



Welcome to this overview of changes to the group plan sales process that are required to ensure accreditation compliance.

Because of Health Care Reform, BCBSM must attain NCQA accreditation status.

Accreditation requires the BCBSM internal and external sales force to tell and provide certain information to BCBSM customers.

## Overview

NCQA requires that:

- Members receive an accurate description of the organization's benefits and operating procedures prior to enrollment
- Communications (materials, presentations) with members prior to enrollment must thoroughly and accurately represent health plan benefits and the processes and procedures of the organization



Health plans are required to be accredited in order to participate in the Health Insurance Marketplace, also known as state health insurance Exchanges.

In order for BCBSM to achieve accreditation with the National Committee for Quality Assurance, NCQA, members must receive the required information prior to enrollment.

## NCQA Requirements for Marketing Information

The internal and external sales force must inform enrolling clients, group decision makers and employees of group plans about:

- Covered and noncovered benefits
- Potential network, service or benefit restrictions
- Practitioner and provider availability
- A summary of key UM (Utilization Management) procedures
- Pharmaceutical management procedures
- Policies and practices regarding collection, use and disclosure of PHI



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Listed here is the information that the internal and external sales force must present to group decision makers, and to enrolling members via the employer. Inform employers that they must provide this information to all employees that are offered group health plan coverage.

The NCQA requirements on this slide are a “checklist” of required information to be given to members prior to enrollment.

Health plan benefit information is listed on the Summary of Benefits and Coverage (SBC) document, and a one-page flier will direct employers and employees to the BCBSM public website to find the remaining required information.

# Health Plan Benefits Information



Sample Plan XYZ

Coverage Period: Beginning on or after 01/01/2011

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual / Family | Plan Type: PPO

**This is only a summary.** If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at [www.bcbsm.com/numbers](http://www.bcbsm.com/numbers) or by calling the number on the back of your BCBSM ID card.

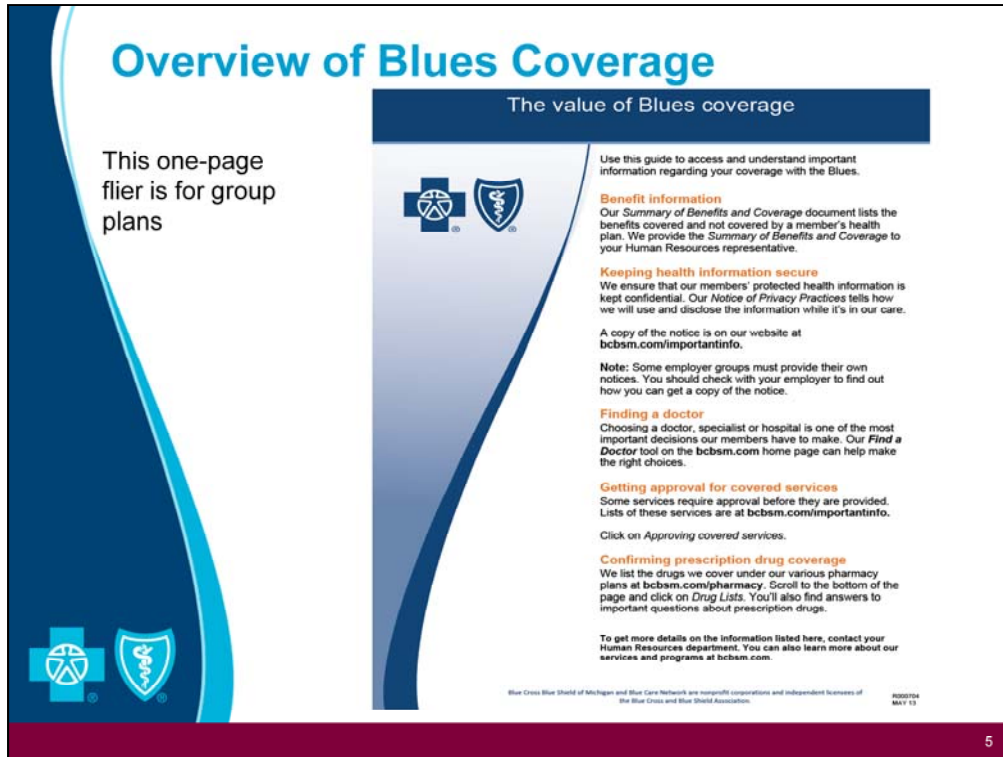
Important Questions	Answers		Why this Matters:
	In-Network	Out-of-Network	
What is the overall deductible?	\$500 Individual/ \$1,000 Family	\$1,000 Individual/ \$2,000 Family	You must pay all the costs up to the <b>deductible</b> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible.
Are there other deductibles for specific services?	No	No	You don't have to meet deductibles for specific services, but see the Common Medical Event chart starting on page 2 for other costs for services this plan covers.
Is there an out-of-pocket limit on my expenses?	\$1,500 Individual/ \$3,000 Family	\$3,000 Individual/ \$6,000 Family	The <b>out-of-pocket limit</b> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out-of-pocket limit?	Copayments, deductibles, premiums, balance-billed charges, and health care this plan doesn't cover.		Even though you pay these expenses, they don't count toward the <b>out-of-pocket limit</b> .
Is there an overall annual limit on what the plan pays?	No.		The Common Medical Events chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.
Does this plan use a network of providers?	Yes. For a list of in-network providers, see <a href="http://www.bcbsm.com">www.bcbsm.com</a> or call the number on the back of your BCBSM ID card.		If you use an in-network doctor or other health care provider, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred, or participating for providers in their network. See the Common Medical Events Chart starting on page 2 for how this plan pays different kinds of providers.
Do I need a referral to see a specialist?	No.		You can see the <b>specialist</b> you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.		Some of the services this plan doesn't cover are listed on page 6. See your policy or plan document for additional information about <b>excluded services</b> .

