

## RUSO Q & A to Blue Cross Blue Shield of Oklahoma

1) Can we please look at increasing the lifetime max to \$3 or \$5 million - this was a major sticking point?

We will consider looking at increasing the Lifetime Maximum as requested if additional claims information can be obtained (specifically large claims). If additional data can not be obtained, we will look at increasing the LTM after one year of being on the BCBSOK plan.

2) Precertification: If you use a BlueChoice PPO Provider in Oklahoma for your services, your Provider will automatically request Precertification for you. The member is responsible for obtaining precertification for services received outside of Oklahoma and Out of Network.

The precertification process is the same for anything that contractually requires a precert. The outcome may be different, but the process is the same for any request.

A provider will call our precert department and will request a precertification. If it is something on our focused precert list, that does not require clinical, a clerk will be able to authorize it. If it requires clinical, then the caller will be transferred to the nurses queue. The nurse will take the information and will review the Milliman criteria/policies, etc. in order to determine medical necessity.

Typically, outpatient procedures do not require a precert, however, precerts are required for some op procedures in an ASC (Ambulatory Surgery Center). This is tied to provider contracting. The rationale is to ensure that the surgical services are ones that can be safely performed in an ASC setting. More complex procedures are directed to a hospital setting.

See below:

Can you please provide a working example for how the pre-authorization process works for the following:

a) Maternity (start to finish)-This process is the same as the precert process described above. These precerts are required contractually, however, we do not use our criteria; we precert according to the laws regarding vaginal deliveries and C-sections.

b) An outpatient procedure (lets use a hysterectomy) -See explanation for OP above. Hysterectomies do require precert and according to medical necessity criteria, can be done in a 23 hr observation setting. However, if the patient needs additional care for pain control, the provider will call back and we will determine if it's medically necessary based on criteria. If so, then the precert is approved.

c) MRI/Pet Scan -We do not precert these for the PPO.

d) Cancer treatment -We do not precert this for the PPO, unless it is inpatient, and then the process is described above.

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e) Transplant -These are done in CM and the case is managed by the case manager. We have two transplant case managers. The request comes in from the provider and the CM works with the provider/transplant coordinator closely. The transplant is determined to be medically necessary (or not) based on medical necessity criteria. At this time, our medical director reviews all transplant requests. The CM works with the provider and/or member by providing information re: our BDCT facilities, (these are facilities that have been reviewed by the Blue Cross Association in order to be a participant in the BDCT network. The decision to allow a facility in the BDCT network is based on volume, outcomes, specialist availability, etc. There is also contracted pricing which reduces the cost of the transplant for the member and the plan.)

\* NOTE: The concern here is that moving from OSEEGIB to another carrier will introduce "managed care" (i.e. cost avoidance). Please discuss the purpose and benefits for both YOU and RUSO. All reviews are based on medical necessity. If the care is medically necessary, then it is approved. However, the provider must check to make sure that there is a benefit for the request. Even though it is medically necessary, there may not be a benefit for it and therefore, would not be covered.

3) Is it possible to increase or split out the Chiropractic/Physical Therapy 60 visit limitation (don't want to increase cost)?

The Freedom of Choice Act (State law 36 O.S. §§ 6053 - 6057) requires nondiscriminatory reimbursement for "practitioners." "Practitioner" is defined to include "chiropractic" in accordance with state licensing provisions of Title 59. **Insurance coverage cannot limit "chiropractic" services under state law (that is, cannot limit by practitioner).** Although limitations on types of services, no matter which practitioner performs those services, is permissible where it is not in conflict with an insurance mandate, and as long as it does not have the effect of discriminating against a particular practitioner.

4) Does BCBS cover family planning, weight loss, diabetic supplies, migraine scripts?

Under family planning, we cover birth control and sterilization only. No infertility treatments or medication. We don't cover weight loss meds or gastric bypass. We do have a Weight Management and Smoking Cessation program covered under wellness that is included in the premiums (it's an online program and can involve a "lifestyle coach", but not medication). We do cover diabetic supplies and migraine meds.

5) NETWORK: What network is being quoted for in-network and how does it work? Main concern is those living on TX boarder it is closer to seek care in Dallas than drive to OKC. How is this interacting/working with Bluecard?

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Network in Oklahoma is BlueChoice. BlueCard can be used for traveling/living outside of Oklahoma. If a member lives in Oklahoma and chooses to go to Dallas for treatment, as long as they see a Blue Cross PPO provider, they will be covered.

