BlueCross BlueShield of Texas

Blue Essentials℠, Blue Advantage HMO℠, Blue Premier℠ and MyBlue Health℠ Provider Manual - Other Information Overview

Please Note

Throughout this provider manual there will be instances when there are references unique to **Blue Essentials, Blue Advantage HMO, Blue Premier** and **MyBlue Health.** These specific requirements will be noted with the plan/network name. If a plan/network name is not specifically listed or the "**Plan**" is referenced, the information will apply to **all** HMO products.

In this Section

The following topics are covered in this section:

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Introduction: Member Satisfaction Surveys

Plan surveys members randomly about their satisfaction with **Plan** health care providers and the **Plan** program.

These surveys give the **Plan** and **Plan** health care providers more information on the quality of service provided to our managed care members and help both of us focus on meeting the patient's needs.

Questions Asked on the Survey

The questions asked on the survey relate to the:

- Personal interest and attention received from the health care providers
- Friendliness and courtesy of the health care provider's staff
- Amount of time the health care provider spent with the patient
- Understanding of diagnosis explanations and need for laboratory and/or radiology services
- Appointment availability and wait time in the office.

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Introduction: Member Rights and Responsibilities

Each member receives a copy of the member rights and responsibilities. A copy is provided here for your reference.

In addition, each **HMO** member has certain rights and responsibilities when receiving health care services and should expect the best possible care available.

Member Rights

You have the right to:

- Select and/or change your primary care physician/provider (PCP), and know the qualifications, titles and responsibilities of the professionals responsible for your health care.
- Be provided with information about your HMO; health care benefits; copayments, copayment limitations and/or other charges; service access; changes and/or termination in benefits and participating providers; exclusions and limitations.
- Receive prompt and appropriate treatment for physical or emotional disorders and participate with your providers in decisions regarding your care.
- Express opinions, concerns, complaints and appeals regarding any aspect of the HMO program in a constructive manner.
- Be treated with dignity, compassion and respect for your privacy.
- Receive timely resolution of complaints or appeals through Customer Service and the HMO complaint procedure.
- Have all medical and other information held confidential unless disclosure is required by law or requested in writing by you.
- Have access to review by an Independent Review Organization.
- Make recommendations regarding your Blue Essentials and Blue Advantage HMO rights and responsibilities policies.
- Right to refuse treatment and be informed of the medical consequences as a result of this decision.
- Have a candid discussion of appropriate or medically necessary treatment options for your condition, regardless of cost or benefit coverage.

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Member Rights and Responsibilities, cont.

You have the responsibility to:

- Meet all eligibility requirements of your employer and the Health Maintenance Organization (HMO).
- Identify yourself as an HMO member by presenting your ID card and pay the copayment at the time of service for network benefits.
- Establish a physician/patient relationship with your PCP and seek your PCP's medical advice/referral for network services prior to receiving medical care, unless it is an emergency situation or services are performed by your HMO participating OBGyn.
- Provide, to the extent possible, information that the HMO and practitioner/providers need, in order to care for you. Including changes in your family status, address and phone numbers within 31 days of the change.
- Understand the medications you are taking and receive proper instructions on how to take them.
- Notify your PCP or HMO plan within 48 hours or as soon as reasonably possible after receiving emergency care services.
- Communicate complete and accurate medical information to health care providers.
- Call in advance to schedule appointments with your network provider and notify them prior to canceling or rescheduling appointments.
- Read your coverage documents for information about benefits, limitations, and exclusions.
- Ask questions and follow instruction and guidelines given by your provider to achieve and maintain good health.
- Understand your health problems and participate to the degree possible in the development of treatment goals mutually agreed upon between you and your provider.

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Member Rights and Responsibilities

Rights	Responsibilities
You have the right to:	**You have the responsibility to:**
Receive information about the organization, its services, its practitioners and providers and subscribers' rights and responsibilities.	Provide, to the extent possible, information that your health benefit plan and practitioner/ provider need, in order to provide care.
Make recommendations regarding the organization's subscribers' rights and responsibilities policy.	

Rights	Responsibilities
Communication	**Communication**
You have the right to:	**You have the responsibility to:**
Participate with practitioners in making decisions about your health care.	Follow the plans and instructions for care you have agreed to with your practitioner.
Be treated with respect and recognition of your dignity and your right to privacy.	Understand your health problems and participate in the development of mutually agreed upon treatment goals, to the degree possible.
A candid discussion of appropriate or medically necessary treatment options for your condition, regardless of cost or benefit coverage.	
Voice complaints or appeals about the organization or the care it provides.	

