

Important information for providers



What's inside

Members' rights and responsibilities.....	2
Privacy policy.....	3
Pharmacy program.....	4
Formularies.....	4
Specialty pharmacy network.....	6
Behavioral health services.....	6
Behavioral Health On Demand.....	7
Medical policy.....	7
Utilization management.....	7
Case management and condition care.....	8
Provider directory attestation.....	9
Member language assistance.....	9
Practitioner rights.....	10

Members' rights and responsibilities

Members' rights

As a Blue Cross and Blue Shield of North Carolina (Blue Cross NC) 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 Blue Cross NC.
- Receive polite service and respect from the doctors who are part of the Blue Cross NC networks.
- Receive the reasons why Blue Cross NC 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 Blue Cross NC to decide whether a procedure, treatment, site, equipment, drug, or device needs prior approval.
- Receive, upon request, a copy of Blue Cross NC's list of covered prescription drugs. You can also request updates about when a drug may become covered.

New and existing practitioners, get your digital or printed copy today at [BlueCrossNC.com/AnnualProviderUpdate](https://www.bluecrossnc.com/AnnualProviderUpdate) or call 800-777-1643.

- 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 Blue Cross NC 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 Blue Cross NC.
- Make recommendations regarding Blue Cross NC's member rights and responsibilities policies.
- Receive information about Blue Cross NC, its services, its practitioners and providers, and members' rights and responsibilities.
- Be treated with respect and recognition of your dignity and right to privacy.

Members' responsibilities

As a Blue Cross NC member, you should:

- Present your Blue Cross NC member ID card each time you receive a service.
- Read your Blue Cross NC benefit booklet and all other Blue Cross NC member materials.
- Call Blue Cross NC when you have a question or if the material given to you by Blue Cross NC is not clear.
- Follow the course of treatment prescribed by your doctor. If you choose not to comply, advise your doctor.
- Provide Blue Cross NC 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 Blue Cross NC staff.
- Tell your place of work and Blue Cross NC 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 Blue Cross NC member ID card from improper use.
- Comply with the rules outlined in your member benefit guide.

Privacy policy

Visit [BlueCrossNC.com/PrivacyDetails](https://www.bluecrossnc.com/PrivacyDetails) to find out how we handle the personal information you provide to us including information we collect about you and how we collect it, information you provide to us, information collected through automatic data collection technologies, how we may use or disclose your information, choices about how we use and disclose your information, accessing and correcting your information, and data security.

Pharmacy program

Prescription drug information

Learn about [prescription drug benefits](#) for Blue Cross NC members, [search for information on specific prescription drugs](#), or learn about our [mail-order drug program](#).

Learn more about our [pharmaceutical management procedures and getting your patients' prescriptions covered](#):

- For coverage and procedure information about a specific prescription drug, search [Commercial](#) or [Medicare](#) drugs by generic or brand name.
- Covered pharmaceuticals.
- Prior authorization requirements.
- Restrictions, limits, or quotas.
- Information to provide to support an exception request.
- The process for generic substitution, therapeutic interchange, and step-therapy protocol.

Prime Therapeutics™

Getting prescription drugs from [Prime Therapeutics \(Prime\)](#) is simple. Here's how a standard plan works for pharmacy and prescription drug coverage:

- Members use our [Find a Drug or Pharmacy search tool](#),¹ then visit a participating pharmacy with the prescription and Blue Cross NC member ID card.
- [Read these Copayment Tier Definitions](#) to get a better picture of how we calculate the cost. Copayments and coinsurance costs come in “tiers” or levels of cost, ranging from 1 (lowest) to 5 (highest). Members pay a copayment or coinsurance amount for each prescription, unless it's been waived.

Formularies

Blue Cross NC currently maintains both open and closed (exclusionary) formularies. These formularies can range from four to five tiers. The formularies are developed through the efforts of the Blue Cross NC Pharmacy and Therapeutics Committee as well as the Prime Therapeutics National Pharmacy and Therapeutics Committee. Both committees are composed of practicing physicians and pharmacists of varying specialties. The formularies are intended to reflect current clinical practice in North Carolina with a national lens to support self-funded groups with members in multiple states. The formularies have various levels of member copayments, as defined as: Two- and three-tier copayment structures (using different copayments or coinsurance for generic and brand drugs) may be maintained for some groups.

