



**BlueCross BlueShield
of Texas**

Other Information: Overview

**In this
Section**

This section contains additional information about the BlueChoice® Network. You may also want to place BCBSTX newsletters and publications here for reference.

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Patient Satisfaction Surveys

Introduction

BCBSTX currently surveys subscribers randomly about their satisfaction with BlueChoice primary care physicians, health care providers, and the BlueChoice program.

These surveys give BCBSTX and BlueChoice providers more information on the quality of service provided to our managed care subscribers and help both of us focus on meeting patient needs.

Questions Asked on the Survey

The questions asked on the survey relate to the:

- Personal interest and attention received from the physician.
 - Friendliness and courtesy of the physician's staff.
 - Amount of time the physician spent with the patient.
 - Understanding of diagnosis explanations and need for laboratory and/or radiology services.
 - Appointment availability and wait time in the office.
-

Patient Satisfaction Survey Results

BCBSTX, working with the Medical Director and Network Representative staff in your local area, will be providing results to you as this data becomes available.

Examples of the introductory letter and survey are located on the following two pages.

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Sample of Patient Satisfaction Introductory Letter



November 1, 2004
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ALEXANDRA MARTIN
901 S. CENTRAL
RICHARDSON, TX 75080

PHYSICIAN: Dr. XXXX X. XXXXXXXX
DATE OF VISIT: 10/01/94
PATIENT NAME: Alexandra Martin

Dear Subscriber:

Your satisfaction is our main concern. Please help us continue to improve the health care services you receive by filling out and returning this brief, confidential questionnaire, using the enclosed postage-paid envelope.

Your name was selected to receive this questionnaire about a recent visit to the above-mentioned physician. This is part of an ongoing survey to continually improve patient satisfaction.

Thank you for helping us serve you better.

Sincerely,

(Signed by Medical Director)

Enclosures

Sample of Patient Satisfaction Survey



**Patient Satisfaction Questionnaire
For Physician Care**

000112584

Blue Cross and Blue Shield of Texas is very interested in your thoughts and feelings on your or your family member's physician. Use the following scale to rate each item: Excellent, good, acceptable, fair or poor. Please mark (☒) only one box for each statement.

	Excellent	Good	Acceptable	Fair	Poor	Not Applicable
1. Hours when the doctor's office is open.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Convenience of location of doctor's office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Length of time you waited between making an appointment and the day of your visit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Length of time spent waiting at office to see the doctor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How many minutes did you wait? (print number in boxes)	<input type="text"/> <input type="text"/> <input type="text"/>		minutes			
5. Cleanliness of doctor's office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Friendliness and courtesy shown to you by the staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Friendliness and courtesy shown to you by the doctor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Personal interest in you and your medical problems shown by your doctor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Thoroughness of doctor's examination and evaluation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Explanation given to you about medical tests, procedures and treatment plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Amount of time you have with the doctor during a visit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Overall quality of care and service by the doctor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Was the doctor's bill accurate? Yes No Not Sure

14. Would you recommend the doctor to a friend? Yes No Not Sure

15. Based on your household's experience with Blue Cross and Blue Shield of Texas during the past year, how would you rate your overall satisfaction with the company? Use the scale below:

Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Please write any comments you wish below:

If you would like to be contacted regarding your comments, include your name and telephone number below:

Name _____ Telephone Number () _____

Thank you for your time and participation. Please return this survey in the enclosed postage-paid envelope to Blue Cross and Blue Shield, P.O. Box 267, Arlington, TX 76004-9972.

BlueChoice Limitations and Exclusions Summary

Introduction

The BCBSTX subscriber's benefit plan provides many benefits. However, each benefit plan does include limitations and exclusions of some services and supplies. The following are some of the general contract limitations and exclusions for applicable health benefit plans.

Please note that the limitations and exclusions applicable to the FedSelect and HealthSelect programs are not included below.

Limitations and exclusions vary from one benefit plan to another, and the following is intended only as an overview of possible limitations and exclusions that may apply to your managed care patient. Please contact Provider Customer Service to check your patient's benefits.

