

# Appendix

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Appendix

# Claims Procedures

## How to File a State Health Plan Claim

### Medical and Mental Health and Substance Abuse Claims

If you received services from a physician, a hospital or another provider that participates in a State Health Plan network, you do not have to file a claim. Your provider will file for you. You are responsible for the usual out-of-pocket expenses (deductibles, copayments, coinsurance and non-covered services).

However, if you did not use a network provider or if you have a claim for a non-network service, you may have to file the claim yourself. You can get medical claim forms from your benefits office, EIP and BlueCross BlueShield of South Carolina (BCBSSC). Claim forms also are on the EIP Web site. Go to [www.eip.sc.gov](http://www.eip.sc.gov), then choose your category. Select “Forms” and then, under “Health Insurance,” look under “State Health Plan.” Select “Health Expenses Claim Form and Instructions.” For mental health and substance abuse claims, go to the APS Healthcare site through the “Links” page on the EIP site. Click on “Member Sign-in” and log in using “statesc.” Then click on “Out-of-network Claims Filing.”

Complete a separate claim form for each individual who received care. To file a claim:

- Complete the claim form
- Attach your itemized bills, which must show: the amount charged; the patient’s name; the date and place of service; the diagnosis, if applicable; and the provider’s federal Tax Identification Number or National Provider Identifier (NPI), if available
- File claims within 90 days of the date you receive services or as soon as reasonably possible.

BCBSSC and APS must receive claims by the end of the calendar year after the year in which expenses are incurred. Otherwise, claims cannot be paid.

#### Mail BCBSSC claims to:

State Business Unit  
BlueCross BlueShield of South Carolina  
P.O. Box 100605  
Columbia, SC 29260-0605

#### Out-of-network mental health and substance abuse services are covered for services received on or after January 1, 2010. Mail APS claims to:

APS Healthcare  
Claims, State of SC  
P.O. Box 1307  
Rockville, MD 20849

### Claims filed to BlueCross BlueShield of South Carolina Only

Generally, if you obtain medical services outside South Carolina or the U.S. from a BlueCard doctor or hospital, you should not need to pay up-front for medical care, except for the usual out-of-pocket expenses (deductibles, copayments, coinsurance and non-covered services). The provider should submit the claim.

When you receive services from doctors and hospitals that are not part of the BlueCard network, you pay the doctor or hospital for inpatient care, outpatient hospital care and other medical services. You must then complete an international claim form and send it to the BlueCard Worldwide Service Center. The claim form is available from your benefits administrator or online through [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com).

## How to File a Medco Prescription Drug Claim

If you fail to show your health plan identification card, or if you incur prescription drug expenses while traveling outside the United States, you will have to pay the full retail price for your prescription and then file a claim with Medco for reimbursement. After you meet your deductible, if any, reimbursement will be limited to the plan's allowable charge, less the copayment or coinsurance. You must file your claim with Medco within one year of the date of service. To file a claim for prescription drug expenses incurred at a participating pharmacy or outside the United States, complete Medco's interactive "Coordination of Benefits Form/Direct Claim Form." It is available on EIP's Web site, [www.eip.sc.gov](http://www.eip.sc.gov). Choose your category and then select "Forms." The form is listed under "State Health Plan" as "Prescription Drug Claim Form." You may also request a copy by calling Medco's Member Services at 800-711-3450.

**Remember that benefits are NOT payable if you use a non-participating pharmacy in the U.S.**

## How to File a Dental Claim

The easiest way to file a claim is to assign benefits to your dentist. Assigning benefits means that you authorize your dentist to file claims for you and to receive payment from the plan for your treatment. To do this, you must show a staff member in your dentist's office your dental identification card and ask that the claim be filed for you. Be sure to sign the payment authorization block of the claim form. BlueCross BlueShield of South Carolina (BCBSSC) will then pay your dentist directly. You are responsible for the difference between the benefit payment and the actual charge.

If your dentist will not file your claims, you can file to BCBSSC. The claim form is available at [www.eip.sc.gov](http://www.eip.sc.gov). Choose your category and then select "Forms." The form is under "Dental Insurance." Complete items 1-11 on the claim form, and ask your dentist to complete items 12-29.

If your dentist will not complete his portion of the form, get an itemized bill showing this information:

1. The dentist's name and address and federal tax identification number or National Provider Identifier (NPI)
2. The patient's name
3. The date of each service
4. The name of each service
5. The charge for each service.

Complete items 1-11 of the claim form, attach the bill and mail it to:

BlueCross BlueShield of South Carolina  
State Dental Claims Department  
P.O. Box 100300  
Columbia, SC 29202-3300.

