

BLUE KC

2018 Affordable Care Act (ACA) Plans

Blue Cross and Blue Shield of Kansas City (Blue KC) will not offer or renew individual plans on the Affordable Care Act (ACA) individual market in our 32-county service area in Kansas and Missouri for 2018. This decision will affect Blue KC members with both on- and off- exchange individual plans but does not affect individual plans that were purchased on or prior to October 1, 2013.

Like many other health insurers across the country, Blue KC has faced challenges in this market. Our losses in this market of more than \$100 million from 2014 to 2016 are unsustainable for our company.

Approximately 67,000 of Blue KC's more than one million members will be affected. This decision will not affect 2017 coverage. Blue KC will notify members whose plans are affected via mail by July 1, 2017. Households may receive more than one mailing, because each policyholder with an affected plan will receive a separate notice. Grandmothered and grandfathered plans will continue to be offered for renewal. This will not affect coverage for Blue KC members who receive insurance through their employers or those who purchased a Medicare Supplement, Medicare Advantage, a Short-Term Policy or a Student Health Plan from Blue KC.

We remain committed to you, our valued provider partners, and continue to vigorously pursue our mission to use our role as the leading health insurer to provide affordable access to healthcare and to improve the health of our members.

Please click [here](#) for talking points to address questions and concerns you or your patients may have. For more information, please contact your Blue KC provider representative.

Member Rights & Responsibilities

Blue KC members have certain rights and responsibilities, as outlined below:

The right to:

- Receive considerate and courteous care with respect and recognition of personal privacy, dignity and confidentiality.

- Have a candid discussion of medically necessary and appropriate treatment options or services for your condition from any participating physician, regardless of cost or benefit.
- Receive medically necessary and appropriate care or services from any participating physician or other participating healthcare provider from those available as listed in your managed care plan directory or from any nonparticipating physician or other healthcare provider.
- Receive information and diagnosis in clear and understandable terms, and ask questions to ensure you understand what you are told by your physician and other medical personnel.
- Participate with providers and practitioners in making decisions about your healthcare, including accepting and refusing medical or surgical treatments.
- Give informed consent to treatment and make advance treatment directives, including the right to name a surrogate decision maker in the event you cannot participate in decision-making.
- Discuss your medical records with your physician and have health records kept confidential, except when disclosure is required by law or to further your treatment.
- Be provided with information about your managed healthcare plan, its services and the practitioners and providers providing care, as well as have the opportunity to make recommendations about your rights and responsibilities.
- Communicate any concerns with your managed healthcare plan, regarding care or services you received, receive an answer to those concerns within a reasonable time, and initiate the complaint and grievance procedure if you are not satisfied.

The responsibility to:

- Respect the dignity of other members and those who provide care and services through your managed healthcare plan.
- Ask questions of your treatment physician or treatment provider until you fully understand the care you are receiving and participate in developing mutually agreed upon treatment goals to the degree possible.
- Follow the mutually agreed upon plans and instructions for care that you have discussed with your healthcare practitioner, including those regarding medications.

- Comply with all treatment follow-up plans, and be aware of the medical consequences of not following instructions.
- Communicate openly and honestly with your treatment provider regarding your medical history, health conditions, and the care you receive.
- Keep all scheduled healthcare appointments and provide advance notification to the appropriate provider if it is necessary to cancel an appointment.
- Know how to use the services of your managed healthcare properly.
- Supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care.

2017 Provider Postcard

Please keep a look out for the upcoming 2017 Provider Postcard! Blue KC will distribute postcards through the mail in September 2017.

The Provider Postcard serves as Blue KC's reminder of important provider partner information. The postcard contains information on:

- Special Notices
- Member Rights and Responsibilities
- Utilization Management Policies
- Disease Management Services
- Case Management Program

For more information, please contact your Blue KC provider representative.

2017 Provider Office Guide (POG)

The 2017 Provider Office Guide can be found on the Provider page of our website at Providers.BlueKC.com effective third quarter of 2017!

The Blue KC Provider Office Guide has been developed to provide you and your staff with basic, important information about Blue KC. The office guide is intended to assist you in understanding the key point of contact and policies and procedures applicable to your practice.