Group Number XXXXXXXXX

Questions: Call the number on the back of your BCBSM ID card or visit us at [www.bcbsm.com](http://www.bcbsm.com). If you aren't clear about any of the undefined terms used in this form, see the Glossary. You can view the Glossary at <http://www.dol.gov/ebsa/pdf/SBC-UniformGlossary.pdf> or call the number on the back of your BCBSM ID card to request a copy.

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Covered and noncovered benefits, and potential network, service or benefit restrictions are listed on the Summary of Benefits and coverage (SBC) document



A one-page flier directs employers and potential members to the BCBSM public website and describes how to find the information required by NCQA.

There are separate fliers for individual and group plans. The image above shows the flier for group plans.

This *Overview of Blues Coverage* flier for group plans is posted in multiple locations:

1. **MiSource** under **Group Business and Corporate Marketing, Sales Collateral for External Use**
2. **Sales Resource Portal** under **Communications**
3. In the public Employer Help section of the website at [bcbsm.com/employers](http://bcbsm.com/employers) under **Help, Popular Help Topics, Programs for my employees, Plan Documents and Forms**
4. In the public Agent Help section of the website at [bcbsm.com/agents](http://bcbsm.com/agents) under **Help, Popular Help Topics, Plan Documents and Forms**
5. **Agent Secured Services** under **Client Resources, Client Forms, Small Group Business and ERS 50-99**

## Small Group Plan Sales Process

- Currently (until the 2<sup>nd</sup> Quarter 2014 Rate Release):
  - Download a copy of the *Overview of Blues Coverage* flier from the Agent website
    - The flier is available in two locations:
      - Agent Secured Services under Client Resources, Client Forms
      - In the public Agent Help section at **bcbsm.com/agents** under Help, Popular Help Topics, Plan Documents and Forms
  - Provide the appropriate *Summary of Benefits and Coverage (SBC)* document(s) and the *Overview of Blues Coverage* flier to the group decision maker
  - Inform the group decision maker that this information must be given to all employees prior to enrollment
    - Notify the group decision maker that they can get copies of the *Overview of Blues Coverage* flier at **bcbsm.com/employers** in the public Employer Help section under Help, Plan Documents and Forms, Programs for my employees

At this time the flier must be downloaded from the Agent website manually and delivered to the group decision maker along with the appropriate SBC document. Work is in progress to automate the flier into the quoting tools.