X-rays and other diagnostic aids may be needed to determine the benefit for some dental procedures. Your dentist may be asked to provide this documentation for review by BCBSSC's dental consultant. The plan will not pay a fee to your dentist for providing this information. A completed claim form must be received by BCBSSC within 90 days after the beginning of care or as soon as reasonably possible. It must be filed no later than 24 months after charges were incurred, except in the absence of legal capacity, or benefits will not be paid.

## What If I Need Help?

You can call BCBSSC at 888-214-6230. If you cannot call, you can visit [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) or write BCBSSC at the address above.

# Notice of Privacy Practices

Effective April 14, 2003

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. Please share this information with your covered adult dependents.

The South Carolina Budget and Control Board Employee Insurance Program (EIP) is committed to protecting the privacy of your health information. EIP receives a copy of your medical claims information and related health information in order to provide you with health insurance and to assist you in claims resolution. This notice explains how EIP may use and disclose your health information, EIP's obligations related to the use and disclosure of your health information and your rights regarding your health information. EIP is required by law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), to make sure that health information that identifies you is kept private, to give you this notice of its privacy practices and to follow the terms of its current notice. This notice applies to all of the records of your individual health information maintained or created by EIP. All EIP employees follow the practices described in this notice.

If you have any questions about this Notice of Privacy Practices, please contact:

Privacy Officer  
 1201 Main Street, Suite 300  
 Columbia, SC 29201  
 Phone: 803-734-0678 (Greater Columbia area)  
 888-260-9430 (toll-free outside the Columbia area)  
 Fax: 803-737-0825  
 E-mail: [privacyofficer@eip.sc.gov](mailto:privacyofficer@eip.sc.gov).

## How EIP May Use and Disclose Health Information

This is a list of ways EIP may use and disclose your health information. It explains each category of use or disclosure, and may present some examples. Not every use or disclosure in a category will be listed. However, all of the ways that EIP is permitted to use and disclose information will fall within one of the categories.

- **For Treatment.** EIP may use and disclose your health information to coordinate and manage your healthcare-related services by one or more of your healthcare providers. For example, a representative of EIP, a case manager and your doctor may discuss the most beneficial treatment plan for you if you have a chronic condition, such as diabetes.
- **For Payment.** EIP may use and disclose your health information to bill, collect payment and pay for your treatment/services from an insurance company or another third party; to obtain premiums; to determine or fulfill its responsibility for coverage or provision of benefits; or to provide reimbursement for healthcare. For example, EIP may need to give your health information to another insurance provider to facilitate the coordination of benefits or to your employer to facilitate the employer's payment of its portion of the premium.
- **For Health Care Operations.** EIP may use and disclose health information about you for other EIP operations. EIP may use health information in connection with conducting quality assessment and improvement activities; reviewing the competence or qualifications of healthcare professionals; evaluating practitioner, provider and health plan performance; underwriting, premium rating and other activities relating to health plan coverage; conducting or arranging for medical review, legal services, audit services and fraud- and abuse-detection programs; business planning and development, such as cost

management; and business management and general administrative activities. For example, EIP may disclose your health information to an actuary to make decisions regarding premium rates, or it may share your personal health information with other business associates that, through written agreement, provide services to EIP. These business associates, such as consultants or third-party administrators, are required to protect the privacy of your personal health information.

- **For Purposes of Administering the Plan.** EIP may disclose your health information to its Plan sponsor, the South Carolina Budget and Control Board, for the purpose of administering the Plan. For example, EIP may disclose aggregate claims information to the Plan sponsor to set Plan terms.
- **Treatment Alternatives and Health-Related Benefits and Services.** EIP may use and disclose your health information to contact you about health-related benefits or services that may be of interest to you. For example, you may be contacted and offered enrollment in a program to assist you in handling a chronic disease, such as disabling high blood pressure.
- **Individuals Involved in Your Care or Payment for Your Care.** EIP may, in certain circumstances, disclose health information about you to your representative, such as a friend or family member who is involved in your healthcare or to your representative who helps pay for your care. EIP may disclose your health information to an agency assisting in disaster relief efforts so that your family can be notified about your condition, status and location.
- **Research.** EIP may use and disclose your de-identified health information for research purposes, or EIP may share health information for research approved by an institutional review board or privacy board after review of the research rules to ensure the privacy of your health information. For example, a research project may compare the health/recovery of patients who receive a medication with those who receive another medication for the same condition.
- **As Required By Law.** EIP will disclose health information about you when it is required to do so by federal or South Carolina law. For example, EIP will report any suspected insurance fraud as required by South Carolina law.
- **To Avert a Serious Threat to Health or Safety, or for Public Health Activities.** EIP may use and disclose health information about you, when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or for public health activities.
- **Organ and Tissue Donation.** If you are an organ donor, EIP may disclose your health information to organizations that handle organ, eye or tissue procurement, transplantation or donation.
- **Coroners, Medical Examiners and Funeral Directors.** EIP may share your health information with a coroner/medical examiner or funeral director as needed to carry out their duties.
- **Military and Veterans.** If you are a member of the armed forces, EIP may disclose health information about you after the notice requirements are fulfilled by military command authorities.
- **Workers' Compensation.** EIP may disclose health information about you for Workers' Compensation or similar programs that provide benefits for work-related injuries or illness.
- **Health Oversight Activities.** EIP may disclose your health information to a health oversight agency for authorized activities, such as audits and investigations.
- **Lawsuits and Disputes.** EIP may disclose your health information in response to a court or administrative order, a subpoena, discovery request, or other lawful process if EIP receives assurance from the party seeking the information that you have either been given notice of the request, or that the party seeking the information has tried to secure a qualified protective order regarding this information.

