



**BlueCross BlueShield
of Alabama**

Visit us at AlabamaBlue.com



Get the Most Out of Your Blue Cross Plan

Important information about your membership with Blue Cross and Blue Shield of Alabama

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Special Services

Our Customer Service Department can access language translation services to help, no matter what language you speak.

For the hearing and speech-impaired who use telecommunication devices, call Alabama Relay Services at **1-800-548-2546** or **TTY 711**.

Questions?

If you have any questions, call us at the Customer Service Department number on the back of your member ID card. Our Customer Service Department is available Monday through Friday, 7 a.m. to 6 p.m. Central time.

Your rights and responsibilities

Our members have certain rights and responsibilities to make sure they get the most out of their healthcare plan. As a Blue Cross and Blue Shield of Alabama member, you have the right to:

- ▶ Receive information about Blue Cross and Blue Shield of Alabama; our services; doctors and providers; and member rights and responsibilities.
- ▶ Be treated with respect and recognition of your dignity and right to privacy.
- ▶ Participate with doctors in making decisions about your healthcare.
- ▶ A candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
- ▶ Voice complaints or appeals about us or the care you receive from our network providers.
- ▶ Make recommendations regarding our member rights and responsibilities policy.

As a member of a health plan that Blue Cross and Blue Shield of Alabama administers or insures, you have the responsibility to:

- ▶ Supply information (to the extent possible) that we, as well as our contracted doctors and providers, need in order to provide care.
- ▶ Follow plans and instructions for care that you have agreed to with your doctors.
- ▶ Understand your health problems and participate in developing mutually agreed upon treatment goals, to the highest degree possible.

Understanding and using your medical benefits

To learn more about your benefits and access to medical services, please visit **AlabamaBlue.com** and log in to *myBlueCross*. There you will find plan details within your benefit booklet and Summary of Benefits and Coverage (SBC). Additional information to consider after enrolling in a plan can be found at **AlabamaBlue.com/PlanInfo**. For more information or for a printed copy of this material, call our Customer Service Department at the number located on the back of your member ID card.

Topics covered throughout the material include:

- ▶ Benefits and services included in, and excluded from, coverage.
- ▶ Pharmaceutical management procedures, if they exist.
- ▶ Copayments and other charges for which you are responsible.
- ▶ Benefit restrictions that apply to services obtained outside the plan's provider network.
- ▶ How to find language assistance.
- ▶ How to submit a claim for covered services, if applicable.
- ▶ How to find information about doctors who participate in the network.
- ▶ How to get primary care services.
- ▶ How to obtain specialty care, behavioral healthcare services and hospital services.
- ▶ How to get care after normal office hours.
- ▶ How to obtain emergency care, including our policy on when to directly access emergency care or use 911 services.
- ▶ How to find care and coverage when you are out of the provider network.
- ▶ How to voice a complaint.
- ▶ How to appeal a decision that adversely affects coverage, benefits or your relationship with us.
- ▶ Availability of independent, external review of internal utilization management final determinations.
- ▶ How we evaluate new technology for inclusion as a covered benefit.



Benefits of a primary care physician

Although you are not required to have a primary care physician for most plans, it is a good idea to establish a relationship with one. Call our Customer Service Department (phone number found on the back of your insurance card) or check your benefit booklet to determine if a primary care physician is required for your plan.

Having a primary care physician has many benefits, including:

- ▶ Seeing someone who knows you and understands your medical history.
- ▶ Having someone you can count on as a key resource for your healthcare questions.
- ▶ Accessing help when you need to coordinate care with specialists and other providers.

Typically, primary care physicians specialize in family medicine, internal medicine or pediatrics. As adolescents reach adulthood, they will need to establish a relationship with a primary care physician instead of their pediatrician.

Find a physician in your area by visiting **AlabamaBlue.com** and choosing *Find a Doctor*. Additionally, you may call our Customer Service Department for assistance with locating a primary care physician in your area for you or your dependents.

Preventive care services

Preventive care can help you stay healthy throughout your life. Preventive care services include routine physicals and annual wellness visits, plus screenings and immunizations that are used to prevent illnesses, disease and other health problems. Preventive care can identify health concerns or conditions in the early stages of development, when treatment is likely to work best.

For information on the specific preventive services and immunizations covered by your plan, call our Customer Service Department at the number located on the back of your member ID card.

Behavioral health services

Lucet is an independent behavioral health benefit manager for Blue Cross and Blue Shield of Alabama. This section applies to you only if Lucet administers your behavioral health benefits.

Behavioral health benefits include mental health services, substance use treatment and more.

Lucet can:

- ▶ Help you find the right doctors and treatment facilities for your unique needs.
- ▶ Confirm provider participation in your health plan network.
- ▶ Give you information about people and groups in your community who can help you.
- ▶ Assist you, your doctors, and Blue Cross and Blue Shield of Alabama to work together toward your goals.
- ▶ Inform you about topics such as depression, anxiety, autism spectrum disorder and bipolar disorder.
- ▶ Provide information about substance use disorder, including opioid addiction.
- ▶ Offer coaching and support services through its Care Management program.

