between the Health Care, Network Management and Health Delivery Redesign teams is underway to improve quality. A main goal of this collaborative effort is to develop and implement a provider reimbursement strategy. The purpose of this plan is to encourage and reward providers for meeting specific quality metrics as agreed to and outlined in their contracts.

6. Blue Quality Physician Program (BQPP):  
The quality metrics to be used in the Integrated Quality Plan will be aligned with the metrics used in BQPP. This alignment will be implemented with a January 1, 2015 effective date.

7. Provider Tiering:  
An assessment of measures to facilitate the tiering of endocrinologists has been initiated. The process and communications are being developed to meet a January 1, 2015 effective date.

8. Federal Employees Program (FEP):  
FEP quality efforts are being reviewed. Where applicable, these efforts will be aligned with existing quality programs and processes. In addition, an assessment is in progress for the NCQA accreditation of FEP.

9. Blue Distinction Center (BDC):  
We will continue participation in the Blue Distinction Center (BDC) recognition program for bariatric surgery, cardiac care, complex and rare cancer, knee and hip replacement and spine surgery.

10. Online Directory:  
We will update the Web-based physician and hospital directory to provide members with the ability to find and use the directory information easily.

11. Provider Quality Reporting:  
We will expand the provider quality reporting program with additional health care-related measures, which allows physicians to compare themselves against others in the same specialty, as well as with national performance metrics.

12. Member Messages:  
We will expand the number and type of Care Alert messages sent to members and providers to help identify when members are due to complete certain medical care services or when they are overdue.

Contact Information

Access to utilization management review staff  
Providers: 1-800-672-7897 (toll free)  
Members: 1-800-672-7897 (toll free)  
BCBSNC Customer Service 1-800-446-8053  
8 a.m. – 9 p.m., Monday – Friday