- **Law Enforcement.** EIP may disclose information to a law enforcement official in response to a court order, subpoena, warrant, summons or similar process.
- **National Security, Intelligence Activities and Protective Services.** EIP may disclose your health information to authorized officials for intelligence, counterintelligence and other national security activities; to conduct special investigations; and to provide protection for the President, other authorized persons or foreign heads of state.
- **Inmates.** If you are an inmate of a correctional institution or are in the custody of a law enforcement official, EIP may disclose your health information if the disclosure is necessary to provide you with healthcare or to protect your health and safety or the health and safety of others.
- EIP will not use or release your health information for purposes of fundraising activities.

## Your Health Information Rights

You have these rights regarding the health information that EIP has about you:

- **Right to Inspect and Copy.** You have the right to request to see and receive a copy of your health information, or, if you agree to the preparation cost, EIP may provide you with a written summary. Some health information is exempt from disclosure. To see or obtain a copy of your health information, send a written request to the Director, EIP, 1201 Main Street, Suite 300, P.O. Box 11661, Columbia, SC 29211. EIP may charge a fee for the costs associated with your request. In limited cases, EIP may deny your request. If your request is denied, you may request a review of the denial.
- **Right to Amend.** If you believe that your health information is incorrect or incomplete, you may ask EIP to amend the information by sending a written request to the Director, EIP, 1201 Main Street, Suite 300, P.O. Box 11661, Columbia, SC 29211, stating the reason you believe your information should be amended. EIP may deny your request if you ask it to amend information that was not created by EIP, the information is not part of the health information kept by or for EIP, the information is not part of the information you would be permitted to inspect and copy or your health information is accurate and complete. You have the right to request an amendment for as long as EIP keeps the information.
- **Right to an Accounting of Disclosures.** You have the right to request a list of the disclosures of your health information EIP has made. This list will NOT include health information released to provide treatment to you, to obtain payment for services or for healthcare operations; releases for national security purposes; releases to correctional institutions or law enforcement officials as required by law; releases authorized by you; releases of your health information to you; releases as part of a limited data set; releases to representatives involved in your healthcare; releases otherwise required by law or regulation and releases made prior to April 14, 2003. You must submit your request for an accounting of disclosures in writing to the Director, EIP, 1201 Main Street, Suite 300, P.O. Box 11661, Columbia, SC 29211, indicating a time period that may not go back beyond six years and may not include dates before April 14, 2003. Your request should indicate the form in which you want the list (for example, by paper or electronically). The first list that you request within a 12-month period will be provided free of charge; however, EIP may charge you for the cost of providing additional lists within a 12-month period.
- **Right to Request Restrictions of Use and Disclosure and Right to Request Confidential Communications.** You have the right to request a restriction on the health information that EIP uses or discloses. You also have the right to request a limit on the health information that EIP discloses about you to someone who is involved in your care or the payment for your care. For example, you may ask that EIP not use or disclose information about an immunization or a particular service that you received. EIP is not required to agree to your request(s). If EIP does agree, EIP will comply with your request(s) unless the information is needed to provide you with emergency treatment. In your request, you must specify what

information you want to limit and to whom you want the limits to apply. For example, you may request that your claims information not be sent to your home address. In addition, you have the right to request that EIP communicate with you by certain means or at a certain location. EIP will attempt to accommodate reasonable request(s), pursuant to the HIPAA Privacy Rule.

