

## Other Information Overview

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**Note:**

**Physicians and other Professional Providers who are contracted/affiliated with a capitated IPA/Medical Group must contact the IPA/Medical Group for instructions regarding referral and precertification process, contracting and claims related questions. Additionally, Physicians or other Professional Providers who are not part of a capitated IPA/Medical Group but who provide services to a member whose PCP is contracted/affiliated with a capitated IPA/Medical Group must also contact the applicable IPA/Medical Group for instructions. Physicians or other Professional Providers who are contracted/affiliated with a capitated IPA/Medical Group are subject to that entity's procedures and requirements for Physician or other Professional Provider complaint resolution.**

# Member Satisfaction Surveys

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## **Introduction**

HMO Blue Texas surveys members randomly about their satisfaction with HMO Blue Texas health care Physicians or other Professional Providers and the HMO Blue Texas program.

These surveys give HMO Blue Texas and HMO Blue Texas Physicians or other Professional Providers more information on the quality of service provided to our managed care members and help both of us focus on meeting the patient's needs.

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## **Questions Asked on the Survey**

The questions asked on the survey relate to the:

- Personal interest and attention received from the Physician or other Professional Provider
  - Friendliness and courtesy of the Physician's or other Professional Provider's staff
  - Amount of time the Physician or other Professional Provider spent with the patient
  - Understanding of diagnosis explanations and need for laboratory and/or radiology services
  - Appointment availability and wait time in the office.
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## HMO Blue Texas Member Rights and Responsibilities

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**Introduction** *Each HMO Blue Texas member receives a copy of the member rights and responsibilities. We are providing a copy here for your reference also.*

Each HMO Blue Texas member has certain rights and responsibilities when receiving health care services and should expect the best possible care available.

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### Member Rights

#### **You have the right to:**

- Select and/or change your Primary Care Physician (PCP), and know the qualifications, titles and responsibilities of the professionals responsible for your health care.
  - Be provided with information about: your HMO; health care benefits; copayments, copayment limitations and/or other charges; service access; changes and/or termination in benefits and participating providers; exclusions and limitations.
  - Receive prompt and appropriate treatment for physical or emotional disorders and participate with your providers in decisions regarding your care.
  - Express opinions, concerns, complaints and appeals regarding any aspect of the HMO program in a constructive manner.
  - Be treated with dignity, compassion and respect for your privacy.
  - Receive timely resolution of complaints or appeals through Customer Service and the HMO complaint procedure.
  - Have all medical and other information held confidential unless disclosure is required by law or requested in writing by you.
  - Have access to review by an Independent Review Organization.
  - Make recommendations regarding your HMO Blue Texas rights and responsibilities policies.
  - Right to refuse treatment and be informed of the medical consequences as a result of this decision.
  - Have a candid discussion of appropriate or medically necessary treatment options for your condition, regardless of cost or benefit coverage.
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## **HMO Blue Texas Member Rights and Responsibilities**, continued

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### **Member Responsibilities**

#### **You have the responsibility to:**

- Meet all eligibility requirements of your employer and the Health Maintenance Organization (HMO).
  - Identify yourself as an HMO member by presenting your ID card and pay the copayment at the time of service for network benefits.
  - Establish a physician/patient relationship with your Primary Care Physician (PCP) and seek your PCP's medical advice/referral for network services prior to receiving medical care, unless it is an emergency situation or services are performed by your HMO participating OBGyn.
  - Provide, to the extent possible, information that the HMO and practitioner/providers need, in order to care for you. Including changes in your family status, address and phone numbers within 31 days of the change.
  - Understand the medications you are taking and receive proper instructions on how to take them.
  - Notify your primary care physician or HMO plan within 48 hours or as soon as reasonably possible after receiving emergency care services.
  - Communicate complete and accurate medical information to health care providers.
  - Call in advance to schedule appointments with your network provider and notify them prior to canceling or rescheduling appointments.
  - Read your coverage documents for information about benefits, limitations, and exclusions.
  - Ask questions and follow instruction and guidelines given by your provider to achieve and maintain good health.
  - Understand your health problems and participate to the degree possible in the development of treatment goals mutually agreed upon between you and your provider.
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## Prescription Drugs

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### HMO Blue Texas

Coverage for prescription drugs is an optional benefit that employer groups may purchase through a rider for their employees. There are multiple Prescription Drug Riders with varying copayments and benefit levels.