For more information, please contact your Blue KC provider representative.

Fax Numbers Changes

As of March 17, 2017, Blue KC's inquiry form submission fax numbers have changed and were replaced with the following:

Local	816-395-3959
FEP	816-395-3811
Blue Card	816-817-3381

The old fax numbers were eliminated, effective April 1, 2017.

If you have questions or for more information, please contact your Blue KC provider representative.

HEALTHCARE

HEDIS Spotlight

In our busy culture preventive screening services can easily be forgotten.

Outreach to members has been shown to improve member engagement in preventive care. Outreach in the form of reminder letters can serve as a tool to improve member engagement.

The Health Statistical Analysis (HSA) team works with our HEDIS data which helps Blue KC identify members who are overdue for services. Beginning in the third quarter of each year, the HSA team sends test-specific letters to Blue KC members. Test-specific letters include Breast, Colorectal and Cervical cancer screening reminders.

Studies have shown that there is an improvement in cancer screening adherence when members are sent reminder letters¹. Internally, we have seen improvements in Colorectal Cancer Screening specifically. Based on three years of intervention in this area we have noticed that members are approximately five percent more likely to seek care when reminders come from providers rather than the insurance company.

The HSA team works diligently with provider groups to engage them as well as the member. These efforts have resulted in providers working collaboratively with Blue KC to send reminder letters on their behalf. This process includes Blue KC providing physicians with a gaps in care list. The physician's office then has two weeks to review their list and request any modifications before Blue KC moves forward with generating letters on the physician's behalf. In instances where a provider does not allow Blue KC to use her or his letterhead, Blue KC still sends out reminders to the provider's attributed members however the reminder is on Blue KC letterhead.

If you are interested in participating in our letter collaboration efforts, please contact Curtisi Cross at Curtisi.Cross@BlueKC.com or by phone at 816-395-3058.

¹ Aiello Bowles E.J., Gao H., Brandzel S., Bradford S.C., Buist D.S. *Preventive medicine*. 2016 Jan 25; 86: 19-27.

2017 Policy Updates

New policies effective February 1, 2017

Acupuncture for Pain Management, Nausea and Vomiting, and Opioid Dependence

Policy Number: [7.01.157](#)

- Acupuncture may be considered **medically necessary** for treatment of episodic migraine and/or tension-type headache.
- Acupuncture is considered **investigational** for the treatment of other pain-related conditions including but not limited to:
 - Low back pain
 - Shoulder pain
 - Lateral elbow pain
 - Carpal tunnel syndrome
 - Cancer pain in adults
 - Chronic pain in patients with spinal cord injury
 - Pain in endometriosis
 - Pain in rheumatoid arthritis.
- Acupuncture is considered **investigational** for the prevention or treatment of nausea and/or vomiting.
- Acupuncture is considered **investigational** for opioid reduction or cessation in opiate users.

Note: This may be a benefit exclusion on the member's policy.

Noninvasive Fractional Flow Reserve Using Computed Tomography Angiography

Policy Number: [6.01.59](#)

- The use of fractional flow reserve using coronary computed tomography angiography preceding invasive coronary angiography in patients with suspected stable ischemic heart disease is considered **investigational**.

Noninvasive Techniques for the Evaluation and Monitoring of Patients with Chronic Liver Disease

Policy Number: [2.04.41](#)

- A single FibroSURE multianalyte assay may be considered **medically necessary** for the evaluation of patients with chronic liver disease.
- Transient elastography (FibroScan) imaging may be considered **medically necessary** for the evaluation of patients with chronic liver disease.
- FibroSURE multianalyte assays are considered **investigational** for monitoring of patients with chronic liver disease.
- Other multianalyte assays with algorithmic analyses are considered **investigational** for the evaluation or monitoring of patients with chronic liver disease.
- Transient elastography (FibroScan) imaging is considered **investigational** for monitoring of patients with chronic liver disease.