Levels of member copayments		
Tier	4 Tier formulary	5 Tier formulary
1	Lowest-cost tier of prescription drugs; most are generic	Lowest-cost tier of prescription drugs; most are generic
2	Medium-cost prescription drugs; most are generic and some are brand-name prescription drugs	Medium-cost prescription drugs; most are generic and some are brand-name prescription drugs
3	Higher-cost prescription drugs; most are brand-name prescription drugs and some are specialty drugs	Higher-cost prescription drugs; most are brand-name prescription drugs
4	Highest-cost prescription drugs; most are specialty drugs	Highest-cost prescription drugs; most are brand-name prescription drugs and some are specialty drugs
5	N/A	Most specialty drugs

Choosing between generic and brand-name drugs

Members who choose a brand-name prescription drug when a generic alternative is available may be responsible for a higher cost and limited benefits. In these cases, members will be required to pay the applicable brand copayment or coinsurance and be responsible for paying the difference in cost between the brand-name and generic alternative drug. Some formularies may exclude these brands from coverage altogether. We encourage you to prescribe lower cost, equally effective generic drugs, where appropriate, and to promote their use by your patients.

Requesting a formulary

We are pleased to offer several ways to access the Blue Cross NC formulary:

- **Blue Cross NC printed formulary:** To request a printed formulary, please call Provider Network at **800-777-1643**.
- **Blue Cross NC online formulary:** A searchable online formulary is available at [MyPrime.com](https://www.mypri.com).

Notification of changes to the formularies

The Pharmacy and Therapeutics Committee regularly updates the formulary as new drugs and new clinical information become available. All updates and changes to the formulary are online at [BlueCrossNC.com/Providers/Provider-News?Text=Formulary](https://www.BlueCrossNC.com/Providers/Provider-News?Text=Formulary).

You may receive calls from members or pharmacists as members seek ways to lower their copayments by having lower tier drugs prescribed. We encourage you to make treatment selections based on your clinical judgment, your knowledge of the patient's condition, medical history, and individual patient needs.

Two- and three-tier copayment structures (using different copayments or coinsurance for generic and brand-name drugs) may be maintained for some groups.

These formularies will continue to promote the use of the most clinically effective and cost-effective pharmaceutical products. For your convenience, the most current list of drugs will be posted online at [BlueCrossNC.com/Members/Find-Care](https://www.BlueCrossNC.com/Members/Find-Care). Our formularies are updated on a quarterly basis after careful review by the Pharmacy and Therapeutics Committee, which is a group of practicing physicians and pharmacists in North Carolina.

Specialty pharmacy network

To help keep prescription drug costs affordable for our members, Blue Cross NC has implemented a specialty pharmacy network. If you fill your specialty medications at a retail pharmacy, you must use a pharmacy participating in this network for your prescriptions to be covered.

For more information on the specialty pharmacy network, see the [Provider Specialty Pharmacy Network](#).

Participating specialty pharmacy providers and specialty pharmacy drug list

- [Participating specialty pharmacy list](#)
- [Specialty drug list](#)

Behavioral health services

Blue Cross NC manages all aspects of behavioral health and substance use disorder services for HMO, EPO, POS, and PPO (including certification, concurrent review, discharge planning, and case management).

Case management services will include:

- Behavioral Health Total Care addresses the complex health needs of members with serious mental illness, substance use disorder, or both conditions. This program is available to eligible members with Commercial (including both On-/Off-Exchange), Federal Employee Program® (FEP), and Medicare Advantage plans. This program encourages members to participate with our care management team to assist members in understanding their condition, ensure members are actively engaged with behavioral health provider(s) as needed, and help address any social determinants of health that may impede their ability to address their mental health care needs. Referrals can be submitted by emailing BHTotalCare@bcbsnc.com or calling **855-258-3101**.
- Care Navigation makes it easier to identify and address behavioral health care. It's an important part of our long-term strategy to help deliver quicker access to care, increase long-term savings, and improve patient experience. Our Care Navigators will aid primary care providers to connect their patients to the right behavioral health professionals. To complete a referral request for your patient, fill out the our [Behavioral Health Referral Form](#), connect through Blue eSM, or call **800-755-0798**.

Utilization management services will include:

- Commercial members (including both On-/Off-Exchange): Inpatient psychiatric and substance use treatment (including residential treatment centers), intensive outpatient and partial hospitalization, electroconvulsive therapy (ECT), transcranial magnetic stimulation (TMS), and applied behavioral analysis for the treatment of autism.
- FEP members: Inpatient psychiatric and substance use treatment (including residential treatment centers), intensive outpatient and partial hospitalization, and applied behavioral analysis for the treatment of autism.