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Benefit Exclusions

Although **Plan** networks offer comprehensive health care benefits to its members, there are some services that are not covered. Some common exclusions may include:

- Cosmetic surgery
- Sex transformation
- Dental care
- Custodial care
- Personal comfort items
- Fertility drugs
- Experimental/investigational procedures
- Private rooms (unless medically necessary)
- Routine foot care
- Elective abortions

For detailed information about what is and is not covered, check eligibility and benefits using Availity® or your preferred electronic vendor or contact provider customer service:

Blue Essentials - 1-877-299-2377
Blue Advantage HMO - 1-800-451-0287
Blue Premier - 1-800-876-2583
MyBlue Health - 1-800-451-0287

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Member Complaint Procedure

The **Plan** complaint process, regarding quality of care or service, may be initiated by the member, the treating health care provider or other individual designated to act on behalf of the enrollee. The member may express dissatisfaction by contacting the **Plan** Customer Service Department. If the issue is not resolved to the member's satisfaction, the member may file a complaint with the **Plan** Customer Service Department.

The dissatisfied member may complain orally or in writing by letter to the **Plan** Customer Service Department, or by requesting a **Member Complaint Procedure Form** from the Customer Service Department. Complaints involving presently occurring emergencies will be accepted by phone. Administrative complaints are reviewed by the **Plan** Customer Service Department. Medical issues are reviewed by the **Plan**. The advisory committees review quality of care issues. The Customer Service Department sends a written response to the member.

The **Plan** decisions regarding complaints can be appealed by the member. The member has the following options:

- Request a review by the **Plan** Complaint Appeal Panel. (The Panel consists of equal members of the Health Plan staff, physicians or professional providers, members who are not health plan employees and an appropriate specialist, if applicable).
- File a complaint with the Texas Department of Insurance (if their group is regulated by the state).

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TDI Complaint Required Notice Posting

The Texas Department of Insurance requires that a sign regarding the HMO complaint process be posted in every HMO contracting provider's office. It should read as follows:

IMPORTANT NOTICE TO PEOPLE COVERED BY HMOs
(Health Maintenance Organizations)

If you are dissatisfied with any aspect of your HMO, you have the right to file a complaint, by phone or in writing, with your HMO or the Texas Department of Insurance (TDI).

- **Upon request**, your HMO must give you a complete description of its complaint process. **Texas law requires** the HMO to:
  - **Send you a letter** telling you the HMO received your complaint
  - **Resolve the complaint within 30 days** of receiving it (complaints involving emergencies or extended hospital stays must be resolved within one business day)
  - **Give you a written response explaining the resolution** of your complaint which must include the specific medical reasons for its response and the kinds of health care providers consulted
  - **Allow you to appeal** to a panel that includes other people covered by your HMO.

If you disagree with an HMO decision to deny care because the HMO says it is not "medically necessary", you have the right to an independent review of that decision. This review is under the direction of the Texas Department of Insurance (TDI).

You may complain to the Texas Department of Insurance at any time about your HMO. TDI can also give you more details about the HMO complaint process.

Texas Department of Insurance Consumer Helpline
1-800-252-3439
or utilize their online complaint system.

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Patient Protection Information:

Emergency Care

Each PCP or his/her designee shall be available at all times to approve or deny requests from hospital emergency department personnel for authorization to provide emergency care and treatment and post stabilization treatment to **Plan** members. Such requests must be responded to within one hour.

Continuity of Care

In the event of termination of a health care provider, **Plan** will use its best efforts to provide at least 30 day notice to members receiving care from the health care provider of the impending termination. The health care provider must agree to cooperate with, and to provide reasonable assistance upon request, to the **Plan** to affect such notice.

Termination of a health care provider participation in the **Plans** will not release the health care provider from his/her obligation to continue ongoing treatment of a member of "special circumstance" or the **Plans** from their obligation to reimburse the health care provider for such services at the **Plan's** contracted rate. Special circumstances as defined in the Texas Insurance Code will be identified by the health care provider who must request that the member be permitted to continue under his/her care and who must agree not to seek payment from the member for any amounts for which the member would not be responsible if the health care provider had not terminated.

The health care provider's and the Plan's obligations will continue until the earlier of the appropriate transfer of the member's care to another Plan health care provider, the expiration of 90 days from the effective date of termination of the health care provider with a terminal illness.

However, the obligation of the Plan to reimburse the terminated health care provider for services to a member who at the time of the termination is past the 13th week of pregnancy, extends through delivery of the child, immediate postpartum care, and the follow-up checkup within the first six weeks of delivery.