Limitations and Exclusions Summary

1. Any services or supplies that are not Medically Necessary and essential to the diagnosis or direct care and treatment of a sickness, injury, condition, disease, or bodily malfunction; or any Experimental/Investigational services and supplies.
 2. Any portion of a charge for a service or supply that is in excess of the Allowable Amount as determined by BCBSTX.
 3. Any services or supplies provided in connection with an occupational sickness or an injury sustained in the scope of and in the course of any employment whether or not benefits are, or could upon proper claim be, provided under the Workers' Compensation law.
 4. Any services or supplies for which benefits are, or could upon proper claim be, provided under any present or future laws enacted by the legislature of any state, or by the Congress of the United States or any laws, regulations, or established procedures of any county or municipality except any program that is a state plan for medical assistance (Medicaid); provided, however, that this exclusion shall not be applicable to any coverage held by the BCBSTX Participant for hospitalization and/or medical-surgical expenses which is written as a part of or in conjunction with any automobile casualty insurance policy.
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Continued on next page

BlueChoice Limitations and Exclusions Summary, Continued

Limitations and Exclusions Summary, *Continued*

5. Any services or supplies provided for reduction mammoplasty.
6. Any services or supplies for which a BCBSTX Participant is not required to make payment or for which a BCBSTX Participant would have no legal obligation to pay in the absence of this or any similar coverage, except services or supplies for treatment of mental illness or mental retardation provided by a tax-supported institution of the State of Texas.
7. Any services or supplies provided by a person who is related to the BCBSTX Participant by blood or marriage.
8. Any services or supplies provided for injuries sustained:
 - a. As a result of war, declared or undeclared, or any act of war; or
 - b. While on active or reserve duty in the armed forces of any country or international authority.
9. Any charges:
 - a. Resulting from the failure to keep a scheduled visit with a physician or other professional provider; or
 - b. For completion of any insurance forms; or
 - c. For acquisition of medical records.
10. Room and board charges incurred during a hospital admission for diagnostic or evaluation procedures unless the tests could not have been performed on an outpatient basis without adversely affecting the BCBSTX Participant's physical condition or the quality of medical care provided.
11. Any services or supplies provided before the patient is covered as a Participant hereunder or any services or supplies provided after the termination of the BCBSTX Participant's coverage, except as provided in the "Termination of Coverage" paragraph in the Participant's benefit booklet.
12. Any services or supplies provided for dietary and nutritional services, except for an inpatient nutritional assessment program provided in and by a hospital and approved by BCBSTX or diabetic management services.

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BlueChoice Limitations and Exclusions Summary, Continued

**Limitations
and
Exclusions
Summary,
Continued**

13. Any services or supplies provided for Custodial Care.
14. Any services or supplies provided in connection with a routine physical examination (including a routine Pap smear), diagnostic screening, or immunizations. This exclusion does not apply to:
 - a. Preventive care if shown on the BCBSTX Participant's Schedule of Coverage,
 - b. Mammography screening,
 - c. Certain tests for the detection of prostate cancer,
 - d. Well-baby check-ups, or
 - e. Childhood immunizations as provided in the Other Benefit Provisions portion of the BCBSTX Participant's benefit booklet.
15. Any services provided for the treatment of the temporomandibular joint (including the jaw and craniomandibular joint) and all adjacent or related muscles and nerves that are nonsurgical (dental restorations, orthodontics, or physical therapy), or nondiagnostic, or supplies (oral appliances, oral splints, oral orthotics, devices, or prosthetics).
16. Any services or supplies provided for orthognathic surgery after the BCBSTX Participant's 19th birthday. Orthognathic surgery includes, but is not limited to, correction of congenital, developmental, or acquired maxillofacial skeletal deformities of the mandible and maxilla.
17. Any items of Medical-Surgical Expense incurred for dental care and treatments, dental surgery, or dental appliances, except as provided for in the "Other Benefit Provisions" portion of the BCBSTX Participant's benefit booklet.
18. Any services or supplies provided for Cosmetic, Reconstructive, or Plastic Surgery, except as provided for in the "Other Benefit Provisions" portion of the BCBSTX Participant's benefit booklet.