- Blue MedicareSM members: Inpatient psychiatric and substance use treatment, intensive outpatient and partial hospitalization, electroconvulsive therapy (ECT), transcranial magnetic stimulation (TMS), and psychological/neuropsychological testing (for non-PAR only).

Behavioral Health On Demand

Mental health virtual urgent care

Blue Cross NC now offers a [telemedicine Behavioral Health On Demand](#) (BHOD) program that is an additional resource for members going to the emergency department when they have an urgent behavioral health need. Through BHOD, Blue Cross NC members have an immediate entry point for behavioral health urgent care and a safety net in their time of need. BHOD provides telehealth same-day appointments for members who are in crisis with a non-imminent threat.

Eligibility for BHOD is for Individual Under 65, Fully Insured and Administrative Services Only (ASO) members, FEP, and Inter Plan Program (IPP) members that live in the state of North Carolina. The operational hours for BHOD are Monday through Friday from 8 AM to 5 PM ET. Outside of business hours, members can leave voicemails for the program, which are checked periodically by a clinician. BHOD is not available on holidays. Members can reach the On-Demand team directly by calling **855-601-4858**.

Medical policy

Blue Cross NC medical policies and guidelines, evidence-based guidelines, payment guidelines for providers, diagnostic imaging management policies, and medical oncology program guidelines can be accessed on our website at [Medical Policies and Coverage](#).

Medical policy search

[Search for a medical policy](#) by name, Current Procedural Terminology (CPT) code, or keyword.

Medical policy updates

Get the latest [updates to Blue Cross NC's medical policies](#) and [medical drug policies](#).

Medical policy contact information

Find out [who to contact](#) for questions about Blue Cross NC's medical policies. Medical decisions are based on [MCG Care Guidelines](#), and Blue Cross NC medical policy. You may request a copy of a specific criteria set or medical policy by calling the Care Management department at **800-672-7897**. Medical policies are also available at [BlueCrossNC.com](#).

Utilization management

Affirmative action statement

Blue Cross NC and its associated delegates require practitioners, providers, and staff who make utilization management (UM) related decisions to make those decisions solely based on appropriateness of care and existence of coverage. Blue Cross NC does not compensate or provide any incentives to any practitioner or other individual conducting UM review to encourage denials. Blue Cross NC makes it clear to all staff who make UM decisions that no compensation or incentives are in any way meant to encourage decisions that would result in barriers to care, service, or under-utilization of services.



Case management and condition care

Nurse Support programs are available to eligible commercial members (including both On-/Off-Exchange).

Nurse Support – Case Management

The [Nurse Support – Case Management](#) program offers education and support to members who have:

- Complex health conditions
- Multiple health concerns
- Injuries sustained in accidents
- Disease-specific illnesses
- Short-term disability

Doctors can refer their patients and members can refer themselves for the Nurse Support program by contacting us at **800-218-5295**, Monday through Thursday from 8 AM to 7 PM, and Friday from 8 AM to 5 PM ET.

Members will be assigned a nurse who will:

- Help them understand their condition, treatment options, and doctor's treatment plan
- Provide resources to help them make informed decisions about their health care
- Guide them in methods to improve how they manage their condition day-to-day
- Work with their doctors and their health care team to assist in coordinating their needs
- Help them understand their benefits
- Connect members to community resources that offer additional support

Nurse Support – Condition Care

The [Nurse Support - Condition Care](#) program offers coaching and support to members with chronic conditions such as:

- Asthma
- Diabetes
- Chronic obstructive pulmonary disease (COPD)
- Coronary artery disease (CAD)
- Congestive heart failure (CHF)
- Hypertension

The program includes:

- Outreach to members who are inpatient and ER patients identified with diagnosis of preventable admission or have ER visits related to chronic conditions. Support includes medication reconciliation, ensuring timely provider follow up, and connecting members with appropriate resources.
- Outreach to members who have been newly diagnosed or have rising risk of developing complications and poor outcomes related to chronic conditions. Support includes assessing knowledge of their condition, evaluating readiness to make changes to lifestyle behaviors, and ensuring members received education around gaps in knowledge.
- Engagement and coaching through phone, email, and a mobile care management app.
- Access to a multi-disciplinary team, including social workers, dietitians, and pharmacists, when appropriate.

Doctors can refer their patients, and members can refer themselves for the Nurse Support program by contacting us at **800-218-5295**, Monday through Thursday from 8 AM to 7 PM, and Friday from 8 AM to 5 PM ET.

