BLUESPEAK
WHAT'S NEW FROM BLUE

Kansas City

MEDICAL POLICY CHANGES

We made changes to some of our current medical policies effective on September 1, 2013. Our current medical policies are available for review at BlueKC.com. Select the "Contact Us" tab located at the top of the web page, then under the FAQs header, choose "Prior Authorization" and the medical policy link will be listed.

The following medical policy was published effective September 1, 2013:

Eyelid Thermal Pulsation
- Eyelid thermal pulsation therapy to treat dry eye syndrome is considered **investigational**.

The following medical policies had changes effective September 1, 2013:

Aqueous Shunts for Glaucoma
- Added new investigational policy statement:
  - Use of a micro-stent is considered **investigational**.

Continuous or Intermittent Glucose Monitoring in Interstitial Fluid
- "Symptomatic" removed from the third policy statement.
- New investigational policy statement:
  - Use of an artificial pancreas system, including but not limited to closed-loop monitoring devices with low-glucose suspend (LGS) features, are considered **investigational.**

Cryosurgical Ablation of Miscellaneous Solid Tumors Other than Liver, Prostate, or Dermatologic Tumors
- Metastases was added to the investigational policy statement:
  - Cryosurgical ablation is considered **investigational** as a treatment of benign or malignant tumors of the breast, lung, pancreas, or other solid tumors or metastases outside the liver and prostate, and to treat renal cell carcinomas in patients who are surgical candidates.

Diagnosis and Management of Idiopathic Intolerances (i.e., Multiple Chemical Sensitivities, Food Sensitivities)
- Policy title changed to include food sensitivities.
- Policy updated to indicate MRT is considered investigational.
  - Mediator release testing (MRT) for the diagnosis of food or chemical related sensitivities is considered **investigational**.

Endovascular Stent Grafts for Disorders of the Thoracic Aorta

- Medically necessary indication added for acute rupture of the thoracic aorta.
    - Endovascular stent grafts may be considered **medically necessary** for the treatment of rupture of the descending thoracic aorta.

Intraocular Radiation Therapy for Age-Related Macular Degeneration

- Title changed from "Epiretinal Radiation Therapy…" to "Intraocular Radiation Therapy…"
- Investigational statement added on proton beam therapy:
    - Intraocular proton beam therapy for the treatment of choroidal neovascularization is considered **investigational**.

Proteomics-based Testing for the Evaluation of Ovarian (Adnexal) Masses

- ROMA™ testing was added to the policy;
- Policy statement indicates both OVA1 and ROMA testing are investigational for all indications.

AUTOMOTIVE ACCOUNTS UPDATE

The following are upcoming changes for Automotive Accounts that will be effective January 1, 2014.

Auto Accounts Update
Preferred-Care Blue Provider Network Effective January 1, 2014

Blue KC Plan Change from Blue-Care HMO to Preferred-Care Blue PPO for the UAW Retiree Medical Benefits Trust (URMBT)
The UAW Retiree Medical Benefits Trust (URMBT) members currently enrolled in our Blue-Care HMO will change to our Preferred-Care Blue PPO effective January 1, 2014. Blue KC will send new identification cards to members with a new alpha prefix and Preferred-Care Blue network logo. Please note that the Ford Active Hourly employees that are enrolled in our Blue-Care HMO will not change.

National PPO Products Administered through the BlueCard Program
Ford Active Salaried, General Motors Active Hourly and Salaried employees will have access to the Preferred-Care Blue network effective January 1. Members will not be notified until they receive their new identification cards with a new alpha prefix and the Preferred-Care Blue network logo, in late December. Blue Cross Blue Shield of Michigan will continue to maintain the benefits and eligibility for the National PPO Product that is administrated through the BlueCard Program. Keep in mind, the member must be referred to a Preferred-Care Blue network provider to receive the highest benefit level under the plan.

Below are the new alpha prefixes

Account	New Prefix	Network	BCBS Blue Plan
URMBT	UAB	Preferred-Care Blue	Blue KC
Ford –Salaried Active and pre-65 Retirees	FDB	Preferred-Care Blue	BCBS of Michigan
General Motors – Active	GMQ	Preferred-Care Blue	BCBS of Michigan

Hourly (UAW) and Salaried
Additionally, Ford Active Hourly (UAW) employees and some URMBT members with the National PPO Plan that is currently administered through the BlueCard Program will not change at this time. These segments will continue to access our Preferred-Care network.

DME network change for the National PPO Plans administered through the BlueCard Program
We are pleased to announce that the National BlueCard PPO DME network will be effective January 1, 2014 for all Auto Account members that previously used Northwood National Provider Network (NNPN), DMEnsion Benefit Management, and HMENN Home Medical Equipment Network. This network change includes all Ford, General Motors, Chrysler, and UAW Retiree Medical Benefit Trust (URMBT) administered by BlueCross BlueShield of Michigan through the BlueCard Program. For dates of service after January 1, 2014, all DME providers will submit claims to the appropriate Blue Cross and Blue Shield Plan.

As a reminder for the above mentioned changes:
Always, request a copy of the member's identification card. To obtain benefit and eligibility information log onto our website BlueKC.com or call 1-800-676-BLUE (2583). If you have any questions regarding these changes, please contact your provider relations representative.

NEW MEMBER ID CARD

Blue KC will be implementing a slight change to our member identification insurance cards. The new cards will be issued with a 2-D bar code reflected on the back of the card. We will begin issuing the new 2-D bar code cards in the fall of 2013 and will continue throughout 2014. You may continue to see cards in the old format through 2014 as we transition.