Drugs must be prescribed by a participating Primary Care Physician or Specialty Care Physician or other Professional Provider. To be covered, the drug must be FDA approved and must require a prescription. Insulin is included as part of the prescription drug benefit.

**NOTE:** Non-prescription contraceptives and associated care vary by employer benefit program. To verify coverage for this type of service, call Benefits & Eligibility at one of the following numbers.

**HMO Blue Texas  
877-299-2377**

**Employees of BCBSTX and dependents  
1-888-662-2395**

### Preferred Drug List

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When prescribing medication, please refer to the HMO Blue Texas Preferred Drug List. For a copy, call Pharmacy Programs at **(972) 766-1015** or visit the BCBSTX provider website at <http://www.bcbstx.com/provider/pharmacy/index.html>.

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## Exclusions

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### Common Exclusions

Although HMO Blue Texas offers comprehensive health care benefits to its members, there are services that are not covered. Some common exclusions are:

- Cosmetic surgery
- Sex transformation
- Dental care
- Custodial care
- Personal comfort items
- Fertility drugs
- Experimental/investigational procedures
- Private rooms (unless medically necessary)
- Routine foot care
- Elective abortions

For detailed information about what is and is not covered, contact HMO Blue Texas Customer Service at the following number:

**HMO Blue Texas**  
**877-299-2377**

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## HMO Blue Texas Member Complaint Procedure

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### HMO Blue Texas Member Complaints

HMO Blue Texas's complaint process, regarding quality of care or service, may be initiated by the member, the treating Physician or other Professional Provider or other individual designated to act on behalf of the enrollee. The member may express dissatisfaction by contacting the Customer Service Department. If the issue is not resolved to the member's satisfaction, the member may file a complaint with the Customer Service Department.

The dissatisfied member may complain orally or in writing by letter to the Customer Service Department, or by requesting a **Member Complaint Procedure Form** from the Customer Service Department. Complaints involving presently occurring emergencies will be accepted by phone. Administrative complaints are reviewed by the Customer Service Department or HMO Blue Texas. Medical issues are reviewed by HMO Blue Texas. The local advisory committees review quality of care issues. The Customer Service Department sends a written response to the member.

HMO Blue Texas' decisions regarding complaints can be appealed by the member. The member has the following options:

- Request a review by the HMO Blue Texas Complaint Appeal Panel. (The Panel consists of equal members of the Health Plan staff, Physicians or other Professional Providers, members who are not health plan employees and an appropriate specialist, if applicable).
  - File a complaint with the Texas Department of Insurance (if their group is regulated by the state).
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## **TDI Complaint Notice Posting**

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### **Required Notice**

The Texas Department of Insurance requires that a sign regarding the HMO complaint process be posted in every HMO contracting provider's office. It should read as follows:

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### **IMPORTANT NOTICE TO PEOPLE COVERED BY HMOs** (Health Maintenance Organizations)

If you are dissatisfied with any aspect of your HMO, you have the right to file a complaint, by phone or in writing, with your HMO or the Texas Department of Insurance (TDI).

- **Upon request**, your HMO must give you a complete description of its complaint process. **Texas law requires** the HMO to:
- **Send you a letter** telling you the HMO received your complaint
- **Resolve the complaint within 30 days** of receiving it (complaints involving emergencies or extended hospital stays must be resolved within one business day)
- **Give you a written response explaining the resolution** of your complaint which must include the specific medical reasons for its response and the kinds of health care providers consulted
- **Allow you to appeal** to a panel that includes other people covered by your HMO.

If you disagree with an HMO decision to deny care because the HMO says it is not "medically necessary", you have the right to an independent review of that decision. This review is under the direction of the Texas Department of Insurance. For information about this process, call TDI at **1-888-TDI-2IRO** (834-2476). Under certain circumstances, you also have the right to go to court.