Chronic condition management (Healthy Endeavors^{SM2})

Healthy Endeavors is a [chronic condition management program](#) for federal employees who have a Service Benefit Plan and are enrolled in the FEP. Members identified with one of the top five chronic conditions (diabetes, coronary artery disease, congestive heart failure, asthma, and chronic obstructive lung disease) are enrolled into the program and may receive condition-specific educational materials at no charge.

In addition, the enrolled members may work with a registered nurse on their goals and receive health coaching by phone for three to four months until they have completed education to manage their own conditions. For information, providers and members may call **888-392-3506**.

Healthy Blue Care Management: Care management services are available to Healthy Blue members by contacting us via phone at **844-594-5072**, fax at **844-451-2792**.

Provider directory attestation

As part of the Consolidated Appropriations Act, Blue Cross NC requires providers to attest to the accuracy of their information every 90 days as published in the online directory.

How do you verify your data? If you are a non-delegated individual practitioner or facility provider, BetterDoctor[®], [a solution of Quest Analytics[®]](#), will contact you via email, fax, phone, and/or mail to verify your information every 90 days.

Questions about BetterDoctor? Contact Quest Analytics at: support@betterdoctor.com or call **844-668-2543, 8 AM to 5 PM CT**. Providers can also visit Blue Cross NC's website and follow the [Demographic and Contact Information \(Job aid\) \(PDF\)](#) instructions.

Member language assistance

Blue Cross NC is working with our in-network providers in understanding and meeting the linguistic needs of our diverse member populations. Language assistance is available for members who need it by calling the Customer Service phone number found on the back of their member ID card. Please continue to let us know if you notice any language gaps by [emailing our Health Engagement team](#) so we can further support our members.



Practitioner rights

Each practitioner applying for credentialing and/or recredentialing with Blue Cross NC has the right to:

- Review information submitted to support their credentialing application (e.g., malpractice insurance carriers, state licensing boards). Blue Cross NC is not required to make references, recommendations, or peer-review protected information available for review.
- Correct erroneous information within 45 days of the notification. Blue Cross NC is not required to reveal the source of information that was not obtained to meet verification requirements or if federal or state law prohibits disclosure. All corrections to credentialing files must be submitted in writing, clearly identifying the item being corrected and including appropriate supporting documentation, and should be sent directly to the Credentialing Department for review and processing. (e.g., credentialing email, fax, or mail). The Credentialing Administrators will save and document receipt of corrected information in the practitioner's credentialing file.
- Be informed, upon request, of the status of their credentialing or recredentialing application. Response regarding the status of the credentialing/recredentialing application, the timeframe for completion, if additional information is needed, and where/how to return the additional information will be sent via email within seven business days.
- Know what information is allowed to be shared with practitioners.
- Be notified of these rights via website at [BlueCrossNC.com](https://www.BlueCrossNC.com).
- Be notified verbally or in writing of any information obtained during the organization's credentialing process that varies substantially from the information provided to the organization by the practitioner.

If you have questions, contact Provider Services at **800-777-1643**. To contact the Credentialing Department, email Credentialing@bcbnsnc.com. This information can also be found online at [BlueCrossNC.com/Providers/Contact-us](https://www.BlueCrossNC.com/Providers/Contact-us).

Fax:
919-765-4349

Mailing address:
Blue Cross NC
P.O. Box 2291
Durham, NC 27702-2291

¹ Blue Cross NC offers several decision support tools to aid our members in making decisions around their health care experience. These tools are offered for convenience and should be used only as reference tools. Members should consult their own legal counsel, tax advisor, or personal physician as applicable throughout their health care experience.

² Marks of Blue Cross and Blue Shield of North Carolina.

Blue Cross NC offers care management and wellness programs as a convenience to aid members in improving their health; results are not guaranteed. Blue Cross NC may contract with independent third-party vendors for the provision of certain aspects of our wellness programs and is not liable in any way for goods or services received from them. These vendors do not offer Blue Cross or Blue Shield products or services. Blue Cross NC reserves the right to discontinue or change our wellness programs at any time. These programs are educational in nature. They are intended to help members make informed decisions about their health and comply with their doctor's plan of care. Decisions regarding care should be made with the advice of a doctor.

Prime, Mindpath Health (Mindpath) [which offers BHOD], and Quest Analytics [BetterDoctor] are independent companies that are solely responsible for the services they provide on behalf of Blue Cross NC. Prime, Mindpath, and Quest Analytics do not offer Blue Cross or Blue Shield products or services.

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