- The use of other noninvasive imaging, including but not limited to magnetic resonance elastography, acoustic radiation force impulse imaging (ARFI; e.g., Acuson S2000), or real-time tissue elastography, is considered **investigational** for the evaluation or monitoring of patients with chronic liver disease.

Changes to existing policies effective February 1, 2017

Allergy Testing and Allergy Immunotherapy

Policy Number: 2.01.501

Allergy Testing

New policy statement:

Rapid desensitization (also known as "Rush" or "Cluster" Immunotherapy)

- Members with moderate to severe allergic rhinitis who need treatment during or immediately before the season of the affecting allergy.

Autografts and Allografts in the Treatment of Articular Cartilage Lesions

Policy Number: 7.01.78

- New policy statements:
 - Treatment of focal articular cartilage lesions with decellularized osteochondral allograft plugs (e.g., Chondrofix) is considered **investigational**.
 - Treatment of focal articular cartilage lesions with reduced osteochondral allograft discs (e.g., Prochondrix, Cartiform) is considered **investigational**.

Homocysteine Testing in the Screening, Diagnosis, and Management of Cardiovascular Disease and Venous Thromboembolic Disorders:

Policy Number: 2.04.23

- New policy statements:
 - Measurement of plasma levels of homocysteine is considered **not medically necessary** in the screening, evaluation, and management of patients for cardiovascular disease.
 - Measurement of plasma levels of homocysteine is considered **investigational** in the screening, evaluation, and management of patients with venous thromboembolism or risk of venous thromboembolism.

New policies effective March 1, 2017

Auditory Brainstem Implant

Policy Number: 7.01.83

- Unilateral use of an auditory brainstem implant (using surface electrodes on the cochlear nuclei) may be considered **medically necessary** in patients with neurofibromatosis type 2, who are 12 years of age or older, and who are rendered deaf due to bilateral resection of neurofibromas of the auditory nerve.
- An auditory brainstem implant is considered **investigational** for all other conditions including non-neurofibromatosis type 2 indications.
- Bilateral use of an auditory brainstem implant is considered **investigational**.
- Penetrating electrode auditory brainstem implant is considered **investigational**.

Cytochrome P450 Genotyping

Policy Number: 2.04.38

- Note: This is a type of genetic testing that may be excluded in some contracts. Verify benefits prior to review for Medical Necessity.
- *CYP2D6* genotyping to determine drug metabolizer status may be considered **medically necessary** for patients:
 - With Gaucher disease being considered for treatment with eliglustat; OR
 - With Huntington disease being considered for treatment with tetrabenazine in a dosage greater than 50 mg per day.
- *CYP450* genotyping for the purpose of aiding in the choice of clopidogrel versus alternative antiplatelet agents, or in decisions on the optimal dosing for clopidogrel, is considered **investigational**.
- *CYP450* genotyping for the purpose of aiding in the choice of drug or dose to increase efficacy and/or avoid toxicity for the following drugs is considered **investigational**, aside from determinations in the separate policies noted above:
 - selection or dosing of selective serotonin reuptake inhibitors (SSRIs)
 - selection or dosing of selective norepinephrine reuptake inhibitors and serotonin-norepinephrine reuptake inhibitors
 - selection or dosing of tricyclic antidepressants
 - selection or dosing of antipsychotic drugs
 - selection or dosage of codeine
 - dosing of efavirenz and other antiretroviral therapies for HIV (human immunodeficiency virus) infection
 - dosing of immunosuppressants for organ transplantation
 - selection or dosing of β -blockers (e.g., metoprolol)
 - dosing and management of anti-tuberculosis medications
- The use of genetic testing panels that include multiple *CYP450* mutations is considered **investigational**.