**You may complain to the Texas Department of Insurance at any time about your HMO. TDI can also give you more details about the HMO complaint process.**

Texas Department of Insurance  
Consumer Helpline  
**800-252-3439**  
In Austin, call 463-6515  
Servicio en Español

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## Patient Protection

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### **Emergency Care**

Each Primary Care Physician or his/her designee shall be available at all times to approve or deny requests from hospital emergency department personnel for authorization to provide emergency care and treatment and post stabilization treatment to HMO Blue Texas members. Such requests must be responded to within one hour.

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### **Continuity of Care**

In the event of termination of a Physician or other Professional Provider in HMO Blue Texas, HMO Blue Texas will use its best efforts to provide at least 30 days notice to members receiving care from the Physician or other Professional Provider of the impending termination. The Physician or other Professional Provider must agree to cooperate with, and to provide reasonable assistance upon request, to HMO Blue Texas to effect such notice.

Termination of a Physician or other Professional Provider's participation in HMO Blue Texas will not release the Physician or other Professional Provider from his/her obligation to continue ongoing treatment of a member of "special circumstance" or HMO Blue Texas from its obligation to reimburse the Physician or other Professional Provider for such services at the HMO Blue Texas contracted rate. Special circumstances as defined in the Texas Insurance Code will be identified by the Physician or other Professional Provider, who must request that the member be permitted to continue under his/her care and who must agree not to seek payment from the member for any amounts for which the member would not be responsible if the Physician or other Professional Provider had not terminated. The Physician's or other Professional Provider's and HMO Blue Texas' obligations will continue until the earlier of the appropriate transfer of the member's care to another HMO Blue Texas Physician or other Professional Provider, the expiration of 90 days from the effective date of termination of the Physician or other Professional Provider, or up to nine months in the case of a member who at the time of the termination has been diagnosed with a terminal illness.

However, the obligation of HMO Blue Texas to reimburse the terminated Physician for services to a member who at the time of the termination is past the 24th week of pregnancy, extends through delivery of the child, immediate postpartum care, and the follow-up checkup within the first six weeks of delivery. The Physician must also agree to cooperate in the referral of members to other participating HMO Blue Texas Physicians in order to assure continuation of care. Disputes regarding continued treatment will be handled through the health plan's complaint process.

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## **Patient Protection**, continued

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### **Non-retaliation**

HMO Blue Texas will not engage in any retaliatory action against a Physician or other Professional Provider, including termination of his/her participation in HMO Blue Texas, because a Physician or other Professional Provider has, on behalf of a member, reasonably filed a complaint against HMO Blue Texas or has appealed a decision of HMO Blue Texas.

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## Privacy of Health Information

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### Privacy of Health Information - Overview

The following information provides a summary of Blue Cross and Blue Shield of Texas (BCBSTX) Privacy Policies and Procedures:

The regulations are long and complex, but they can be grouped into five main topics:

#### **1. Consent and Authorization:**

This refers to the permission a person must give for us to use or disclose his or her Protected Health Information (PHI). BCBSTX will be dealing mostly with authorizations.

#### **2. Use, Disclosure and Minimum Necessary:**

These rules talk about when and how to use or disclose PHI. In most cases, we must use or disclose only the least amount, the minimum necessary, of PHI needed to do a certain task.

#### **3. Individual's Rights:**

The person who is the subject of PHI has five major rights.

- The right to ask for access to his/her PHI and receive a copy or view it on location
- The right to ask for an amendment to his/her PHI
- The right to receive a listing of all recorded disclosures of his/her PHI
- The right to ask for further restrictions on the use and disclosure of his/her PHI
- The right to ask that any communication with the person regarding his/her PHI be carried out through confidential means that differ from the normal methods of contact, such as mail to the home address.

#### **4. Business Associates:**

Outside persons or entities that carry out a function on behalf of BCBSTX are our business associates. They must follow the privacy regulations, too, and be allowed to access only certain PHI, as outlined in their contract.

#### **5. Administrative Requirements:**

There are several things that BCBSTX must do to oversee compliance with the privacy regulations. They include such activities as naming a privacy officer, creating a privacy office, writing privacy policies and procedures, sending out a notice of privacy practices and training its workers about its privacy policies.