For more information or to initiate behavioral health services, you may contact us by calling the toll-free number on the back of your member ID card. Licensed clinicians are available, as needed. You may also visit the Lucet website at **lucethealth.com** for articles, videos, guidebooks and more.

Lucet is an independent company providing behavioral health services to Blue Cross and Blue Shield of Alabama members.



Understanding your pharmacy benefits

To access the *Prescription Drug Lists*:

1. Visit **AlabamaBlue.com/Pharmacy** and choose Prescription Drug Lists.
2. Find your plan as follows:
 - ▶ If you are covered under an Individual & Family or Small Group plan, select your plan name in the drop down list, and click on the applicable drug list to access the prescription drug lists. To view your primary drug list, click on the first drug list under your plan. The name of your drug list may differ depending on your plan.
 - ▶ If you are covered under an ALL Kids, Large Group, or Student Health Plan, click the drug list under your plan's title to access the prescription drug lists. If you do not know which drug list applies to you, please contact your group administrator or the Blue Cross Customer Service Department to assist you in identifying the appropriate drug list.

Your drug list will include drugs that are covered by your plan. You can also find an explanation of special requirements, such as prior authorization, step therapy or quantity limits. Please discuss any special requirements for your drugs with your prescribing physician.

Additional drug lists are provided to help you identify drugs with specific coverage and any restrictions. The additional drug lists include:

- ▶ **Maintenance Drug List*** - Covered medications that may be prescribed for certain chronic conditions.
- ▶ **ACA Preventive Drug List*** - Eligible benefit plans include coverage for contraceptive drugs under the Affordable Care Act (ACA).
- ▶ **Self-Administered Specialty Drug List*** - High-cost drugs that may be used to treat certain rare medical conditions and are generally administered by you.
- ▶ **Provider-Administered Specialty Drug List** - High-cost drugs that may be used to treat certain rare medical conditions and are generally administered by your physician. These drugs process under your medical benefit.
- ▶ **Provider-Administered Precertification Drug List** - High-cost drugs that require prior approval when administered in a physician's office, outpatient facility, or home health setting. These drugs process under your medical benefit.

Medicines are selected for the prescription drug lists based on the recommendations of committees made up of physicians and pharmacists from across the country.

These committees, which includes representation from Blue Cross, reviews drugs regulated by the U.S. Food and Drug Administration (FDA). The prescription drug lists are updated each quarter and negatively impacted members are notified.

If your prescription medication is not listed on your prescription drug list (also referred to as a formulary), you can:

- ▶ Call our Customer Service Department to verify your medicine is not covered.
- ▶ Ask your prescribing physician to complete a General Prescription Drug Coverage Authorization Request Form and mail or fax it to us.
- ▶ Ask us to make a formulary exception to our coverage rules by:
 1. Visiting AlabamaBlue.com.
 2. Logging in to myBlueCross and clicking on Prescription History under “Pharmacy.”
 3. Selecting “Forms” in the top bar, and choose Coverage Exception Form from the drop down options.
 4. Filling in the online form and clicking submit.

*Only applies if Prime Therapeutics administers your pharmacy benefits. Prime Therapeutics LLC is an independent company contracted by Blue Cross and Blue Shield of Alabama to provide pharmacy benefit management services.

What is utilization management

Utilization Management (UM) is used to monitor the appropriateness of healthcare services to our members and help you get the most out of your healthcare dollars. Our UM program involves review of services before, during and after the services are performed. The four types of review that make up our UM program are:

- ▶ **Pre-service** – Evaluation of services or supplies prior to them being provided.
- ▶ **Concurrent** – Evaluation of services or supplies provided while you are in the process of receiving care.
- ▶ **Post-service** – Evaluation of services or supplies after they have already been received.
- ▶ **Appeals** – Your right to dispute a decision we have made.

For more information, about the UM process, your specific benefit requirements, prior authorization statuses and other information about authorization of care, you may contact us by calling the toll-free Customer Service number on the back of your member ID card. Our Customer Service Department is available Monday through Friday, 7 a.m. to 6 p.m. Central time. Our Customer Service Department can access language translation services to help, no matter what language you speak. For the hearing- and speech-impaired who use telecommunication devices, call Alabama Relay Services at **1-800-548-2546** or **TTY 711**.



Protecting your healthcare needs

Blue Cross' Utilization Management (UM) decision making is based only on appropriateness of care and services under the medical (or pharmacy) coverage criteria under your plan. Blue Cross does not make decisions about hiring, promoting or terminating doctors or other staff based on the likelihood, or on the perceived likelihood, that the doctor or staff member supports, or tends to support, denial of benefits.

Blue Cross does not in any way reward doctors or other individuals for issuing denials of coverage. Financial incentives for UM decision makers are designed to promote appropriate and evidence-based care. Blue Cross does not encourage decisions that result in underutilization or barriers to care/services.