Patient Protection Information:

Continuity of Care, cont**.**

The health care provider must also agree to cooperate in the referral of members to other participating **Plan** health care providers in order to assure continuation of care. Disputes regarding continued treatment will be handled through the health plan's complaint process.

Non-retaliation

The **Plan** will not engage in any retaliatory action against a health care provider including termination of his/her participation in the **Plan**, because a health care provider has, on behalf of a member, reasonably filed a complaint against the **Plan** has appealed a decision of the **Plan**.

Privacy of Health Information Overview

The following information provides a summary of Blue Cross and Blue Shield of Texas (BCBSTX) Privacy Policies and Procedures:

The regulations are long and complex, but they can be grouped into five main topics:

1. **Consent and Authorization:**
   This refers to the permission a person must give for us to use or disclose his or her Protected Health Information (PHI). BCBSTX will be dealing mostly with authorizations.
2. **Use, Disclosure and Minimum Necessary:** These rules talk about when and\ how to use or disclose PHI. In most cases, we must use or disclose only the least amount, the minimum necessary, of PHI needed to do a certain task.
3. Individual's Rights:
   The person who is the subject of PHI has five major rights.
   - **a.** The right to ask for access to his/her PHI and receive a copy or view it on location
   - **b.** The right to ask for an amendment to his/her PHI
   - **c.** The right to receive a listing of all recorded disclosures of his/her PHI
   - **d.** The right to ask for further restrictions on the use and disclosure of his/her PHI
   - **e.** The right to ask that any communication with the person regarding his/her PHI be carried out through confidential means that differ from the normal methods of contact, such as mail to the home address

Privacy of Health Information Overview, cont.

4. **Business Associates (BA):**

   Outside persons or entities that carry out a function on behalf of BCBSTX are our business associates. They must follow the privacy regulations, too, and be allowed to access only certain PHI, as outlined in their contract.

5. **Administrative Requirements:**
   There are several things that BCBSTX must do to oversee compliance with the privacy regulations. They include such activities as naming a privacy officer, creating a privacy office, writing privacy policies and procedures, sending out a notice of privacy practices and training its workers about its privacy policies.

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Blue Cross and Blue Shield of Texas (BCBSTX) Corporate Privacy Policies

BCBSTX's Corporate Privacy Policies follow. Authorized management in the division is responsible for implementing these policies and associated procedures, except where noted.

Policy #1: Documentation of Privacy Policies and Procedures

Each affected BCBSTX operational area shall develop, implement and maintain its own policies and procedures that are in accordance with the BCBSTX Corporate Privacy Policies and Procedures. Each BCBSTX operational area shall provide written assurance to the Privacy Office regarding the accuracy of its privacy policies and procedures annually. These policies and procedures are subject to Privacy Office review.

Policy #2: Privacy Complaints

The Privacy Office shall evaluate privacy complaints and respond in writing to an individual or an individual's personal representative in a timely manner following receipt of a complete, written complaint, as required by law and in accordance with approved corporate procedures.

Policy #3: Safeguarding Protected Health Information (PHI)

Each BCBSTX operational area shall develop, implement and maintain appropriate administrative, technical, and physical safeguards to prevent inappropriate use or disclosure of Protected Health Information (PHI).

Policy #4: Training of Privacy Policies and Procedures

BCBSTX shall train its workforce on the Corporate Privacy Policies and Procedures, and the privacy policies and procedures of operational areas as required by law and in accordance with approved corporate procedures.

Business Associates (BA) will, upon execution of the agreement, be provided with information about BCBSTX's Corporate Privacy Policies and Procedures. In addition, those BAs that work directly with a particular operational area will be provided with that area's specific privacy policies and procedures when they begin work for the department.

BCBSTX Corporate Privacy Policies, cont.

Policy #5: Disclosure Tracking
This policy addresses BCBSTX as a Covered Entity (an entity that must comply with the Federal privacy regulations). BCBSTX shall record and track its disclosures of PHI as required by law and in accordance with approved corporate procedures. Each affected BCBSTX operational area shall identify each disclosure of PHI that must be recorded. All required disclosure information will be entered in the BCBSTX Tracking Database in a timely manner.

When BCBSTX acts as a Business Associate, there may be situations in which disclosure tracking will need to be done in accordance with both the law and a specific Business Associate Agreement.

Policy #6: Authorizations
BCBSTX shall obtain a signed authorization form from an individual or the individual's personal representative in situations required by law and in accordance with approved corporate procedures.