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## **Privacy of Health Information, continued**

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### **Blue Cross and Blue Shield of Texas Corporate Privacy Policies**

BCBSTX' Corporate Privacy Policies follow. Authorized management in the division is responsible for implementing these policies and associated procedures, except where noted.

#### **Policy #1: Documentation of Privacy Policies and Procedures**

Each affected BCBSTX operational area shall develop, implement and maintain its own policies and procedures that are in accordance with the BCBSTX Corporate Privacy Policies and Procedures. Each BCBSTX operational area shall provide written assurance to the Privacy Office regarding the accuracy of its privacy policies and procedures annually. These policies and procedures are subject to Privacy Office review.

#### **Policy #2: Privacy Complaints**

The Privacy Office shall evaluate privacy complaints and respond in writing to an individual or an individual's personal representative in a timely manner following receipt of a complete, written complaint, as required by law and in accordance with approved corporate procedures.

#### **Policy #3: Safeguarding Protected Health Information (PHI)**

Each BCBSTX operational area shall develop, implement and maintain appropriate administrative, technical, and physical safeguards to prevent inappropriate use or disclosure of Protected Health Information (PHI).

#### **Policy #4: Training of Privacy Policies and Procedures**

BCBSTX shall train its workforce on the Corporate Privacy Policies and Procedures, and the privacy policies and procedures of operational areas as required by law and in accordance with approved corporate procedures.

Business Associates (BA) will, upon execution of the agreement, be provided with information about BCBSTX' Corporate Privacy Policies and Procedures. In addition, those BAs that work directly with a particular operational area will be provided with that area's specific privacy policies and procedures when they begin work for the department.

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## Privacy of Health Information, continued

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**Blue Cross  
and Blue  
Shield of  
Texas  
Corporate  
Privacy  
Policies,  
continued**

### **Policy #5: Disclosure Tracking**

This policy addresses BCBSTX as a Covered Entity (an entity that must comply with the Federal privacy regulations). BCBSTX shall record and track its disclosures of PHI as required by law and in accordance with approved corporate procedures. Each affected BCBSTX operational area shall identify each disclosure of PHI that must be recorded. All required disclosure information will be entered in the BCBSTX Tracking Database in a timely manner.

When BCBSTX acts as a Business Associate, there may be situations in which disclosure tracking will need to be done in accordance with both the law and a specific Business Associate Agreement.

### **Policy #6: Authorizations**

BCBSTX shall obtain a signed authorization form from an individual or the individual's personal representative in situations required by law and in accordance with approved corporate procedures.

### **Policy #7: Minimum Necessary Protected Health Information (PHI)**

This policy assumes a disclosure of PHI is not as a result of an authorization, or that de-identification of the information will not provide the needed information.

BCBSTX workforce and BCBSTX Business Associates (BA) that have executed BA agreements shall be permitted access to and use of only the minimum PHI reasonably necessary for the performance of their duties. Unless otherwise permitted by the terms of a BA agreement, BCBSTX BAs shall only be permitted access to and use of PHI in accordance with their BA agreement.

BCBSTX workforce members or BAs will not use, disclose or request an entire medical record without the department manager's written approval that this is the minimum necessary PHI needed for the stated purpose.

Authorized management in each affected BCBSTX operational area shall be responsible for determining and documenting the minimum necessary information required to fulfill routine/recurring and non-routine/non-recurring requests for or disclosures of PHI as required by law and in accordance with approved corporate procedures.

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## Privacy of Health Information, continued

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**Blue Cross  
and Blue  
Shield of  
Texas  
Corporate  
Privacy  
Policies,**  
continued

### **Policy #8: Business Associates**

BCBSTX as a Covered Entity - BCBSTX shall require its Business Associates to enter into a written BA agreement. Any person or entity determined to be a BA without an executed BA agreement shall not receive PHI unless the subject of the PHI or their authorized representative signs an authorization. Any member of the BCBSTX workforce who has a good faith belief that a BA has possibly violated their BA agreement shall orally report such information to their management. Authorized management shall document this report in writing, and send a copy to the Privacy Office. Potential violations of the terms of a BA agreement by a BA shall be resolved according to corporate procedures and applicable law.

