North Carolina State Health Plan

NC SmartChoice℠ PPO and Indemnity Transition

An independent licensee of the Blue Cross and Blue Shield Association

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BlueCross BlueShield of North Carolina
The basics – **NC SmartChoice**™ PPO

- The State Health Plan contracts with BCBSNC to use the Blue Options™ network for the **NC SmartChoice**™ PPO plans.
- The benefit year runs from July 1\(^{st}\) to June 30\(^{th}\) each year.
- Deductibles and coinsurance begin at the start of each benefit year.
The basics – **NC SmartChoice**℠ PPO

- Members have both in- and out-of-network benefits.
- Members who stay in-network receive the highest level of benefit coverage.
- Members who go out-of-network pay more of the cost.
  - Beginning on July 1, 2008, only BCBSNC PPO contracted providers will be in-network for State Health Plan members receiving care within North Carolina. Providers participating in Cost Wise only, after July 1st will be out-of-network for State Health Plan members (unless due to continuity of care).
The basics – 2008 Indemnity plan change

• The Indemnity plan will no longer be available as of July 1, 2008.

• Indemnity members were given the opportunity to enroll in one of three PPO plans during the annual enrolment period.

• Members that did not make a selection are being enrolled in the standard PPO plan (this includes enrolled dependents and retirees).

• Other insurance information is being transferred to the member’s new PPO file.
The basics – 2008 Indemnity plan change

- Pre-existing conditions waiting period apply to new members who have not been continually covered for 12 months or had a break of more than 63 days prior to the effective date.
Effective July 1, 2008

• Any State retiree, employee and their dependent added during open enrollment, electing to be covered under the State Health Plan – are being enrolled in one of the three **NC SmartChoice™** PPO plan options:

  − Basic Plan
  − Standard Plan
  − Plus Plan

As of July 1, there will no longer be any State Health Indemnity plan members remaining.
Question: If you have a patient arriving at your office on or after July 1st – who is currently enrolled in the State Health Indemnity Plan – what is the first thing that you want to obtain from them at patient check-in?
Yes, that’s correct – Obtain a copy of their new PPO member ID card
Effective July 1, 2008

• All medical claims for State Health Plan members, for services provided on or after July 1st go to the same address: BCBSNC
  P.O. Box 30087
  Durham, NC 27702

• The State Health Plan Indemnity mailbox will no longer be open for reporting services provided on or after July 1, 2008.
  NC Teachers and State Employees Indemnity Plan
  P.O. Box 30025
  Durham, NC 27702
Run-out for Indemnity member services

- Claims for services provided prior to July 1, 2008 will be accepted for 18 months.
- Customer service will remain available after 07/01.
- Member appeal rights will continue after 07/01.
- Continue to use the Indemnity plan mailing addresses and contact information for any Indemnity plan member services provided prior to 07/01.
Continuity of care

- Continuity of care allows members, under certain conditions, to continue to receive care from an out-of-network provider at their in-network benefit level.
- Services must be authorized in advance by BCBSNC as prior approved.
- Services are limited to members:
  - Who have a chronic illness or condition
  - Who are terminally ill
  - Are in their second or third trimester of pregnancy or completing postpartum care
NC SmartChoice™ PPO plan benefit changes 2007 – 2009

• PPO benefits that became available 07/01/07
  – Visit limitations have been removed for physical, occupational and speech therapy
  – Chiropractic care – 30 visits per benefit year / specialist copayment
  – Visit limitations have been removed for mental health and chemical dependency (prior authorization required after the 26th outpatient visit)
Blue Extras™ for NC SmartChoice™
PPO plan members

• PPO members are eligible for Blue Extras™ discounts for certain non-covered services:
  – Hearing aids
  – Cosmetic surgery
  – Lasik eye surgery
  – Cosmetic dentistry
  – Massage therapy
  – Alternative medicine
Mental health & substance abuse vendor for NC **SmartChoice**™ PPO plan – **ValueOptions**

- **ValueOptions** utilizes internally developed behavioral health clinical criteria when reviewing care for adults and children/adolescents with mental health issues.

- The criteria are assessed and if necessary, revised, at minimum annually, by the **ValueOptions** Corporate Executive Medical Management Committee. The criteria are available for review on the Web at [www.valueoptions.com/providers/](http://www.valueoptions.com/providers/).
Mental health & substance abuse vendor for NC SmartChoice™ PPO plan – ValueOptions®

- ValueOptions® follows the criteria developed by the American Society of Addiction Medicine (ASAM) for treating adults and children/adolescents issues with substance abuse.
  
  - A copy of the ASAM Criteria, can be ordered from the Web site www.asam.org or by calling ASAM at 1-800-844-8948.
Pharmacy for **NC SmartChoice™**

**PPO plan members**

- Prescription benefits cover prescription drugs, self administered injectable medications, insulin and diabetic test supplies.
- Members pay a copay when utilizing a participating pharmacy:
  - $10 Generic
  - $30 Preferred brand where no generic is available
  - $40 Preferred brand where a generic is available
  - $50 Non-preferred brand

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BlueCross BlueShield of North Carolina
SHP tobacco cessation benefit

- SHP offers benefits for over the counter, generic nicotine replacement therapy patches
  - A prescription for OTC generic patches is required
  - Members can receive up to 10 weeks of this medication per year
  - Members pay a $5 copay for each patch
    - Members can receive a waiver for the $5 copay on patches if they receive cessation counseling from their health care provider, or support from the NC Quitline 1-800-784-8669
  - Providers should complete the counseling confirmation form available on the Web at [www.shpnc.org/pdf/nrt-provider-cert.pdf](http://www.shpnc.org/pdf/nrt-provider-cert.pdf), and fax to Medco at 319-896-5904
    - Members may pick up their patches from a participating pharmacy ~2 days after faxed

CPT 99406 & 99407
Drugs requiring PA for NC SmartChoice™ PPO plan members

• Some prescription drugs may require prior authorization.
  – PA required drugs have detailed criteria that must be met before prior authorization can be granted.

• Types of the drugs and drug classes that require prior authorization include; antifungal agents like Lamisil and Sporanox, COX2 inhibitors (Celebrex), and fertility agents.

• A complete list of drugs requiring PA, including the requirements, is available on the State Health Plan Web site at www.shpnc.org.
Drugs requiring PA for NC SmartChoice PPO plan members

• Some prescription drugs may be subject to quantity limits.

• Prior approval is required before excess quantities of certain drugs will be covered.

• A listing of drugs requiring PA for quantity limits is located on the State Health Plan Web site at www.shpnc.org.
  − Drugs include; migraine medications such as Imitrex and Relpax, proton pump inhibitors including Prilosec andPrevacid, and sedative hypnotic agents such as Rozerem.
Drugs requiring PA for NC *SmartChoice*® PPO plan members

- The listing of drugs is subject to change and the Web site should be verified, [www.shpnc.org](http://www.shpnc.org).

- To request prior authorization of a prescription drug, call Medco at 1-800-753-2851, or use a prior authorization review form available on the State Health Plan Web site and fax it directly to Medco at the number listed on the form.
Points to take away

- July 1, 2008, all State Health Plan members are enrolled in the NC SmartChoice™ PPO plans that you’re are already familiar.
- Obtain copies of member’s new cards for your records.
- Do not use the Indemnity claims mailing address, unless the service was provided to an Indemnity member prior to 07/01/08.
Thank you for attending today’s State Health Plan session!