Drug Testing in Pain Management and Substance Abuse

Policy Number: 2.04.98

In outpatient pain management, presumptive (i.e. immunoassay) urine drug testing may be considered **medically necessary** for:

- Baseline screening before initiating treatment or at the time treatment is initiated, when the following conditions are met:
 - An adequate clinical assessment of patient history and risk of substance abuse is performed;
 - Clinicians have knowledge of test interpretation;
 - There is a plan in place regarding how to use test findings clinically
- Subsequent monitoring of treatment at a frequency appropriate for the risk level of the individual patient (see Considerations)

In outpatient substance abuse treatment, in-office or point-of-care presumptive (i.e. immunoassay) urine drug testing may be considered **medically necessary** under the following conditions:

- Baseline screening before initiating treatment or at the time treatment is initiated (i.e. induction phase), one time per program entry, when the following conditions are met:
 - An adequate clinical assessment of patient history and risk of substance abuse is performed;
 - Clinicians have knowledge of test interpretation;
 - There is a plan in place regarding how to use test findings clinically
- Stabilization phase – targeted weekly presumptive screening for a maximum of four weeks (see Considerations)
- Maintenance phase – targeted presumptive screening once every one to three months (see Considerations)

Definitive (i.e. confirmatory) urine drug testing, in outpatient pain management or substance abuse treatment, may be considered **medically necessary** under the following circumstances:

- When immunoassays for the relevant drug(s) are not commercially available
- In specific situations for which definitive drug levels are required for clinical decision-making (see Considerations)

In outpatient pain management and outpatient substance abuse treatment, urine drug testing is considered **not medically necessary** when the above criteria are not met including but not limited to routine presumptive or definitive urine drug testing (e.g. testing at every visit, without consideration for specific patient risk factors or without consideration for whether definitive testing is required for clinical decision-making).

In outpatient pain management and substance abuse treatment, hair drug testing and oral fluid drug testing are considered **investigational**.

Magnetic Resonance Imaging–Targeted Biopsy of the Prostate

Policy Number: 7.01.152

- Magnetic resonance imaging–targeted biopsy of the prostate is considered to be **investigational**.

Moderate Penetrance Variants Associated with Breast Cancer in Individuals at High Breast Cancer Risk

Policy Number: 2.04.126

- Note: This is a type of genetic testing that may be excluded in some contracts. Verify benefits prior to review for Medical Necessity.
- Testing for *PALB2* variants for breast cancer risk assessment in adults who meet the following criteria may be considered **medically necessary**:
- The individual meets criteria for genetic risk evaluation (see Considerations) AND
 - The individual has undergone testing for sequence variants in *BRCA1* and *BRCA2* (see Considerations) with negative results
 - Testing for *PALB2* sequence variants in individuals who do not meet the criteria outlined above is considered **investigational**.
 - Testing for *CHEK2* and *ATM* variants in the assessment of breast cancer risk is considered **investigational**.

Changes to existing policies effective March 1, 2017

Accelerated Breast Irradiation and Brachytherapy as Boost after Breast-Conserving Surgery for Early-Stage Breast Cancer

Policy Number: 8.01.13

- Based on review of clinical input, the following additional changes were made to the policy statement on accelerated whole-breast irradiation:
 - requirement age of at least 50 years;
 - clarification to the meaning of 'technically clear surgical margins' in both this policy statement as well as the Considerations section;
 - "exclude disease involving the margins of excision" was removed from this policy statement.

Amniotic Membrane and Amniotic Fluid

Policy Number: 7.01.149

- New policy statements:
 - Treatment of nonhealing diabetic lower-extremity ulcers using the following human amniotic membrane products (AmnioBand® Membrane, Biovance®, Epifix®, Grafix™) may be considered **medically necessary**.
 - All other human amniotic membrane products and indications not listed above are considered **investigational**.

Bioengineered Skin and Soft Tissue Substitutes:

Policy Number: 7.01.113

There were changes to the policy statements:

- AlloMend was added to the medically necessary statement for breast reconstructive surgery, and
- AlloPatch was added to the medically necessary statement for diabetic lower-extremity ulcers.
- Products with new HCPCS codes (Microderm, TruSkin) were added to the investigational statement.

- Changes were also made to the following products: Unite Biomatrix is no longer available; MatriStem was renamed Cytal; and FortaDerm was renamed PuraPly.
- The material on amniotic membrane products was moved to policy 7.01.149 (Amniotic Membrane and Amniotic Fluid).