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BlueChoice Limitations and Exclusions Summary, Continued

**Limitations
and
Exclusions
Summary,
Continued**

19. Any services or supplies provided for:
 - a. Treatment of myopia and other errors of refraction, including refractive surgery; or
 - b. Orthoptics or visual training; or
 - c. Eyeglasses, contact lenses or hearing aids, provided that intraocular lenses and cochlear implant devices shall be specific exceptions to this exclusion; or
 - d. Examinations for the prescription or fitting of eyeglasses or contact lenses, except as may be provided under the Benefits for Preventive Care portion of the BCBSTX Participant's benefit booklet.
20. Any Medical Social Services (except as provided as Extended Care Expense); any outpatient family counseling and/or therapy, bereavement counseling (except as provided as Hospice Care), vocational counseling, or marriage and family therapy and/or counseling.
21. Any services or supplies provided for treatment of adolescent behavior disorders, including conduct disorders and oppositional disorders.
22. Any occupational therapy services that do not consist of traditional physical therapy modalities and that are not part of an active multidisciplinary physical rehabilitation program designed to restore lost or impaired body function.
23. Travel, whether or not recommended by a physician or professional other provider, except for local ground ambulance service or air ambulance service otherwise covered by BCBSTX.
24. Any services or supplies provided for reduction of obesity or weight, including surgical procedures, even if the BCBSTX Participant has other health conditions which might be helped by a reduction of obesity or weight.
25. Any services or supplies provided primarily for:
 - a. Environmental sensitivity, or
 - b. Clinical ecology or any similar treatment not recognized as safe and effective by the American Academy of Allergists and Immunologists, or
 - c. Inpatient allergy testing or treatment.

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BlueChoice Limitations and Exclusions Summary, Continued

**Limitations
and
Exclusions
Summary,
Continued**

26. Any services or supplies provided as, or in conjunction with, chelation therapy, except for treatment of acute metal poisoning.
 27. Any services or supplies provided for, in preparation for, or in conjunction with:
 - a. Sterilization reversal (male or female);
 - b. Transsexual surgery;
 - c. Sexual dysfunction;
 - d. In vitro fertilization but only if the BCBSTX Participant's Schedule of Coverage indicates "in vitro fertilization services not covered;"
 - e. Promotion of fertility through extra-coital reproductive technologies including, but not limited to, artificial insemination, intrauterine insemination, super ovulation uterine capacitation enhancement, direct-intraperitoneal insemination, trans-uterine tubal insemination, gamete intrafallopian transfer, pronuclear oocyte state transfer, zygote intrafallopian transfer, and tubal embryo transfer.
 28. Any services or supplies for routine foot care, such as:
 - a. The cutting or removal of corns or calluses, the trimming of nails (including mycotic nails) and other hygienic and preventive maintenance care in the realm of self-care, such as cleaning and soaking the feet, the use of skin creams to maintain skin tone of both ambulatory or bedfast patients; and
 - b. Any services performed in the absence of localized illness, injury, or symptoms involving the foot; and
 - c. Any treatment of fungal (mycotic) infection of the toenail in the absence of:
 - (1) Clinical evidence of mycosis of the toenail;
 - (2) Compelling medical evidence documenting that the patient either:
 - (a) Has a marked limitation of ambulation requiring active treatment of the foot; or
 - (b) In the case of a nonambulatory patient, has a condition that is likely to result in significant medical complications in the absence of such treatment; and
 - d. Excision of a nail without using an injectable or general anesthetic.
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BlueChoice Limitations and Exclusions Summary, Continued