How to appeal an adverse decision

The appeal information provided is an overview of the appeal process for most of our benefit plans. Appeal rights specific to your plan are explained in detail in your benefit booklet. We encourage you to consult your benefit booklet for specific appeal information.

You may file an appeal with us for any adverse benefit determination concerning claims payment or your precertification denials. You have 180 days to file your appeal after receiving the notice that the service is not approved for coverage. You may file the appeal by telephone or in writing. If your need for care is urgent, we will provide our response to you as soon as possible, but no later than 72 hours after you file your appeal. This is an expedited appeal. To initiate an expedited appeal, please contact our Customer Service Department. In all other cases, we will respond within 30 days for non-urgent pre-service requests and within 60 days for post-service requests, after you file your appeal.

You should include the following information in the appeal request:

- ▶ Patient name
- ▶ Contract number
- ▶ Enough information to identify the claim(s) you are appealing
- ▶ A written statement that you are filing an appeal
- ▶ A written explanation of why you believe this service should be approved for coverage

Please submit medical records, peer review articles, and any comments for consideration that may support your appeal. The appeal request and additional documents or information should be submitted to the appeals address located in your benefits booklet and denial letter.

You may give someone else permission to appeal on your behalf. We have developed a form you must use if you wish to designate an authorized representative. To request the form, call our Customer Service Department at the number on the back of your member ID card. You can also request the form by email, using the Contact Us link at the top of **AlabamaBlue.com**.

You may request copies of information relevant to your claim. Any request for information must be in writing.

Some members may be eligible for an external review of an appeal denial. If you are eligible for this appeal option, you will receive information about how to request an external review in your appeal decision notice. You, or your authorized representative, may file a request for an external review within four months after the date of receiving the final adverse appeal decision.

For questions about your rights, or for assistance, you may contact our Customer Service Department. You may also contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272).

Programs targeted toward improving your health

We are dedicated to providing programs and services to improve our members' health and the quality of care they receive. The Complex Case Management Program and Chronic Condition Management Program offers clinicians who help members with serious medical conditions, extensive injuries, chronic conditions or long-term illnesses. These services are voluntary and there is no additional cost for you or your covered dependents.

Our approach puts your health first.

- ▶ A clinician is available by telephone to help you and your loved one navigate the healthcare system through researching, assessing, and coordinating healthcare needs, and identifying community resources.
- ▶ Clinicians with specialty experience are available when necessary to assist with your individual needs, such as chronic and complex medical conditions, pediatrics, high-risk obstetrics (OB), organ transplants oncology services and behavioral health.
- ▶ Educational materials are provided to help you learn more about managing your condition(s).

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Programs targeted toward improving your health (continued)

Complex Case Management referrals may be made by any healthcare provider. You and/or your caregiver may also enroll directly. To enroll in the Complex Case Management program call **1-800-821-7231** toll-free.

Chronic Condition Management is a state-of-the-art program that improves health outcomes and elevates quality of care. It focuses on chronic conditions that are sometimes debilitating, but can be managed through early intervention and awareness of appropriate treatment and lifestyle changes.

The program focuses on, but is not limited to, the following chronic diseases:

- ▶ Asthma
- ▶ Chronic obstructive pulmonary disease
- ▶ Congestive heart failure
- ▶ Coronary artery disease
- ▶ Diabetes (types 1 and 2)
- ▶ Chronic kidney disease
- ▶ Musculoskeletal pain
- ▶ Hypertension
- ▶ Obesity
- ▶ Pre-diabetes

You, or a covered dependent, may be identified as a potential participant for this program if diagnosed with any of these conditions. Identified members will be mailed a postcard with registration and contact information. There is no cost to you to join, and participation is completely voluntary and confidential. Upon enrollment, a health professional will provide a health assessment with registration, develop a patient profile and reinforce the provider's plan of care. Participants are encouraged to focus on a healthier lifestyle and take measures to manage their condition more effectively.

To enroll in the Chronic Condition Management program call **1-888-841-5741** toll-free, or email **membermanagement@bcbsal.org** for more information.

If you have questions about healthcare services, treatments, programs available to you and how to enroll in them, or need help navigating the healthcare system, call **1-800-821-7231** toll-free or visit our website at **AlabamaBlue.com** for additional information.

How we are improving quality

We are committed to providing the highest quality service to our members. To maintain our high standards, our Quality Management Program provides the infrastructure and the formal processes needed to promote compliance with quality standards and regulations by continuously and systematically monitoring, evaluating and improving the care and service delivered to our members.

We are proud to have earned Health Plan Accreditation from the National Committee for Quality Assurance (NCQA). This accreditation demonstrates our commitment to meeting and exceeding nationally recognized standards for best practices and confirms, through an impartial review, that we have the infrastructure and processes in place to promote high quality healthcare.

We work closely with Alabama hospitals and doctors on a variety of quality and patient safety initiatives. Through these initiatives, we strive to improve quality and increase the availability of healthcare information while managing healthcare costs. Each year, we measure our performance on different aspects of clinical care and service, and compare our performance to other health plans across the country.





We cover what matters.

AlabamaBlue.com