- You must make these request(s), in writing, to the Director, EIP, 1201 Main Street, Suite 300, P.O. Box 11661, Columbia, SC 29211.
- **Right to a Paper Copy of This Notice.** You have the right to request a paper copy of this notice at any time by contacting EIP's Privacy Officer (see the first page of this notice). **You may obtain a copy of this notice at EIP's Web site, [www.eip.sc.gov](http://www.eip.sc.gov).**

## Complaints

If you believe that your health information rights, as stated in this notice, have been violated, you may file a complaint with EIP's Privacy Officer and/or with the Office for Civil Rights, U.S. Department of Health and Human Services, Atlanta Federal Center, 61 Forsyth Street, SW, Suite 3B70, Atlanta, GA 30323-8908. Phone number: 404-562-7886. To file a complaint with EIP's Privacy Officer, contact the officer at the address listed on the first page of this notice.

EIP will not intimidate, threaten, coerce, discriminate against or take other retaliatory actions against any individual who files a complaint.

## Changes to This Notice

EIP reserves the right to change this notice. EIP may make the changed notice effective for medical information it already has about you as well as for any information it may receive in the future. EIP will post a copy of the current notice on its Web site and in its office. EIP will mail you a copy of revisions to this policy at the address on file with EIP at the time of the mailing.

## Other Uses of Health Information

This notice describes and gives some examples of the permitted ways your health information may be used or disclosed. EIP will ask for your written permission before it uses or discloses your health information for purposes not covered in this notice. If you provide EIP with written permission to use or disclose information, you can change your mind and revoke your permission at any time by notifying EIP in writing. If you revoke your permission, EIP will no longer use or disclose the information for that purpose. However, EIP will not be able to take back any disclosure that it made with your permission.

# Part D Creditable Coverage Letter

## Important Notice from the Employee Insurance Program (EIP) About Your State Prescription Drug Coverage and Medicare

On January 1, 2006, Medicare began offering a prescription drug plan, Medicare Part D. The drug coverage most subscribers have through health plans offered by the Employee Insurance Program is as good as, or better than, drug coverage offered by Part D. Therefore, they do not need to sign up for Part D. Subscribers are sent this letter to let them know that they have what Medicare calls “creditable coverage.”

This notice is your creditable coverage letter. Please read it carefully and keep it where you can find it. Here is a summary:

1. **This notice contains information about your prescription drug coverage with EIP and about prescription drug coverage that became available January 1, 2006, to people with Medicare.**
2. **Medicare Part D prescription drug coverage is available to all people on Medicare.**
3. **EIP has determined that the state drug coverage offered through your health plan (the Standard Plan, the Medicare Supplemental Plan, BlueChoice HealthPlan or CIGNA Healthcare HMO) is, on average for all plan participants, as good as or better than the standard Medicare prescription drug coverage.**
4. **This notice explains options you have under Medicare prescription drug coverage and can help you decide whether or not to enroll.**

Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans might offer more coverage for a higher monthly premium.

**If you enroll in a Medicare prescription drug plan, you will lose your state drug coverage through EIP. Before you decide to switch to Medicare drug coverage and drop your EIP coverage, you should compare your EIP coverage, including which drugs are covered, with the coverage and cost of any plans offering Medicare prescription drug coverage in your area.**

You may have heard that if you decide to enroll in Part D after your initial eligibility period, you will have to pay a higher premium because you did not enroll in Part D when you first had the opportunity. However, because you now have prescription drug coverage that, on average, is as good as Medicare coverage, you can choose to join a Medicare prescription drug plan later without a penalty. Every year you will have the opportunity to enroll in a Medicare prescription drug plan between November 15 and December 31.

If you drop or lose your coverage with EIP, you have 63 days to enroll in a Medicare drug plan. If you do not enroll in Medicare prescription drug coverage when your coverage ends, you may pay more if you later enroll in Medicare prescription drug coverage. If, after May 15, 2006, or after your initial eligibility date, you go 63 days or longer without prescription drug coverage that is at least as good as Medicare’s prescription drug coverage, your monthly premium for Medicare Part D will go up at least one percent a month for every month after May 15, 2006, (or after your initial eligibility date, whichever is later) that you did not have coverage. For example, if you go 19 months without coverage, your premium will always be at least 19 percent higher than the national average Medicare Part D premium. You will have to pay this higher premium as long as you have Medicare coverage. In addition, you may have to wait until the next November to enroll in Medicare prescription drug coverage.

Please keep this notice, your creditable coverage letter, in a safe place. If you later decide to enroll in Part D, you may need to present it to show that you had coverage that was as good as or better than Part D, and therefore, you are not subject to higher premiums.