Limitations and Exclusions Summary, *Continued*

29. Any prescription antiseptic or fluoride mouthwashes, mouth rinses, or topical oral solutions or preparations; or any Retin-A or pharmacologically similar topical drugs for BCBSTX Participants age 25 and older.
 30. If “Out-of-Hospital Drugs Covered” or “Prescription Drug Program” are not indicated on the BCBSTX Participant’s Schedule of Coverage, no outpatient drugs are provided under this contract.
 31. Any smoking cessation prescription drug products, including but not limited to, nicotine gum and nicotine patches.
 32. Any services or supplies not specifically defined as eligible expenses by BCBSTX.
 33. Any services or supplies provided for the following treatment modalities:
 - a. Acupuncture;
 - b. Video fluoroscopy;
 - c. Intersegmental traction;
 - d. Surface EMG’s;
 - e. Manipulation under anesthesia; and
 - f. Muscle testing through computerized kinesiology machines such as Isostation, Digital Myograph, and Dynatron.
 34. As applied to Out-of-Area:
 - a. Any services or supplies furnished by a noncontracting facility (except that in accident cases, the immediate, initial treatment necessary to stabilize the Participant) furnished by any hospital, including a governmental facility, shall be subject to benefits as provided in How to Receive Health Care Benefits; or

As applied to In-Network or Out-of-Area:

 - a. Any services or supplies furnished by a contracting facility for which facility has not been specifically approved to furnish under a written contract or agreement with BCBSTX.
 35. Any benefits in excess of any specified maximums.
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Glossary of Terms

Glossary

The following terms contain abbreviated definitions for purposes of this manual:

BCBSTX is the acronym for Blue Cross and Blue Shield of Texas.

Behavioral Health is used to identify what was traditionally termed as mental health and/or chemical dependency.

BlueCard is a national program that enables members obtaining health care services while traveling or living in another Blue Cross and Blue Shield (BCBS) Plan's area to receive all the same benefits of their contracting BCBS Plan and access to providers and savings. The program links participating health care providers and the independent BCBS Plans across the country and around the world through a single electronic network for claims processing reimbursement.

BlueChoice Network is a group of providers that have contracted with BCBSTX to provide managed health care services for BCBSTX subscribers in a designated service area.

BlueChoice Network Ancillary Provider means a facility, center, or supplier that has contracted with BCBSTX to provide managed health care services or supplies to BCBSTX subscribers covered under a benefit plan within a designated service area.

BlueChoice Network Hospital means a Hospital that has executed a Managed Care Subscriber Hospital Contract with BCBSTX for the provision of hospital care to BCBSTX subscribers covered under a benefit plan within a designated service area.

BlueChoice Network Physician or Professional means a primary care physician, specialty care provider, or other professional provider who has been credentialed and who has executed a managed care agreement with BCBSTX to provide managed health care services to BCBSTX subscribers covered under a benefit plan within a designated service area.

BlueChoice Solutions is a professional provider network that meets the demands faced by employer groups to provide more affordable health care options to their employees.

iExchange is an automated precertification and referral system for Blue Cross and Blue Shield of Texas (BCBSTX).

Case Management is a coordinated set of utilization and cost management activities focused on the treatment plan for patients with complex needs to achieve quality, cost-effective outcomes. Complex care is the treatment for illnesses or injuries usually requiring multiple services and substantial health care resources and support.

Continued on next page

Glossary of Terms, Continued

Glossary, Continued

Cost Share (Coinsurance) is a subscriber's share of eligible expenses, after the copayment and deductible have been satisfied.

Coordination of Benefits (COB) means the BCBSTX managed health care program coordination of benefits provision. If the BCBSTX subscriber has coverage under another "group health plan," the benefits of this group health plan will be coordinated with the other group health plan. There are rules that determine whether a group health plan is primary or secondary. The BlueChoice Network provider is requested to assist with coordination of benefits by notifying BCBSTX if the patient has other group coverage and/or Medicare.

Copayment is a dollar amount for which the BCBSTX subscriber is responsible when receiving service from the primary care physician or the specialty care provider. This amount should be collected from the BCBSTX subscriber at the time of the visit and is deducted from the payment you receive from BCBSTX.