Hematopoietic Cell Transplantation for Hodgkin Lymphoma

Policy Number: 8.01.29

- Policy statement on reduced-intensity conditioning revised to remove statements regarding patients who would otherwise qualify for a myeloablative allogeneic transplant and when insufficient stem cells are collected.

Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome

Policy Number: 7.01.101

- The first medically necessary policy statement was revised to include variants of palatopharyngoplasty: Palatopharyngoplasty (e.g., uvulopalatopharyngoplasty, uvulopharyngoplasty, uvulopalatal flap, expansion sphincter pharyngoplasty, lateral pharyngoplasty, palatal advancement pharyngoplasty, relocation pharyngoplasty)

Ultrasound in Pregnancy

Policy Number: 4.01.07

- Added Serial ultrasounds, every three to four weeks, with evidence of maternal Zika virus infection to Medically Necessary policy statement.

No New policies effective April 1, 2017

Changes to existing policies effective April 1, 2017

Treatment of Tinnitus

Policy Number: 8.01.39

- New Policy Statement:
 - Psychological coping therapy may be considered **medically necessary** for persistent and bothersome tinnitus.
- Botulinum toxin type A injections were removed from the investigational statement as they are addressed in policy 5.01.05 (botulinum toxin)

New policies effective May 1, 2017

Digestive Enzymes for Use with Enteral Tube Feedings

Policy Number: 1.02.500

- Digestive enzymes added to enteral formula via a cartridge device attached to the tubing used for enteral feeding is considered **investigational** (e.g. Relizorb™ immobilized lipase cartridge).

Changes to existing policies effective May 1, 2017

Bone Morphogenetic Protein

Policy Number: 7.01.100

- rhBMP-7 is no longer marketed in the United States.
- Removed policy statement: Use of recombinant human bone morphogenetic protein-7 (rhBMP-7, OP-1) may be considered **medically necessary** in skeletally mature patients:
 - As an alternative to autograft in compromised patients (e.g. osteoporosis, tobacco use or diabetes) requiring non-instrumented revision posterolateral intertransverse lumbar spinal fusion, for whom autologous bone and bone marrow harvest are not feasible or are not expected to promote fusion.*
 - For recalcitrant long bone nonunions where use of autograft is unfeasible and alternative conservative treatments have failed*.

*FDA approved under a Humanitarian Device Exemption (HDE).

- Removed rhBMP-7 from **not medically necessary** statement.

Cochlear Implant

Policy Number: 7.01.05

- Replacement of internal and/or external components is considered **medically necessary** only in a small subset of members who have inadequate response to existing component(s) to the point of interfering with the individual's activities of daily living, or the component(s) is/are no longer functional and cannot be repaired. Copies of original medical records must be submitted either hard copy or electronically to support medical necessity.
- Replacement of internal and/or external components solely for the purpose of upgrading to a system with advanced technology or to a next-generation device is considered **not medically necessary**.

Corneal Collagen Cross-Linking

Policy Number: 9.03.28

- New policy statements:
 - Corneal collagen cross-linking using riboflavin and ultraviolet A may be considered **medically necessary** as a treatment of progressive keratoconus or corneal ectasia after refractive surgery.
 - Corneal collagen cross-linking using riboflavin and ultraviolet A is considered **investigational** for all other indications.

Home Cardiorespiratory Monitoring

Policy Number: 1.01.06

- Revised policy statements:
 - Those who have experienced a brief resolved unexplained event (previously known as apparent life-threatening event) and are not considered lower risk following clinical evaluation
 - Those with chronic lung disease (i.e. bronchopulmonary dysplasia).

Viscocalanostomy and Canalooplasty

Policy Number: 9.03.26

- Policy statement on viscocalanostomy changed from **investigational** to **not medically necessary**.

The above 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.

Questions?

For questions, comments or to refer a member directly to the Healthy Companion program, please call (816) 395-2076 or (866) 859-3813.

Contact Us

BlueSpeak is published three times a year as a service to Blue KC network providers.

Reader's comments are welcome. Please send an email to **Tasha James** at Tasha.James@BlueKC.com.

Please Update Your Email Address at BlueSpeak@BlueKC.com to ensure you continue to receive the newsletter.