Policy #7: Minimum Necessary Protected Health Information (PHI)
This policy assumes a disclosure of PHI is not as a result of an authorization, or that de-identification of the information will not provide the needed information.

BCBSTX workforce and BCBSTX Business Associates (BA) that have executed BA agreements shall be permitted access to and use of only the minimum PHI reasonably necessary for the performance of their duties. Unless otherwise permitted by the terms of a BA agreement, BCBSTX BAs shall only be permitted access to and use of PHI in accordance with their BA agreement.

BCBSTX Corporate Privacy Policies, cont.

Policy #7: Minimum Necessary Protected Health Information (PHI), cont'd
BCBSTX workforce members or BAs will not use, disclose or request an entire medical record without the department manager's written approval that this is the minimum necessary PHI needed for the stated purpose.

Authorized management in each affected BCBSTX operational area shall be responsible for determining and documenting the minimum necessary information required to fulfill routine/recurring and non-routine/non-recurring requests for or disclosures of PHI as required by law and in accordance with approved corporate procedures.

Policy #8: Business Associates (BA)
BCBSTX as a Covered Entity - BCBSTX shall require its Business Associates to enter into a written BA agreement. Any person or entity determined to be a BA without an executed BA agreement shall not receive PHI unless the subject of the PHI or their authorized representative signs an authorization. Any member of the BCBSTX workforce who has a good faith belief that a BA has possibly violated their BA agreement shall orally report such information to their management. Authorized management shall document this report in writing, and send a copy to the Privacy Office. Potential violations of the terms of a BA agreement by a BA shall be resolved according to corporate procedures and applicable law.

BCBSTX as a Business Associate - When BCBSTX serves as a BA to another Covered Entity, BCBSTX will enter into a written BA agreement with the Covered Entity. As a BA, BCBSTX will use or disclose PHI as permitted by state and federal law and the BA agreement with the Covered Entity. The standard BCBSTX BA agreement shall be used. Any exceptions should follow approved corporate procedures.

BCBSTX Corporate Privacy Policies, cont.

Policy #9: Disclosure Accounting
This policy addresses BCBSTX as a Covered Entity. When BCBSTX acts as a Business Associate, there may be situations in which disclosure accounting will need to be done in accordance with both the law and a specific BA agreement. BCBSTX shall provide an individual or an individual's personal representative with an accounting of BCBSTX's disclosures as required by law and in accordance with approved corporate procedures.

Each request for an accounting of PHI disclosures shall be entered into the BCBSTX Tracking Database in a timely manner. The Privacy Office shall be responsible for implementing this policy and the associated disclosure accounting corporate procedures.

Policy #10: Requests to Receive Protected Health Information (PHI) by Alternative Confidential Means
BCBSTX shall consider granting a written request from an individual or an individual's personal representative to receive PHI by alternative confidential means or at an alternative location as required by law and in accordance with approved corporate procedures. Each written request to receive PHI by alternative confidential means or at an alternative location shall be documented in a timely manner. BCBSTX shall update corporate, divisional and operational area records as required by law to reflect requests accepted by BCBSTX.

Policy #11: Requests to Access Protected Health Information (PHI)
BCBSTX shall consider requests from an individual or an individual's personal representative to inspect and obtain a copy of the requesting individual's PHI as permitted by state or federal law and in accordance with approved corporate procedures.

BCBSTX shall evaluate the request and issue a written response as required by law.

BCBSTX Corporate Privacy Policies, cont.

Policy #12: Personal Representatives
BCBSTX will disclose appropriate PHI to personal representatives of an individual when the personal representative follows the same procedures as the individual. The designation of a person as a personal representative will be documented according to appropriate law, and corporate procedures.

Policy #13: De-identification of PHI
Except as otherwise permitted by law, BCBSTX will de-identify PHI released externally. The de-identification of PHI shall be accomplished in accordance with applicable law and approved corporate procedures. PHI that has been de-identified is health information that may be released without minimum necessary determinations. There are several ways to de-identify PHI. One way involves removing individually identifiable health information that may link the data to a specific person. This information includes, but is not limited to:
Name
Address
Date of birth/death
Telephone number
Fax number
Date of admission/discharge
E-mail address
Social security number
Medical record number
Health plan beneficiary number
Account number
Vehicle identifiers
Certificate/license number
Web universal resource locator (URL)
Internet protocol (IP) address number
Biometric ID, such as finger or voice prints
Full face or comparable photo images
Other unique ID number, code or characteristic

BCBSTX Corporate Privacy Policies, cont.

Policy #14 Verification of Identity and Authority
BCBSTX shall verify the identity and authority of any person requesting PHI as may be required by law and in accordance with approved corporate procedures.

