BlueCross BlueShield of Alabama

Important Information for Providers

WHAT'S INSIDE

Questions?

If you would like a printed copy of this brochure, contact Provider Networks at **Ask-PSC@bcbsal.org**.

Paper copies of the materials referenced in this brochure can also be obtained upon your request.

Visit us at **AlabamaBlue.com/Providers**

Members' Rights and Responsibilities

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

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

Members of a Blue Cross and Blue Shield of Alabama health plan 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 provided by medical professionals.
- Seek education about health problems and participate in developing treatment goals, as much as possible.

Members' Rights and Responsibilities - Federal Employee Program

Our Blue Cross and Blue Shield Service Benefit Plan members have the following rights and responsibilities to make sure they get the most out of their healthcare plan:

- Be an active participant (or choose someone to do this on their behalf) in healthcare decisions. Members, and their representatives, are encouraged to speak with providers regarding any information related to a diagnosis, evaluation, treatment or prognosis that is given. Members should discuss any medical treatment options related to their health with their providers, regardless of the treatment cost or whether it is covered. Members agree to accept any of the charges as outlined in the Blue Cross and Blue Shield Service Benefit Plan brochure if they choose to receive treatment that is not a covered benefit.
- Blue Cross and the providers who participate in Blue Cross' network respect a member's right to privacy. Members can approve or refuse the release of any personal information. Blue Cross ensures the confidentiality of all member records and will only release them to the appropriate entities, if required to do so by law.

- Be treated with dignity and respect by Blue Cross. Blue Cross asks for the same treatment from members and their representatives to Blue Cross, as well as anyone else involved in the member's healthcare. Members have the right to contact Blue Cross if there is a need to voice a comment, complaint or wish to appeal a decision about Blue Cross or the care that a clinician in Blue Cross' network provides. Also, members may easily search Blue Cross' provider directory if there is a need, for any reason, to change providers.
- Request additional information about what Blue Cross expects from its members and what members should expect from their healthcare team. This includes the right to request more information about Blue Cross, the providers who participate in Blue Cross' network, and their member rights and responsibilities. If members have any recommendations for the rights and responsibilities statement, Blue Cross requests that they share them. Members may request a paper copy of the rights and responsibilities statement by calling the number on the back of their member ID card during regular business hours.
- Fair and ethical practices that do not discriminate on the basis of race, color, national origin, age, disability or sex. The Plan does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.
- Provide accurate information regarding their health and wellness (including any allergies they have or medications they take or over-the-counter products they use) so that collectively we can work together to help them reach their health goals. Together, members and their healthcare teams should develop a mutually agreed upon care plan. Members should work with their team to better understand these agreed upon goals, and follow the developed plan to the best of their ability. If they have any information that could affect their care, such as a living will or power of attorney, they should share it with their providers.

Prescription Drug Lists

Prime Therapeutics, LLC, is an independent pharmacy benefit manager for Blue Cross and Blue Shield of Alabama. This section only applies to you if Prime administers your patient's pharmacy benefits.

Drugs are selected for the prescription drug guides based on the recommendations of a committee of physicians and pharmacists from throughout the country. The committee, 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 posted on our website, **AlabamaBlue.com/Pharmacy.** The quarterly updates to the prescription drug lists are posted to the website prior to the effective date of the changes. Negatively impacted members and their providers are notified.

Blue Cross typically groups drugs into one of the following four or six tier levels based on specific member benefits:

- Tier 1 - primarily generics and select brands
- Tier 2 - primarily preferred brands
- Tier 3 - primarily non-preferred brands
- Tier 4 - primarily specialty (if applicable)

OR

- Tier 1 - primarily preferred generics
- Tier 2 - primarily non-preferred generics
- Tier 3 - primarily preferred brands
- Tier 4 - primarily non-preferred brands
- Tier 5 - primarily preferred specialty
- Tier 6 - primarily non-preferred specialty

Tier 1 drugs have the lowest cost to the member while Tiers 4–6 drugs have the highest cost to the member. Coverage and member costs vary based on the plan. Drugs that require prior authorization, step therapy or have dispensing limits are noted in the prescription drug lists. If you cannot locate your patient's applicable drug list, please contact a Customer Service Representative for assistance identifying the appropriate drug list. Once identified, visit **AlabamaBlue.com/Pharmacy,** choose Prescription Drug Guides, and select the drug list identified by the Customer Service Representative.