6) I'm a little confused between what you are doing with Telemedicine vs. your Nurseline. Please describe how your Nurseline works? Are you going to put in a Telemed program?

Blue Cross and Blue Shield of Oklahoma offers a 24/7 nurse advice line through our strategic vendor partner, McKesson. It is a confidential telephonic service designed to triage, coach, and provide information to assist members with their own medical decision-making process. The collaborative approach addresses cost reduction by directing members to the appropriate level of care. Members and their dependents have unlimited access to trained, experienced registered nurses via a toll-free number 24 hours a day, 365 days a year. During the call, the nurse assesses if the member is a candidate for any other components of the care management program and forwards an electronic referral to the Blue Care Advisor, once a member with needs is identified.

7) HUGE CONCERN: I have two scenarios: How do you handle the following:

a) A married RUSO actively employee with EMPLOYEE Only coverage, Spouse retirees - can the RUSO employee (again active) add the Spouse as a Qualifying event? **Yes, termination of employment, regardless if it is voluntary or non-voluntary is considered a Qualifying Event under HIPPA.**

b) A married Early Retiree covered under the RUSO with EMPLOYEE Only coverage, Spouse retirees - can the RUSO Early retiree add the Spouse immediately as a Qualifying event or do they have to wait until open enrollment? **Yes, termination of employment, regardless if it is voluntary or non-voluntary is considered a Qualifying Event under HIPPA.**

8) What is the dependency age limit? **This is determined by the employer.** Do you have to show proof of student status? **If it is a requirement of the employer that the age limit depends on Student Status, then yes, BCBSOK would require proof of status.** Does BCBSOK have the same 1 month waiting period before available coverage? **This is determined by the employer.** If a dependent has to go on COBRA (marriage) can they stay on COBRA 36 months with carrier or is 18 months the maximum? **COBRA establishes required periods of coverage for continuation health benefits. COBRA beneficiaries generally are eligible for group coverage during a maximum of 18 months for qualifying events due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.**

9) A list of Blue Cross / Blue Shield of OK network providers in the Sherman and Denison and Dallas areas in Texas; **A listing of PCP's in the Sherman/Denison area is**

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attached. Please visit [www.bcbsok.com](http://www.bcbsok.com) for a listing of other specialties/hospitals. Click on Provider Finder and then Locate a Provider Outside OK (if you are searching other states).

- knowledge of whether the Medical Center of Southeastern Oklahoma (Durant, OK) is a network hospital or not; [In Network](#)
- knowledge of whether the Texoma Medical Center (Sherman, TX) is a network hospital or not; [In Network](#)
- knowledge of whether Wilson & Jones Hospital (Sherman, TX) is a network hospital or not; and [Wilson N Jones Hospital is In Network](#)
- knowledge of whether Texas residents who work at Southeastern Oklahoma State University can use providers in the Sherman, Denison, or Dallas areas that are network providers for Blue Cross / Blue Shield of TX, but not network providers of BC/BS of OK, at the cost of in-network rates rather than out-of-network rates. This is not for travel situations, but rather for residents of those areas. [Through the Blue Cross and Blue Sheild BlueCard Program](#), as long as you use a [Blue Cross PPO Provider](#) (regardless of State) then benefits will be covered at the in-network level.

10) Several questions surrounding Network:

Members have access to the National BlueCard PPO network. See examples below:

Example 1: Member has been diagnosed with Cancer and lives in Oklahoma. Member wants to seek treatment at MD Anderson in Texas. MD Anderson is part of the BlueCard PPO Network, therefore benefits would be in-network.

Example 2: Member lives in Durant and wants to seek care in Dallas, regardless of reason. As long as they see a provider in the BlueCard PPO Network, the benefits will be in-network.

Example 3: Member is on vacation in Florida and becomes ill. Member can see a physician in Florida as long as the provider is in the BlueCard PPO Network. All benefits will be covered as in-network.

*In order to see if a provider is in-network, but not in Oklahoma, a member can go to [www.bcbsok.com](http://www.bcbsok.com) (Oklahoma's website) and click on Provider Finder (lower left corner) and then click on Search for Provider Outside of OK (lower left corner). They would be prompted to choose a network (PPO or Traditional) and they need to choose PPO. At that point they can search for a provider all over the US.*