Remind employers that they can get additional copies of the *Overview of Blues Coverage* flier from the public Employer Help section of the website at **bcbsm.com/employers** under **Help, Plan Documents and Forms, Programs for my employees**



## Small Group Plan Sales Process

- After 2<sup>nd</sup> Quarter 2014 Rate Release:
  - The *Overview of Blues Coverage* flier will be generated with the Coverage Agreement in the quoting tools
  - Provide the appropriate *Summary of Benefits and Coverage (SBC)* document and the *Overview of Blues Coverage* flier to the group decision maker
  - Inform the group decision maker that this information must be given to all employees prior to enrollment
    - Notify the group decision maker that they can get copies of the *Overview of Blues Coverage* flier at **bcbsm.com/employers** in the public Employer Help section under Help, Plan Documents and Forms, Programs for my employees



With the 2<sup>nd</sup> Quarter 2014 Rate Release the flier will be automatically generated from the quoting tools. Deliver the appropriate SBC document(s) and the *Overview of Blues Coverage* flier to the group decision maker.

Remind employers that they can get additional copies of the *Overview of Blues Coverage* flier from the public Employer Help section of the website at **bcbsm.com/employers** under **Help, Plan Documents and Forms, Programs for my employees**

## Large Group Sales Process – New Business

- The *Overview of Blues Coverage* flier will be included with the Coverage Agreement
- Provide the appropriate *Summary of Benefits and Coverage (SBC)* document and the *Overview of Blues Coverage* flier to the group decision maker
- Inform the group decision maker that this information must be given to all employees prior to enrollment
  - Notify the group decision maker that they can get copies of the *Overview of Blues Coverage* flier at **bcbsm.com/employers** in the public Employer Help section under Help, Plan Documents and Forms, Programs for my employees



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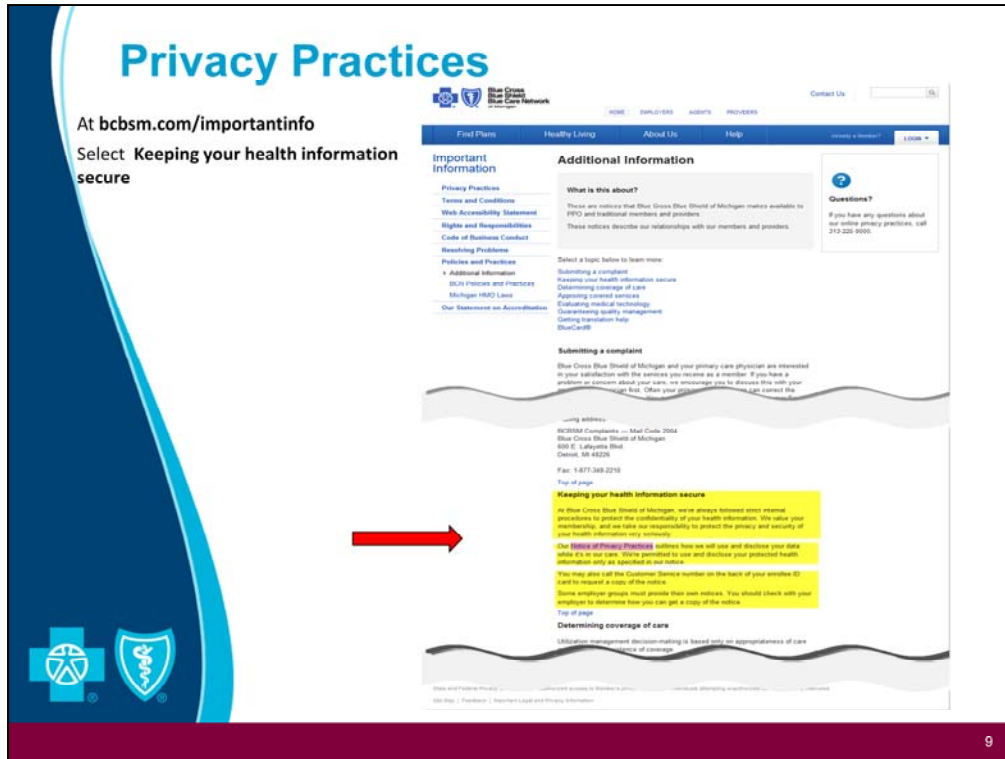
The *SBC* and *Overview of Blues Coverage* flier will be included with the Coverage Agreement package. Deliver the flier and the appropriate *SBC* document to the group decision maker, and inform the group decision maker that this information must be given to all employees prior to enrollment.