Providers can continue to manually key in the member information to receive the current eligibility and benefit information.

Click here to view the sample card

TERRITORY MAPS

Do you know who your external provider relations representative is? The Blue KC Provider Relations Department has recently reorganized our 32 county area of responsibility amongst the department's 10 external provider relations representatives. Find out who your representative is, and call or email to schedule a meet and greet.

Click here to view the territory maps

HEALTHCARE SECTION

ICD-10 UPDATE

The information contained within this section is designed to serve as a resource to help you prepare for the U.S. healthcare industry's change from ICD-9 to ICD-10 for medical diagnosis and inpatient procedure coding. Blue KC encourages you to check out all of the information contained within this section as well as the helpful web links.

Click here to read more

PHYSICIAN QUALITY MEASUREMENT INITIATIVE

Blue KC is committed to providing our members with tools to make more informed healthcare choices and more effectively partner with their physicians. As part of that effort, we are pleased to announce an addition to the shite of Blue consumer engagement initiatives included in the redesigned Blue KC Doctor and Hospital Finder; our customer website.

Physician Quality Measurement Initiatives (PQM)

During the fourth quarter of 2013, we will incorporate the **Physician Quality Measurement (PQM)** initiative on the Blue KC Doctor and Hospital Finder. This initiative will reflect a physician's quality performance based on a three star ranking system calculated at the physician group level. The physician measurement information is based on select HEDIS® physician performance measures and is intended to help members make more informed decisions about providers and the healthcare services they provide.

Initially, we will display a performance measure related to breast cancer screening. Future measures fall under the major categories of women's health, cancer screening, diabetes, heart disease, asthma, respiratory infection, medication monitoring, back pain, depression, and immunizations. This is part of a national Blue Cross and Blue Shield Association program to provide quality transparency to consumers.

Your provider relations representative will be delivering a report to you showing the members attributed to your practice who are out of compliance with breast cancer screening. If you have information that a mammogram was performed on an attributed member, please indicate such on the report and return it to your provider relations representative using the envelope that was provided or contact your provider relations representative for alternate ways to return this information Additionally, please enclose a copy of the clinical or radiology report.

The required information is:

(1) Member name and Blue KC ID number
(2) Member date of birth
(3) Date of service of the bilateral mammogram
(4) Findings

If you have questions, please contact your provider relations representative.

CLINICAL PERFORMANCE MEASURE: AVOIDANCE OF ANTIBIOTIC TREATMENT IN ADULTS WITH ACUTE BRONCHITIS (AAB)

According to the Centers for Disease Control (CDC), antibiotic resistance is one of the world's most pressing health problems. Though the science in this field is rapidly evolving, certain guidelines are well established. To help your own practice stay consistent with the most recent research, Blue KC wants you to be aware of an important clinical quality measure that we track: Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis. This measure is aligned with the CDC's recommendations for clinical practice, which is described in the attached PDF.

Click here to read more

HEALTH INSURANCE MARKETPLACES 101 (A.K.A. EXCHANGES)

The Patient Protection and Affordable Care Act of 2010 (ACA) calls for the establishment of Health Insurance Marketplaces (Exchanges) where individuals can purchase health insurance coverage for effective dates beginning January 1, 2014. For individuals who qualify, there will be advance premium tax credits (subsidies) available to assist in payment of monthly health insurance premiums.

Exchange Individual Grace Period
The ACA mandates a three-month grace period for individuals who enroll for coverage on the Exchange and receive an advance premium subsidy but are delinquent in paying their portion of the premium. This grace period applies as long as the individual has previously paid at least one month's premium. During the grace period, the health insurance plan is required to pay claims for services rendered during the first month of the grace period.

How Will I Know If the Member Is Within a Delinquency Period?
Blue KC is aware of the impact this may have to our provider community and so we are updating our provider portal to include a "paid through" date that will display with the member eligibility information. You can also verify a member's delinquency status by calling Blue KC Customer Service at 816-395-3558, or the customer service phone number listed on the member ID card.

How Will Claims Be Processed During the Grace Period?
Blue KC will process the claim and render no decision on payment responsibility on claims for dates of service within the second and third month of the grace period. Consequently, if a member is within the last two months of the federally mandated individual grace period, providers may receive a notification from Blue KC indicating the member is in the grace period and we are unable to assign financial responsibility for the claim until the member either pays his or her premium or the grace period expires. If the member does not make payment by the end of the three-month grace period, the member's coverage will be terminated retroactive to the last day of the first month of the grace period. Claims will be adjusted upon payment of premium or termination of coverage.

For certain large groups (employers with 50 or more employees) the Administration has delayed the effective date of this rule until the employer's plan renews in 2015. The delayed effective date is available only to the extent the plan or its carrier use external vendors to process some of their claims.

OUT OF POCKET MAXIMUM

The Affordable Care Act has a direct impact on the rules regarding how the member's out-of-pocket maximums are calculated. Except as described below, the new rules require that all in-network member cost-sharing, including deductibles, coinsurance and copayment (including pharmacy) apply to the limit. Patients now have a greater possibility of meeting the max, as defined by their plan, and may not having balances for you to collect in your office. All services with a member cost-share will now be accumulated toward an in-network or out-of-network maximum, including copayments. This is a big change, so you may want to review your provider remits much closer so that you are not collecting copayments unnecessarily. In the event you unnecessarily collect a copayment, you are responsible for returning the overpayment to the member.