BCBSTX as a Business Associate - When BCBSTX serves as a BA to another Covered Entity, BCBSTX will enter into a written BA agreement with the Covered Entity. As a BA, BCBSTX will use or disclose PHI as permitted by state and federal law and the BA agreement with the Covered Entity. The standard BCBSTX BA agreement shall be used. Any exceptions should follow approved corporate procedures.

### **Policy #9: Disclosure Accounting**

This policy addresses BCBSTX as a Covered Entity. When BCBSTX acts as a Business Associate, there may be situations in which disclosure accounting will need to be done in accordance with both the law and a specific BA agreement. BCBSTX shall provide an individual or an individual's personal representative with an accounting of BCBSTX' disclosures as required by law and in accordance with approved corporate procedures.

Each request for an accounting of PHI disclosures shall be entered into the BCBSTX Tracking Database in a timely manner. The Privacy Office shall be responsible for implementing this policy and the associated disclosure accounting corporate procedures.

### **Policy #10: Requests to Receive Protected Health Information (PHI) by Alternative Confidential Means**

BCBSTX shall consider granting a written request from an individual or an individual's personal representative to receive PHI by alternative confidential means or at an alternative location as required by law and in accordance with approved corporate procedures. Each written request to receive PHI by alternative confidential means or at an alternative location shall be documented in a timely manner. BCBSTX shall update corporate, divisional and operational area records as required by law to reflect requests accepted by BCBSTX.

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## Privacy of Health Information, continued

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**Blue Cross  
and Blue  
Shield of  
Texas  
Corporate  
Privacy  
Policies,**  
continued

### **Policy #11: Requests to Access Protected Health Information (PHI)**

BCBSTX shall consider requests from an individual or an individual's personal representative to inspect and obtain a copy of the requesting individual's PHI as permitted by state or federal law and in accordance with approved corporate procedures.

BCBSTX shall evaluate the request and issue a written response as required by law.

### **Policy #12: Personal Representatives**

BCBSTX will disclose appropriate PHI to personal representatives of an individual when the personal representative follows the same procedures as the individual. The designation of a person as a personal representative will be documented according to appropriate law, and corporate procedures.

### **Policy #13: De-identification of PHI**

Except as otherwise permitted by law, BCBSTX will de-identify PHI released externally. The de-identification of PHI shall be accomplished in accordance with applicable law and approved corporate procedures. PHI that has been de-identified is health information that may be released without minimum necessary determinations. There are several ways to de-identify PHI. One way involves removing individually identifiable health information that may link the data to a specific person. This information includes, but is not limited to:

Name  
Address  
Date of birth/death  
Telephone number  
Fax number  
Date of admission/discharge  
E-mail address  
Social security number  
Medical record number  
Health plan beneficiary number  
Account number  
Vehicle identifiers  
Certificate/license number  
Web universal resource locator (URL)  
Internet protocol (IP) address number  
Biometric ID, such as finger or voice prints  
Full face or comparable photo images  
Other unique ID number, code or characteristic

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## **Privacy of Health Information, continued**

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**Blue Cross  
and Blue  
Shield of  
Texas  
Corporate  
Privacy  
Policies,**  
continued

### **Policy #14 Verification of Identity and Authority**

BCBSTX shall verify the identity and authority of any person requesting PHI as may be required by law and in accordance with approved corporate procedures.

### **Policy #15: Disclosure of PHI in Group Market Situations**

BCBSTX will release PHI to self-funded group health plans, insured group health plans, and plan sponsors or their Business Associates as permitted by law and in accordance with approved procedure.

### **Policy #16: Notice of Privacy Practices**

BCBSTX shall issue a Notice of Privacy Practices to persons as required by law and in accordance with approved corporate procedures.

Revisions shall be made to the Notice of Privacy Practices if there is any material change to BCBSTX' legal duties with respect to its privacy practices, individuals' privacy rights or other privacy practices that would need to be reflected in the Notice. The revised Notice will be distributed to insured members as required by law and made available to any other person upon request.

The Privacy Office shall be responsible for implementing this policy and the associated corporate procedures.