**To learn more about your drug coverage, consult your 2010 *Insurance Benefits Guide (IBG)* or call your health plan or prescription drug plan at the number listed on the inside cover of the IBG.**

Your coverage through EIP pays for other health expenses, as well as for prescription drugs. If you enroll in a Medicare prescription drug plan, you will no longer receive the prescription drug benefits offered by your health plan. However, there will be no reduction in your health insurance premium.

**For more information about this notice, contact EIP.**

You can reach EIP at 803-734-0678 (Greater Columbia area) or 888-260-9430 (toll-free outside the Columbia area).

**Note:** You may receive copies of this notice again, such as before the next period in which you can enroll in Medicare prescription drug coverage, and if your coverage through EIP changes. You also may request a copy.

**For more information about your options under the Medicare prescription drug coverage:**

More detailed information about Medicare plans that offer prescription drug coverage is available in the *Medicare & You 2010* handbook, which you got in the mail from Medicare. You may also be contacted directly by Medicare prescription drug plans. For more information about Medicare prescription drug plans:

- Visit [www.medicare.gov](http://www.medicare.gov) for personalized help
- Call your State Health Insurance Assistance Program (see your copy of the *Medicare & You 2010* handbook for the telephone number)
- Call 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048.

Extra help paying for a Medicare prescription drug plan is available to people with limited income and resources. Contact the Social Security Administration (SSA) for more information about this assistance. You may visit SSA online at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call 800-772-1213. TTY users should call 800-325-0778.

**Remember: Keep this notice. If you enroll in one of the new Medicare prescription drug plans after your initial enrollment date, you may need to present a copy of this notice when you join to show that you are not required to pay a higher premium.**

Contact the Employee Insurance Program below for further information. **Note:** You will get this notice each year. You will also get it before the next period you can join a Medicare drug plan and if this coverage through the Employee Insurance Program changes. You may also request a copy.

South Carolina Budget and Control Board  
Employee Insurance Program  
1201 Main Street, Suite 300  
P.O. Box 11661  
Columbia, SC 29211

803-734-0678 (Greater Columbia area)  
888-260-9430 (toll-free outside the Columbia area)  
[cs@eip.sc.gov](mailto:cs@eip.sc.gov)  
[www.eip.sc.gov](http://www.eip.sc.gov)

## Medicare Part D: Frequently Asked Questions

**Q: I received a notice recently about Medicare Part D from the Employee Insurance Program (EIP). What is this?**

**A:** Even though the Medicare prescription drug benefit went into effect on January 1, 2006, EIP will continue to provide you and your covered dependents with your state prescription drug coverage. The notice tells you this coverage is at least as good as the Medicare drug benefit, and it is proof of such coverage. Please keep this notice where you can easily find it.

**Q: Do I need to do anything right now?**

**A:** No. There is nothing you need to do if you plan to keep your state coverage through EIP.

**Q: What do I need to do if I want to switch to a Medicare plan?**

**A:** If you switch to a Medicare drug plan, you need to enroll within the seven-month initial enrollment period of your Medicare eligibility. More information is available by calling Medicare at 800-MEDICARE (800-633-4227) or at 877-486-2048 (TTY). However, enrolling in a Medicare drug plan will disqualify you from prescription drug coverage under your EIP plan. If you enroll in a Medicare drug plan, you will lose your EIP drug coverage, and there will be no reduction in your health insurance premium.

**Q: If I keep my current coverage, can I switch to a Medicare plan later?**

**A:** Yes. Open enrollment for Medicare coverage is held yearly between November 15 and December 31.

**Q: Will I pay higher premiums for a Medicare prescription drug plan if I keep my state coverage through EIP and switch later?**

**A:** No. Since Medicare recognizes your current state coverage through EIP is at least as good as the standard Medicare plan, you will not pay more if you later enroll in a Medicare plan. Remember that you may only enroll in a Medicare prescription drug plan during: 1) open enrollment for Medicare, which is November 15 to December 31 of each year; or 2) if your EIP coverage ends.

**Q: Is extra help or limited-income assistance available for prescription drug coverage?**

**A:** Limited-income assistance is not available for your EIP coverage, but it is available for the Medicare benefit. If you think you may qualify, you can apply for assistance by filling out an application online at [www.socialsecurity.gov](http://www.socialsecurity.gov) or by calling the Social Security Administration at 800-772-1213 or 800-325-0778 (TTY). Remember: You can only receive limited-income assistance if you enroll in a Medicare prescription drug plan.