Remind employers that they can get additional copies of the *Overview of Blues Coverage* flier from the public Employer Help section of the website at **bcbsm.com/employers** under **Help, Plan Documents and Forms, Programs for my employees**

For Existing Business:

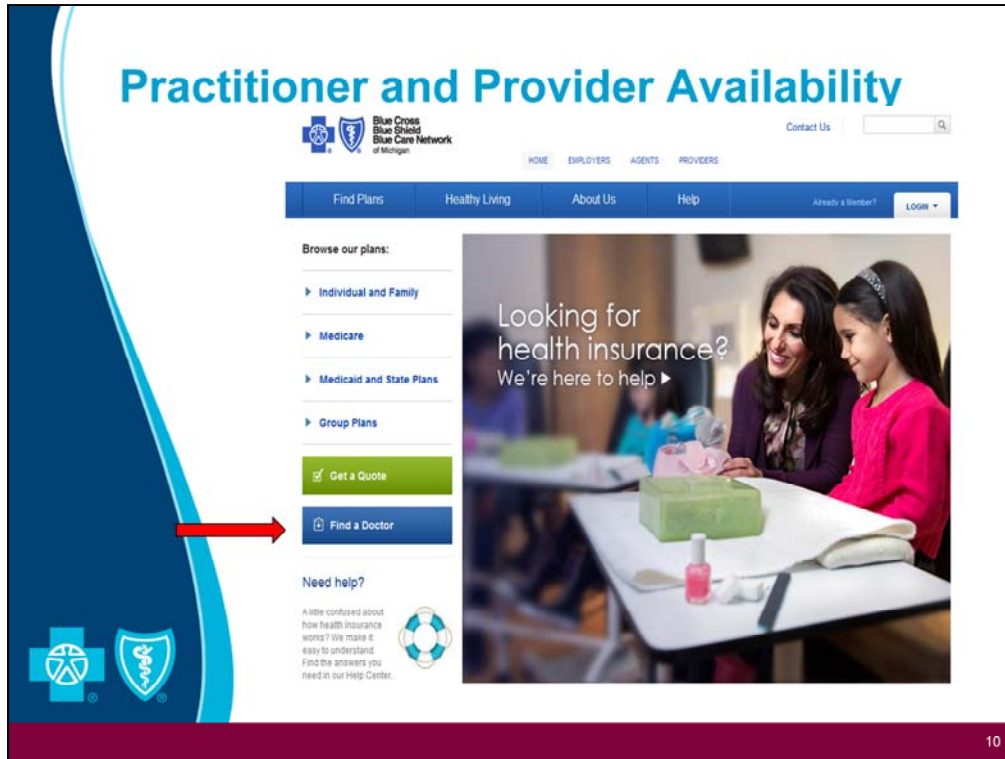
A general communication explaining NCQA requirements, and a copy of the *Overview of Blues Coverage* flier, will be sent to all existing business as the new NCQA process launches.





Policies and practices regarding collection, use and disclosure of PHI are described in our **Notice of Privacy Practices** available on our public website.

At **bcbsm.com/importantinfo** select **Keeping your health information secure**. This image shows the link to a PDF version of our **Notice of Privacy Practices**.



Practitioner and provider availability can be found by selecting the **Find a Doctor** option on the **bcbsm.com** home page.

