

IMPORTANT INFORMATION FOR PROVIDERS



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Questions?

If you would like a printed copy of this brochure, contact Provider Networks at providerupdates@BCBSNC.com or call **800-777-1643**. Paper copies of the materials referenced in this brochure can also be obtained upon your request.

A direct link to this brochure can be found at:
BlueCrossNC.com/AnnualProviderUpdate.

Members' Rights and Responsibilities

Your 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.
- 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.

Your Responsibilities

As a Blue Cross NC member, you should:

- Present your Blue Cross NC 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-hour 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 ID card from improper use.
- Comply with the rules outlined in your member benefit guide.

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](#).

Prime Therapeutics®

Blue Cross NC began its partnership with [Prime Therapeutics \(Prime\)](#) for pharmacy benefits management on April 1, 2012.

Getting prescription drugs is simple. Here's how a standard plan works for pharmacy and prescription drug coverage:

1. Members use our [Find a Drug or Pharmacy search tool](#) then visit a participating pharmacy with the prescription and Blue Cross NC member ID card.
2. [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 6 (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 six tiers. The formularies are developed through the efforts of the Blue Cross NC pharmacy and therapeutics committee, composed of North Carolina practicing physicians and pharmacists. The formularies are intended to reflect current clinical practice in North Carolina and have various levels of member copayments, as defined below: three- and two-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 FORMULARIES	6 TIER FORMULARY
1	Lowest-cost tier of prescription drugs, most are generic	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	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	High-cost prescription drugs; most are brand-name prescription drugs	High-cost prescription drugs; most are brand-name prescription drugs
4	Highest-cost prescription drugs, most are specialty drugs	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, and some are specialty drugs
5		Mostly specialty drugs	Mostly lower-cost specialty drugs
6			Mostly high-cost 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 also be responsible for paying the difference in cost between the brand name and generic alternative drug. 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

Searchable online formulary is available on our website at www.bluecrossnc.com/providers/medical-policies-and-coverage/prescription-drugs.

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.

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.

Three (3) and two (2) tier copayment structures (using different copayments or coinsurance for generic and brand drugs) may be maintained for some groups.

These formularies will continue to promote the use of the most clinically- and cost-effective pharmaceutical products. For your convenience, the most current list of drugs will be posted online at www.bluecrossnc.com/understanding-health-insurance/how-drug-benefits-work/getting-your-prescriptions-approved. 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 specialty drugs and those participating pharmacies in the Specialty Pharmacy network, see [Specialty Pharmacy Network](#).

Participating Specialty Pharmacy Providers and Specialty Pharmacy Drug List

www.bluecrossnc.com/providers/pharmacy-program/specialty-pharmacy-network

Behavioral Health Services

Effective January 1, 2022, Blue Cross NC will manage all aspects of behavioral health and substance use disorder services for HMO, POS, PPO and CMM members (including certification, concurrent review, discharge planning and case management), including State Health Plan members enrolled in the North Carolina State Health Plan network.

Utilization Management services will include:

- Commercial members (including the State Health Plan): Inpatient psychiatric and substance use treatment (including residential treatment centers); Electro-Convulsive Therapy (ECT); Transcranial Magnetic Stimulation (TMS); and Applied Behavioral Analysis for the treatment of autism.
- Federal Employee Program® (FEP) members: Inpatient psychiatric and substance use treatment (including residential treatment centers); Applied Behavioral Analysis for the treatment of autism.
- Blue MedicareSM members: Inpatient psychiatric and substance use treatment; ElectroConvulsive Therapy (ECT); Transcranial Magnetic Stimulation (TMS) and psychological/neuropsychological testing (for non-PAR only).

Practitioner Rights

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

- Fix any errors
- Review information sent to support credentialing application
- Ask for information about credentialing and/or recredentialing application status
- Be informed of these rights

If you have questions, contact Provider Services at **1-800-777-1643**. To contact the Credentialing Department, email credentialing@bcbsnc.com

Access to Utilization Management Staff

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 www.bluecrossnc.com/providers/medical-policies-and-coverage/medical-policy.

Medical Policy Search

[Search for a medical policy](#) by name, 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 **1-800-672-7897**. Medical policy is also available on the Blue Cross NC website at BlueCrossNC.com.

Utilization Management Programs – Affirmative Action Statement

Blue Cross NC and its associated delegates require practitioners, providers and staff who make Utilization Management-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 Utilization Management review to encourage denials. Blue Cross NC makes it clear to all staff that make Utilization Management 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

The [case management program](#) is a voluntary program, available at no additional cost to members, which may be available to members that are not Medicare primary. Members with catastrophic or life-threatening illness or chronic and complex medical conditions may benefit from case management services. Many case management referrals come from the member's physician. You may refer a member by calling **1-888-234-2415**.

Chronic Condition Management (Healthy Endeavors^{SM1})

Healthy Endeavors^{SM1} is a chronic disease Care Management program for federal employees that have Service Benefit Plan and are enrolled in the Federal Employee Program (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 are educated to manage their own conditions. The member's physician is notified when their patient is engaged in the Healthy Endeavors program. For information, call **1-888-392-3506**.