Prescription drugs are classified as either a brand drug or a generic drug. Blue Cross uses the brand or generic status given by a nationally recognized company providing drug product information. The brand/generic status of a drug can sometimes change over the life of the drug and can change from brand to generic or from generic to brand. These changes may alter the amount the member pays for the drug. The brand or generic status of a drug is never based on a product having a trade name. Generic drugs often have trade names.

Blue Cross encourages utilization of generic medications as a way to provide high-quality drugs at a reduced cost. Generic drugs are as safe and effective as their brand counterparts, but are usually less expensive. Generic drugs are manufactured under the same strict requirements of the FDA's current Good Manufacturing Practice regulations required for brand drugs and cover the manufacturing, identity, strength, purity and quality.

An FDA-approved generic drug may be substituted for the brand counter when it:

- Contains the same active ingredient(s) as the brand drug;
- Is identical in strength, dosage form and route of administration; and
- Is therapeutically equivalent and can be expected to have the same clinical effect and safety profile.

If the medication to be prescribed is not listed on the prescription drug list, also referred to as a formulary, you can refer to the Drug Coverage Lookup Tool by:

1. Visiting **AlabamaBlue.com/Providers**.
2. Choosing "Pharmacy" under the Resources tab.
3. Choosing "Drug Coverage Lookup Tool."
4. Entering the patient's contract number and medication to be prescribed.

A list of medications matching the criteria entered will return with coverage information, including generic availability, prior authorization, quantity limits, and step therapy requirements.

Call our Customer Service Department to verify if the medicine is covered. If it is not, a Customer Service Representative can assist you in requesting coverage of the noncovered drug or in completing the "General Prescription Drug Authorization Request Form."

To request a formulary exception to our coverage rules:

1. Visit **AlabamaBlue.com/Providers.**
2. Select "Self-Administered Drug Prior Authorization Forms" under Self-Administered Drug Policies.
3. Select "General Prescription Authorization Request Form."
4. Complete the printed form and mail it to the address or fax it to the number noted in the submission instructions.

Prescription Drug Lists - Federal Employee Program

This section only applies to you if you have patients covered by FEP.

The Pharmacy and Medical Policy Committee (PMPC) is an independent group of doctors and pharmacists. This group recommends drugs for each tier based on their effectiveness, safety, and how they compare to other drugs in the same therapeutic class. The PMPC meets every quarter to review new and existing drugs. The Committee's recommendations, together with our evaluation of the relative cost of the drugs, determine the placement of formulary drugs on a specific tier. Quarterly updates to the formulary drug lists are posted prior to the effective date of the changes at **www.fepblue.org/pharmacy/prescriptions**.

FEP Blue Standard and Basic Option Benefit Plans group drugs into these five tier levels:

- Tier 1 – Generic Drugs
- Tier 2 – Preferred Brand Name Drugs
- Tier 3 – Non-preferred Brand Name Drugs
- Tier 4 – Preferred Specialty Drugs
- Tier 5 – Non-preferred Specialty Drugs

The FEP Blue Focus Plan groups drugs into these two tier levels:

- Tier 1 – Preferred Generics
- Tier 2 – Preferred Brand Name Drugs, Preferred Generic Specialty Drugs and Preferred Brand Name Specialty Drugs

Generally, the lower the drug tier, the lower the cost. Coverage and member cost vary based on the Plan. Drugs subject to prior approval or quantity allowances are noted in the formulary drug lists at **www.fepblue.org/pharmacy/prescriptions**.

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Blue Cross encourages generic utilization as a way to provide high-quality drugs at a reduced cost. Generic drugs are as safe and effective as their brand counterparts, but are usually less expensive. Generic drugs are manufactured under the same strict requirements of the FDA's current Good Manufacturing Practice regulations required for brand drugs and cover the manufacturing, identity, strength, purity and quality.

An FDA-approved generic drug may be substituted for the brand counter when it:

- Contains the same active ingredient(s) as the brand drug;
- Is identical in strength, dosage form and route of administration; and
- Is therapeutically equivalent and can be expected to have the same clinical effect and safety profile.

