Member Rights & Responsibilities

Member Rights and Responsibilities
Blue KC has updated our Member Rights & Responsibilities to be consistent across all of our HMO and PPO products.

Blue KC members have:

- A right to receive information about the organization, its services, its contracted practitioners and providers, and member rights and responsibilities.
- A right to be treated with respect, recognition of their dignity, and a right to privacy.
- A right to participate with practitioners in making decisions about their healthcare.
- A right to a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
- A right to voice complaints or appeals about the organization or the care it provides.
- A right to make recommendations regarding the organization's member rights and responsibilities policy.
- A responsibility to supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care.
- A responsibility to follow plans and instructions for care that they have agreed to with their practitioners.
- A responsibility to understand their health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.

How Utilization Management Operates

Blue KC's Medical Management division and participating network physicians and providers make utilization of services decisions about Blue KC members' healthcare needs based on the medical appropriateness of the care and service. Blue KC does not reward its medical management staff for issuing denial of coverage decisions and there is no financial incentive offered to medical management staff or network providers to make decisions that would encourage inappropriate utilization of services. Our goal is to identify and promote appropriate usage and cost-effective healthcare resources to ensure that quality healthcare services are delivered to our members.

HEDIS Spotlight: Follow-Up Care for Children Prescribed ADHD Medication

The "Follow-Up Care for Children prescribed ADHD Medication" HEDIS measure monitors the percentage of children ages 6-12 who have a newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication and had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Blue KC reports two rates to NCQA:

- *Initiation Phase.* The percentage of members 6-12 years of age who had a follow-up visit with a practitioner with prescribing authority within 30 days of when the ADHD medication was first dispensed.
- *Continuation Phase.* The percentage of members 6-12 years of age, who remained on ADHD medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner with prescribing authority within the time frame 31-300 days after the ADHD medication was first dispensed.

NCQA has provided the following table, which indicates the ADHD medications covered in this measure:

Description	Prescription		
CNS stimulants	• Amphetamine-dextroamphetamine • Atomoxetine • Dexmethylphenidate	• Dextroamphetamine • Lisdexamfetamine • Methamphetamine	• Methylphenidate
Alpha-2 receptor agonists	• Clonidine	• Guanfacine	
Miscellaneous ADHD medications	• Atomoxetine		

Follow-up visits are important for making sure children are on the best possible dosage of medication for their particular circumstance. The American Academy of Pediatrics recommends that at least one follow-up visit occurs by the fourth week after the initial ADHD prescription is filled. The purpose of this visit is to review the child's response to the medication, including its effects on symptoms, to monitor any side effects and to check

the child's blood pressure, pulse and weight. In addition to this initial visit, it is important to continue to follow-up with children to monitor their medication dosage. As indicated by the continuation phase measure above, NCQA recommends that children should have at least two more visits with their pediatrician/primary care doctor beyond the initial follow-up visit within the first 10 months of diagnosis.

During HEDIS 2014, Blue KC's compliance rate for the ADHD initiation phase follow-up was only 38.9 percent and the ADHD continuation phase rate was only 42.2 percent. Blue KC recognizes that these rates indicate an opportunity for improvement and encourages your practice to carefully monitor these patients and schedule follow-up visits during the visit where the ADHD medication is prescribed if you are able.

HEDIS Spotlight: Antidepressant Medication Management

The "Antidepressant Medication Management" HEDIS measure monitors the percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression (296.20-296.25, 296.30-296.35, 298, 311) and remained on an antidepressant for a minimum time frame, as defined by NCQA. Blue KC reports two rates to NCQA:

- *Effective Acute Phase Treatment*. The percentage of members 18 years of age and older who had a diagnosis of major depression and remained on an antidepressant medication for at least 84 days (12 weeks) during the 114 day period following the initial dispensing date of the antidepressant medication.
- *Effective Continuation Phase Treatment*. The percentage of members 18 years of age and older who had a diagnosis of major depression remained on an antidepressant medication for at least 180 days (six months) during the 231 day period following the initial dispensing date of the antidepressant medication.

NCQA has provided the following table, which indicates the antidepressant medications covered in this measure:

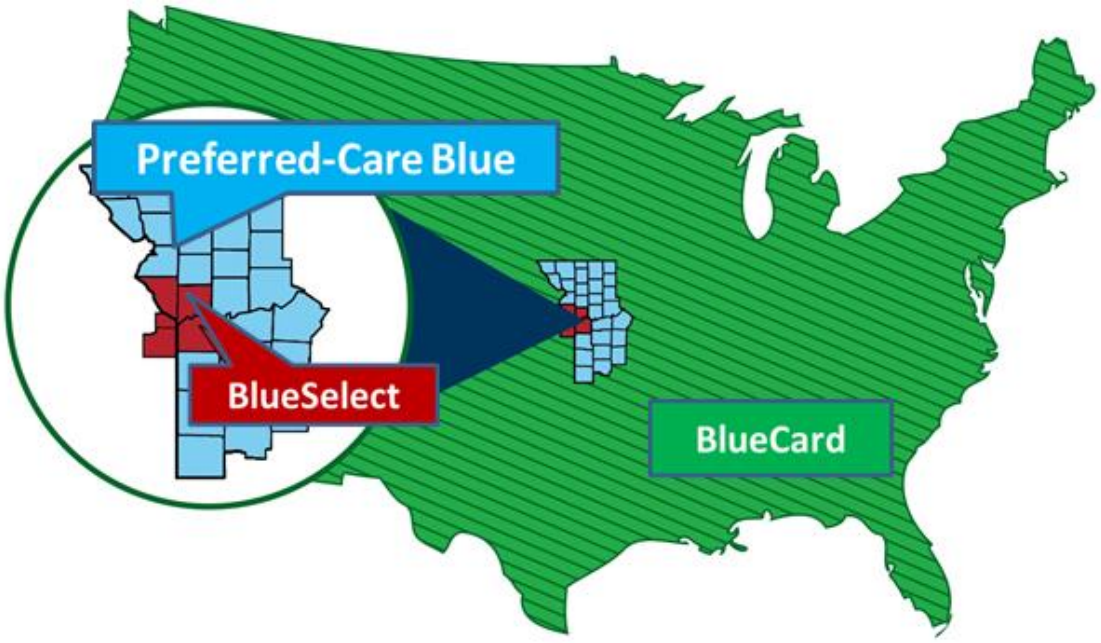
Description	Prescription	
Miscellaneous antidepressants	• Bupropion	• Vilazodone

Monoamine oxidase inhibitors	• Isocarboxazid • Phenelzine	• Selegiline • Tranylcypromine	
Phenylpiperazine antidepressants	• Nefazodone	• Trazodone	
Psychotherapeutic combinations	• Amitriptyline-chloriazepoxide • Amitriptyline-perphenazine	• Fluoxetineolanzapine	
SSNRI antidepressants	• Desvenlafaxine • Duloxetine	• Venlafaxine	
SSRI antidepressants	• Citalopram • Escitalopram	• Fluoxetine • Fluvoxamine	Paroxetine Sertraline
Tetracyclic antidepressants	• Maprotiline	• Mirtazapine	
Tricyclic antidepressants	• Amitriptyline • Amoxapine • Clomipramine	• Despramine • Doxepine (>6 mg) • Imipramine	Nortriptyline Protriptyline Trimipramine

Recent data suggests that approximately 50 percent of psychiatric and primary care patients prematurely discontinue antidepressant medication.[1] During the HEDIS 2014 measurement period, Blue KC's rate for effective acute phase treatment for antidepressant medication management was 62.9 percent, while our effective continuation phase treatment for antidepressant medication management was only 46.3 percent. These low percentages highlight an opportunity for improvement in the care of these members. Blue KC stresses the importance of addressing patient concerns and closely monitoring patient adherence while on antidepressant therapy, as studies have shown that the risk of relapse and additional depressive episodes increases with early discontinuation of an antidepressant medicine.[2]

1. Innov Clin Neurosci. 2012 May-Jun; 9(5-6): 41–46.
2. J Clin Psychiatry. 2012;73 Suppl 1:31-6.

Blue KC Products On/Off Exchange



Blue KC offers Affordable Care Act (ACA) compliant products to members on and off the exchange on two distinct networks: **Preferred-Care Blue** (available in thirty-two counties) and **BlueSelect** (available in five counties only).

BlueCard is a national network offered to members outside Blue KC's 32-county service area.

Note to Providers: Please confirm network status with Provider Relations

New policies effective January 1, 2015

Intraoperative Fluorescence Imaging Systems - Policy Number: 10.01.530
Intraoperative fluorescence imaging (SPY® Imaging) to evaluate vascular patency and tissue viability in coronary artery bypass graft surgery, solid

organ transplant, and plastic, micro- and reconstructive surgery is considered **inclusive** to the primary procedure.

Invasive Prenatal (Fetal) Diagnostic Testing - Policy Number: 2.04.116
Chromosomal Microarray
In patients who are undergoing invasive diagnostic prenatal (fetal) testing, chromosome microarray (CMA) testing may be considered **medically necessary**, as an alternative to karyotyping (see Considerations).

(To view complete policy click here)

The following information is provided to assist your Plan with provider education about inter-Plan business. While the information is believed to be accurate, you should review it carefully to make sure it is appropriate for use by your Plan. Please exercise caution when using the provider materials. Note that some areas of the materials may require customization with your Plan information, as indicated in parentheses and/or bold, and that discretion should be used regarding necessary changes and/or modifications to this material. This information does not constitute, and is not intended as, legal or financial advice.

Blue KC Patient Benefits and Eligibility Verification

Verifying Blue KC patients' benefits and eligibility is now more important than ever, since new products and benefit types have entered the market.

The best way to check a patient's eligibility and benefits is through the use of real-time 270/271 transactions (eligibility request and response). The response will contain the following patient information: eligibility, deductible (static and remaining), plus coinsurance and copay requirements for selective service types.

Please check with your practice management system vendor and/or your EDI clearinghouse about utilizing the benefits of real-time 270/271 transactions.


BlueCross BlueShield
of Geography
Blue
Product
ALPHA
Employer Group
Member Name
Member Name
Member ID
XYZ123456789
Dependents
Dependent One
Dependent Two
Dependent Three
Group No. 023457
BIN 987654
Benefit Plan HIOPT
Effective Date 00/00/00
Plan Code 123
Plan PPO
Office Visit $15
Specialist Copay $15
Emergency $75
Deductible $50
PPO
Rx