Corporate Medical Director is a physician and corporate officer of BCBSTX. The Corporate Medical Director is accountable for all utilization management decisions and leads the development of medical policy and the analysis of the utilization of health care resources by physicians and other providers on behalf of our subscribers.

Cosmetic, Reconstructive, or Plastic Surgery means surgery that can be expected or is intended to improve the physical appearance of a Participant, or is performed for psychological purposes, or restores form but does not correct or materially restore a bodily function.

Custodial Care means care comprised of services and supplies, including room and board and other institutional services, provided to a BCBSTX subscriber primarily to assist in activities of daily living and to maintain life and/or comfort with no reasonable expectation of cure or improvement of sickness or injury. "Custodial care" is that which is not a necessary part of medical treatment for recovery, and shall include, but not be limited to, helping a BCBSTX subscriber walk, bathe, dress, eat, prepare special diets, and take medication.

Deductible means the amount of eligible charges that must be paid by the BCBSTX subscriber before benefits under a benefit plan will be available.

Dependent is a subscriber's spouse and/or any unmarried child meeting the criteria stipulated in the subscriber's contract. Children who become disabled prior to reaching a specified age limit will not lose dependent status due to attained age.

Diabetes Education Center is a provider that teaches patients how to manage diabetes through diet, exercise, medical checkups, and the monitoring of blood glucose.

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Glossary of Terms, Continued

Glossary, Continued

Durable Medical Equipment (DME) Provider means a medical equipment supplier that provides therapeutic, rehabilitative, or respiratory equipment when prescribed by a physician.

Emergency Care means health care services provided in a hospital emergency facility or comparable facility to evaluate and stabilize medical conditions of a recent onset and severity, including but not limited to, severe pain that would lead a prudent layperson possessing an average knowledge of medicine and health to believe that the person's condition, sickness, or injury is of such a nature that failure to get immediate medical care could result in:

- placing the patient's health in serious jeopardy
- serious impairment to bodily functions
- serious dysfunction of any bodily organ or part
- serious disfigurement
- in the case of a pregnant woman, serious jeopardy to the health of the fetus.

For information on behavioral health emergency care definitions, see the Behavioral Health Services of Texas, L.P. Quick Reference Guide on page J — 5.

Explanation of Benefits (EOB) is a report sent to the BCBSTX subscriber and provider (for services to ASO Subscribers) itemizing the payment made or the reason for denying the claim.

Experimental/Investigational means the use of any treatment, procedure, facility, equipment, drug, device, or supply not accepted as standard medical treatment of the condition being treated or any of such items requiring federal or other governmental agency approval not granted at the time services were provided. "Approved" by a federal agency means that the treatment, procedure, facility, equipment, drug, or supply has been approved for the condition being treated and, in the case of a drug, in the dosage used on the patient. As used herein, "medical treatment" includes medical, surgical, or dental treatment. "Standard medical treatment" means the services or supplies that are in general use in the medical community in the United States, have been demonstrated in peer review literature to have scientifically established medical value for curing or alleviating the condition being treated, are appropriate for the subscriber hospital facility or other provider in which they were performed, and the physician or other professional provider has had the appropriate training and experience to provide the treatment or procedure.

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Glossary of Terms, Continued

Glossary, Continued

The medical staff of BCBSTX shall determine whether any treatment, procedure, facility, equipment, drug, device, or supply is Experimental/Investigational and will consider the guidelines and practices of Medicare, Medicaid, or other government-financed programs in making its determination. Although a physician or other professional provider may have prescribed treatment, and the services or supplies may have been provided as the treatment of last resort, BCBSTX still may determine such services or supplies to be Experimental/Investigational within this definition. Treatment rendered as part of a clinical trial or a research study is Experimental/Investigational.

Federal Employee Program began Jan. 1, 1993 and supports a preferred provider organization (PPO) product for federal employee subscribers. To identify subscribers, look for the “R” in front of the subscriber number on the identification card.