Policy #15: Disclosure of PHI in Group Market Situations
BCBSTX will release PHI to self-funded group health plans, insured group health plans, and plan sponsors or their Business Associates as permitted by law and in accordance with approved procedure.

Policy #16: Notice of Privacy Practices
BCBSTX shall issue a Notice of Privacy Practices to persons as required by law and in accordance with approved corporate procedures.

Revisions shall be made to the Notice of Privacy Practices if there is any material change to BCBSTX's legal duties with respect to its privacy practices, individuals' privacy rights or other privacy practices that would need to be reflected in the Notice. The revised Notice will be distributed to insured members as required by law and made available to any other person upon request.

The Privacy Office shall be responsible for implementing this policy and the associated corporate procedures.

Policy #17: Requests to Restrict PHI
This policy addresses BCBSTX as a Covered Entity. Individuals may submit requests to restrict use or disclosure of their PHI to BCBSTX. Each request to restrict PHI must be entered in the BCBSTX Tracking Database in a timely manner.
BCBSTX shall not grant a request from an individual or a personal representative of an individual to place any additional restrictions on the use and disclosure of the individual's PHI, unless required by law or the restriction is approved by the Privacy Officer. The Privacy Office shall be responsible for implementing this policy and the approved corporate procedures.

BCBSTX Corporate Privacy Policies, cont.

Policy #18: Requests to Amend PHI
This policy addresses BCBSTX as a Covered Entity. BCBSTX shall consider amending an individual's PHI upon receipt of a completed Amendment Request Form from the individual making the request or his/her personal representative as permitted by law and in accordance with approved corporate procedures. Notification of the disposition of the amendment request will be sent to the individual or his/her personal representative. BCBSTX shall take reasonable steps as required by law to communicate amended PHI to appropriate BAs.

Policy #19: Privacy Practical Guidelines
The following privacy guidelines represent the philosophy and practices that BCBSTX follows in its day-to-day operations: BCBSTX will not disclose PHI for the purpose of reporting abuse, neglect or domestic violence, unless required by law. Then, only the minimum necessary information will be disclosed and entered into the BCBSTX Tracking Database.

PHI may be requested or disclosed for deceased persons without obtaining an authorization if it goes to persons with authority to act on behalf of the deceased or as permitted by law.

No PHI will be used for fundraising, but BCBSTX may solicit its employees for charitable fundraising purposes.

Workforce members must verify identity and authority of the recipient before making such disclosure.

Requests for PHI must go to the Legal Department if they involve law enforcement, averting a serious threat to health or safety, judicial and administrative proceedings or disaster relief activities.

An authorization must be obtained before using or disclosing PHI for marketing purposes. The Marketing Decision Guidance must be used to determine if a communication is a Marketing Communication.

PHI will not be disclosed for organ or tissue donation purposes unless required by law.

BCBSTX Corporate Privacy Policies, cont**.**

Policy #19: Privacy Practical Guidelines, cont.

BCBSTX will not request, use or disclose psychotherapy notes. Such notes will be returned immediately if they are received.

All records, including electronic and hard copies, will be maintained according to the BCBSTX Record Retention Policy.

PHI will not be disclosed for research purposes.

Requests for disclosure of PHI for special government purposes will be forwarded to the BCBSTX Legal Department.

Only the minimum necessary PHI will be disclosed in accordance with state worker's compensation law.

Provider Inquiry and Complaint Resolution

Participating health care providers should direct telephone or written inquiries or complaints to the **Plan** Customer Service Department. Inquiries and complaints will only be acknowledged and processed when they are received from the health care provider or a person in the provider's office, or by a representative of the health care provider whose authority is confirmed in a written document that is signed by the health care provider.

Inquiries that cannot be resolved promptly will be treated as complaints. A Customer Service Advocate will be assigned to each complaint. The Customer Service Advocate assigned to an oral complaint will request in writing that the health care provider submit the complaint in a letter. Written complaints will generally be acknowledged within 5 days of their receipt. The **Plan** will endeavor to resolve complaints in writing within 30 days following receipt of all information necessary for resolution. This resolution exhausts the opportunity for the health care provider to appeal or otherwise obtain additional review by the **Plan** of the provider's complaint.

For requirements related to inquiries or complaints by a health care provider on behalf of a **Plan** member, refer above for the **Plan** Member Complaint Procedure.

For requirements related to claim reviews of claims payment, refer to **Section F, Filing Claims,** then refer to the **Claim Review Process** procedures in this section.