### **Policy #17: Requests to Restrict PHI**

This policy addresses BCBSTX as a Covered Entity. Individuals may submit requests to restrict use or disclosure of their PHI to BCBSTX. Each request to restrict PHI must be entered in the BCBSTX Tracking Database in a timely manner.

BCBSTX shall not grant a request from an individual or a personal representative of an individual to place any additional restrictions on the use and disclosure of the individual's PHI, unless required by law or the restriction is approved by the Privacy Officer. The Privacy Office shall be responsible for implementing this policy and the approved corporate procedures.

### **Policy #18: Requests to Amend PHI**

This policy addresses BCBSTX as a Covered Entity. BCBSTX shall consider amending an individual's PHI upon receipt of a completed Amendment Request Form from the individual making the request or his/her personal representative as permitted by law and in accordance with approved corporate procedures. Notification of the disposition of the amendment request will be sent to the individual or his/her personal representative. BCBSTX shall take reasonable steps as required by law to communicate amended PHI to appropriate BAs.

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## Privacy of Health Information, continued

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**Blue Cross  
and Blue  
Shield of  
Texas  
Corporate  
Privacy  
Policies,  
continued**

### **Policy #19: Privacy Practical Guidelines**

The following privacy guidelines represent the philosophy and practices that BCBSTX follows in its day-to-day operations:

BCBSTX will not disclose PHI for the purpose of reporting abuse, neglect or domestic violence, unless required by law. Then, only the minimum necessary information will be disclosed and entered into the BCBSTX Tracking Database.

PHI may be requested or disclosed for deceased persons without obtaining an authorization if it goes to persons with authority to act on behalf of the deceased or as permitted by law.

No PHI will be used for fundraising, but BCBSTX may solicit its employees for charitable fundraising purposes.

Workforce members must verify identity and authority of the recipient before making such disclosure.

Requests for PHI must go to the Legal Department if they involve law enforcement, averting a serious threat to health or safety, judicial and administrative proceedings or disaster relief activities.

An authorization must be obtained before using or disclosing PHI for marketing purposes. The Marketing Decision Guidance must be used to determine if a communication is a Marketing Communication.

PHI will not be disclosed for organ or tissue donation purposes unless required by law.

BCBSTX will not request, use or disclose psychotherapy notes. Such notes will be returned immediately if they are received.

1. All records, including electronic and hard copies, will be maintained according to the BCBSTX Record Retention Policy.
2. PHI will not be disclosed for research purposes.
3. Requests for disclosure of PHI for special government purposes will be forwarded to the BCBSTX Legal Department.
4. Only the minimum necessary PHI will be disclosed in accordance with state worker's compensation law.

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## Physician or other Professional Provider Inquiry and Complaint Resolution

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### **Physician or other Professional Provider Inquiries and Complaints**

Participating Physicians and other Professional Providers should direct telephone or written inquiries or complaints to the HMO Blue Texas Customer Service Department. Inquiries and complaints will only be acknowledged and processed when they are received from the Physician or other Professional Provider or a person in the provider's office, or by a representative of the Physician or other Professional Provider whose authority is confirmed in a written document that is signed by the Physician or other Professional Provider.

Inquiries that cannot be resolved promptly will be treated as complaints. A Customer Service Advocate will be assigned to each complaint. The Customer Service Advocate assigned to an oral complaint will request in writing that the Physician or other Professional Provider submit the complaint in a letter. Written complaints will generally be acknowledged within 5 days of their receipt. HMO Blue Texas will endeavor to resolve complaints in writing within 30 days following receipt of all information necessary for resolution. This resolution exhausts the opportunity for the Physician or other Professional Provider to appeal or otherwise obtain additional review by HMO Blue Texas of the provider's complaint.

For requirements related to inquiries or complaints by a Physician or other Professional Provider on behalf of a HMO Blue Texas member, see **Section J, Other Information: Overview, HMO Blue Texas Member Complaint Procedure** in this Provider Manual.

For requirements related to appeals or reconsideration of claims payment see **Section F, Filing Claims, Claim Appeal/ Reconsideration Request Procedure** in this Provider Manual.

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