If your patient has Basic Option prescription drug benefits and his or her prescription medication is on the Managed Not Covered list, you can:

- Call the FEP Pharmacy Program at 1-800-624-5060 to ask about other covered options.
- Request a formulary exception to our coverage rules by:
  1. Visiting **www.fepblue.org/pharmacy/prescriptions**.
  2. Go to the "Covered equivalents for drugs not on our formulary" section at the bottom of the page and select the appropriate link.

Behavioral Health Services

New Directions Behavioral Health® is an independent behavioral health benefit manager for Blue Cross and Blue Shield of Alabama. This section only applies to you if New Directions administers your patients' behavioral health benefits.

Practitioners may receive assistance from a behavioral health professional in treating their Blue Cross patients with behavioral health needs. To make a case management referral, arrange a call with a psychiatrist, or seek any other behavioral health assistance, contact New Directions' physician help line at 1-855-339-1598. This line is available 24 hours a day, 7 days a week, including holidays.

Practitioner Rights

Each practitioner applying for credentialing and/or recredentialing with Blue Cross and Blue Shield of Alabama has the following rights:

- To review information submitted to support a credentialing application
- To correct erroneous information
- To be informed, upon request, of the status of a credentialing and/or recredentialing application

To contact the Credentialing Department, email **credentialing@bcbsal.org**. If information cannot be verified or if verified information differs substantially from submitted information, the provider will be contacted for an explanation. Applicants will be given sufficient time to correct erroneous information and resubmit it to the Credentialing Department.

Access to Utilization Management Staff

As a practitioner, you have the right to request a copy of the criteria used in the utilization management (UM) decision-making for your patients. Blue Cross' medical policies are available online at **AlabamaBlue.com/Providers/Policies**. Medical policies specific to the Blue Cross and Blue Shield Service Benefit Plan are available online at **www.fepblue.org.**

Blue Cross utilizes nationally recognized, evidence-based criteria, claims data and medical policies in UM reviews. To review criteria utilized in an adverse benefit decision, a practitioner may contact his or her Provider Networks Consultant to schedule an appointment with a Blue Cross subject matter expert. The Consultant will contact Health Management with the physician contact information so an appointment may be scheduled. For acute inpatient level of care, you may contact the Clinical Auditor assigned to the nearest in-network facility. If you have questions regarding UM, contact Provider Customer Service at 1-877-231-7239.

Provider Financial Incentives Policy

Blue Cross' UM decision-making is based only on appropriateness of care and services and the existence of coverage. Blue Cross does not make decisions about hiring, promoting or terminating practitioners or other staff based on the likelihood, or on the perceived likelihood, that the practitioner or staff member supports, or tends to support, denial of benefits.

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

Case Management

Practitioners can find information regarding the process to submit referrals for member management in the online Provider Manual and CURP Manual. Practitioners including, but not limited to, physicians, nurse practitioners, social workers, care coordinators, physical therapists, speech therapists, occupational therapists, nurses and pharmacists can submit member management referrals telephonically through the Member Management toll-free number 1-888-841-5741 or through the website, **AlabamaBlue.com**. Complex Case Management referrals may also be made directly from a provider through our provider website at **AlabamaBlue.com/Providers**.

Chronic Condition Management

Blue Cross and Blue Shield of Alabama's Chronic Condition Management Program is designed to augment current practice plans and optimize care plans between office visits. An experienced group of health professionals is available to help facilitate care plans and provide extra resources to your patients through a variety of means.

We will provide information for your patients that has been collected through the Chronic Condition Management Program. Hopefully, this information will be useful in enhancing patient interactions.

Currently, the program focuses on patients diagnosed or at risk for developing conditions including: asthma, chronic obstructive pulmonary disease, diabetes, coronary artery disease, congestive heart failure and other specialized conditions. The program educates at-risk members about preventing or reversing health risks through behavior change and healthy lifestyle choices for those diagnosed with obesity, prediabetes and hypertension. To refer a member to the program, you or your patient should contact 1-888-841-5741 or email **membermanagement@bcbsal.org.** We must receive the member's consent to join the program.

We invite our participating physicians and other providers to submit feedback or any opinions or issues related specifically to chronic condition management.

BlueCross BlueShield of Alabama

An Independent Licensee of the Blue Cross and Blue Shield Association

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