**Utilization Management Procedures**  
At [bcbsm.com/importantinfo](http://bcbsm.com/importantinfo)

Select Approving covered services

**Important Information**

- Privacy Practices
- Terms and Conditions
- Web Accessibility Statement
- Rights and Responsibilities
- Code of Business Conduct
- Resolving Problems
- Policies and Practices
- Additional Information
- BCN Policies and Practices
- Michigan HMO Laws
- Services That Need Preapproval
- Our Statement on Accreditation

**Services That Need Preapproval**

Blue Cross Blue Shield of Michigan and Blue Care Network need to review and approve some health care services before you receive them. Those services include, but are not limited to:

**Blue Cross Blue Shield of Michigan PPO plans:**

- Some radiology services, including CT, CTA, MRI, MRA, MRS, OCT bone densitometry, nuclear cardiology, PET, PET and PET/CT fusion, diagnostic CT colonography and CT abdomen and pelvis scans
- Inpatient acute care
- Skilled nursing care
- Human organ transplant services
- Inpatient mental health care
- Inpatient substance abuse treatment
- Rehabilitation therapy
- Applied behavioral analysis

**Blue Care Network HMO plans:**

- Procedures that may be cosmetic, such as removing scars or excess tissue from your eyes or abdomen
- Physical therapy, speech therapy, and occupational therapy
- Weight reduction procedures
- Bone marrow transplants
- Fertility services
- Chest reduction
- Durable medical equipment
- Services from out-of-network physicians or health care professionals
- Procedures that may be experimental or investigational

**Questions?**  
If you have any questions about our online privacy practices, call 313.295.3000

Utilization management procedures are those services that require approval before they are provided by a doctor or other health professional. Lists of the services that require approval in advance are available on our public website.

At [bcbsm.com/importantinfo](http://bcbsm.com/importantinfo) select **Approving covered services** and the page shown above is displayed.

**Pharmaceutical Management Procedures**

At [bcbsm.com/importantinfo](http://bcbsm.com/importantinfo)

Select Drug lists and pharmacy information

Blue Cross Blue Shield of Michigan

Home | Family/Overseas | Agents | Resources

Find Plans | Healthy Living | About Us | Help

Already a Member? | LOGIN

Popular Help Topics

- Contact Us
- Locate Us
- FAQs
- Plan Documents and Forms
- Calculators and Tools
- Glossary

Browse by Topic

- How Health Insurance Works
- Buying Health Insurance
- Understanding My Benefits
- Getting Care
- Managing My Account
- Claims
- Health Care Reform
- Other Topics

Browse by Plan Type:

- PPO
- HMO / Blue Care Network
- Medicare
- Medicaid
- Dental
- Group Plans
- Pharmacy
- Health Spending Accounts

Other Help

Not finding what you need in this section for members and insurance shoppers? Check out our other help sections below.

Help » Plan Documents and Forms » Pharmacy

### Drug Lists

Who is this for?

If you need to know whether Blue Cross Blue Shield of Michigan and Blue Care Network cover your medication, check these drug lists.

A drug list, also called a formulary, is a list of drugs approved by the U.S. Food and Drug Administration and covered by Blue Cross Blue Shield of Michigan and Blue Care Network. They're selected because they're safe, effective and lower in cost. You can use drug lists to see if a medication prescribed by your doctor is covered by your health benefit plan. You can also find out if the medication is available as a generic, needs prior authorization, has quantity limits and more. Drug lists can be a little hard to figure out. You might find this article helpful: "How to read a drug list."

- Blue Cross Blue Shield of Michigan / PPO
- Blue Care Network / HMO

Medicare member?

You can find drug lists on our Medicare website.

Blue Cross Complete (Medicaid) member?

You'll find drug lists in the Pharmacy section of the Blue Cross Complete website.

Related Items

- Mail Order Drug Forms
- How do I know if my plan covers my prescription drug?
- Why do I need prior authorization for a prescription drug?
- How can I understand my Blue Care Network drug benefits?
- How to save money on prescription drugs

Contact Us

Need help finding the right phone number?

- Looking for insurance
- PPO members
- HMO / Blue Care Network members
- Medicare members

View all contacts

Find Plans

Browse coverage for you or your family

Popular Topics

- How do deductibles, coinsurance and copays work?
- Coordination of Benefits Form
- Autism Coverage FAQ
- Health assessment FAQ
- What is an HSA?
- What does health care reform mean for me?

The drug lists on the public website provide the required pharmaceutical management procedures information.

At [bcbsm.com/importantinfo](http://bcbsm.com/importantinfo) select **Drug lists and pharmacy information** and the page shown above is displayed. This web page contains broad information about our pharmacy programs and access to the drug formularies.