HealthSelect is the self-insured managed care plan for employees of the state of Texas and some institutions of higher education and is administered by Blue Cross and Blue Shield of Texas.

Home Health Agency means a business that provides Home Health Care and is licensed by the Department of Health and Human Services under Article 4447u, Vernon’s Texas Civil Statutes, and is certified by Medicare as a provider of Home Health Care. A Home Health Agency located in another state must be licensed, approved, or certified by the appropriate agency of the state in which it is located and be certified by Medicare as a provider of Home Health Care.

Home Health Care means the health care services for which benefits are provided under the BCBSTX subscriber’s contract during a visit by a Home Health Agency to patients confined at home due to an illness or injury requiring skilled health care services on an intermittent part-time basis. Home Health Care requires precertification.

Continued on next page

Glossary of Terms, Continued

Glossary, Continued

Home Infusion Therapy means the administration of fluids, nutrition, or medication (including all additives and chemotherapy) by intravenous or gastrointestinal (enteral) infusion or by intravenous injection in the home setting. Home Infusion Therapy includes:

- Drugs and IV solutions,
- Pharmacy compounding and dispensing services,
- All equipment and ancillary supplies necessitated by the defined therapy,
- Delivery services,
- Patient and family education, and
- Nursing services.

Over-the-counter products that do not require a physician's or other professional provider's prescription, including but not limited to standard nutritional formulations used for enteral nutrition therapy, are not included in this definition. Precertification is required for Home Infusion Therapy.

Hospice means a facility or agency primarily engaged in providing skilled nursing services and other therapeutic services for terminally ill patients, and which:

- Is licensed in accordance with state law (where the state law provides for such licensing);
- Is certified by Medicare as a provider of hospice care.

Hospice Care means services provided by a hospice to patients confined at home or in a hospice facility due to a terminal illness or terminal injury requiring skilled health care services. Precertification is required for Hospice care.

Hospital is a short-term, acute-care facility that provides inpatient and outpatient care for the diagnosis and treatment of acute sickness. The facility must be licensed according to state law, be accredited as a hospital by the Joint Commission on Accreditation of Healthcare Organization, be staffed by physicians, maintain 24-hour nursing services, and be organized with departments of medicine and major surgery.

Imaging Center is a freestanding diagnostic facility, staffed and equipped to perform radiological procedures, and is licensed through the Texas State Radiation Control Agency.

Independent Laboratory is a freestanding facility equipped to provide diagnostic interpretation of specimen evaluation.

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Glossary of Terms, Continued

Glossary, *Continued*

Medical Social Services means those social services relating to the treatment of a patient's medical condition. Such services include, but are not limited to:

- Assessment of the social and emotional factors related to the patient's sickness and need for care; response to treatment and adjustment to care; and
- Assessment of the relationship of the patient's medical and nursing requirements to the home situation, financial resources, and available community resources.

Medically Necessary or Medical Necessity means those covered services or supplies that, as determined by BCBSTX, are:

- Essential to, consistent with, and provided for the diagnosis or the direct care and treatment of the condition, sickness, disease, injury, or bodily malfunction.
- Not primarily for the convenience of the BCBSTX subscriber, his/her physician, or other provider.
- The most economical supplies or levels of service that are appropriate and available for the safe and effective treatment of the BCBSTX Participant. When applied to hospitalization, this further means that the patient requires acute care as an inpatient due to the nature of the services rendered or the patient's condition, and the patient cannot receive safe or adequate care as an outpatient.
- Provided in accordance with and are consistent with generally accepted standards of medical practice in the United States. The medical staff of BCBSTX shall determine whether a service or supply is Medically Necessary under the Plan and will consider the views of the state and national medical communities; the guidelines and practices of Medicare, Medicaid, or other government-financed programs; and peer review literature. Although a physician or other professional provider may have prescribed treatment, such treatment may not be Medically Necessary within this definition.

Member — see Subscriber.

Professional Provider/Facility Provider Network Representatives are responsible for physician/provider contracting and for providing support to the BlueChoice Network physician/provider.

Optimed® Medical Systems (OMS) is a software package of clinical review criteria that automates a portion of the case review process. The Optimed criteria were developed by a research team consisting of nationally recognized physicians, researchers, medical management experts, statisticians, nurses, health care managers, and analysts.

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Glossary of Terms, Continued

Glossary, Continued

Out-of Area indicates Participants within a benefit plan who reside outside the network area and have traditional indemnity benefits.

Out-of-Network Provider means a hospital, physician, or provider that does not have a BlueChoice Network agreement with BCBSTX for the provision of health care services to Participants covered under a benefit plan.

ParPlan is a BCBSTX payment plan under which physicians and other health care professionals agree to accept BCBSTX's allowable amount determination and not balance bill the patient except for deductibles, cost share, and limited or noncovered services. ParPlan providers also agree to file claims to BCBSTX.

Participant — see Subscriber.

Precertification is the process of reviewing proposed treatment to determine if it is Medically Necessary under the terms of the benefit plan. Managed Health Care programs require precertification of all inpatient care, extended care, and home infusion therapy. Precertification should occur prior to delivery of services.

Preexisting condition review will be performed, when applicable, depending upon the BCBSTX subscriber's contract definition. Generally, the preexisting definition means any medical advice, diagnosis, care, or treatment recommended by or received from an individual licensed or similarly authorized to provide such services under state law and operating within the scope of practice authorized by state law. The period immediately preceding the effective date will be determined by the BCBSTX subscriber's contract.

Primary Care Physician (PCP) (for BlueChoice Plus only) is a family practitioner, internist, or pediatrician (in some instances obstetrician/gynecologist) who has met the credentialing criteria and has an executed agreement with BCBSTX to provide medical services to Participants within a designated Service Area. A PCP provides basic health care and manages and coordinates the total care of the patient. Appropriate referral to specialists and community resources is an important part of the care provided by the PCP.

Provider means an institution or individual licensed to provide health care services (e.g., physician, hospital, etc.).

Continued on next page

Glossary of Terms, Continued

Glossary, Continued

Quality Improvement Program is responsible for monitoring the quality of medical care and service delivered by BlueChoice providers to managed care subscribers. Quality Improvement Program activities include monitoring the health plan's indicators for quality of care and service, physician office review program, investigation of quality of care complaints, and analysis of patient and provider satisfaction survey results.

Referral Notification determines the level of benefits as indicated by the subscriber's contract for care and services provided under the direction of the patient's primary care physician.

Service Area means the geographical area designated by the health benefit plan or contract within which in-network benefits are available for the employees.

Skilled Nursing Facility means a facility primarily engaged in providing skilled nursing services and other therapeutic services that cannot be provided in the home, and which:

- Is licensed in accordance with state law (where the state law provides for licensing of such facility); and
- Is Medicare certified as a provider of skilled inpatient nursing care.

Specialty Care Provider (SCP) means a physician or health care professional who has met the credentialing criteria and has an executed agreement with BCBSTX for the provision of specialty care services to BCBSTX subscribers covered under a benefit plan within a designated Service Area.

Subscriber refers to any person with whom or for whose benefit BCBSTX, a Blue Cross and Blue Shield Plan in another state, a subsidiary of a Blue Cross and Blue Shield Plan in another state, or a BCBSTX affiliate has entered into any agreement to provide or administer coverage for services.

Availity, L.L.C. – The Health Information Network – encompasses administrative and clinical services, supports both real-time and batch transactions via the Web and electronic data interchange (EDI), and is HIPAA compliant.

Transfer is a patient discharged from one facility to another, from one area of a facility to another, or from one specialty unit to another within the same facility that is better equipped to deliver necessary medical services.

Utilization Management is evaluation and determination of the appropriateness of patient use of medical resources, and provision of any needed assistance to clinicians and/or subscribers to ensure appropriate use of resources. Includes prior authorization, concurrent review, retrospective review, discharge planning, and case management.
