



## BlueChoice® HealthPlan to Exit Federal Exchange for 2017

BlueChoice HealthPlan will not offer any health plans for 2017 on the federally facilitated marketplace (FFM), also known as the “Exchange” and Health Insurance Marketplace ([www.HealthCare.gov](http://www.HealthCare.gov)). This change only impacts BlueChoice® members who purchased a Blue Option<sup>SM</sup> plan through the FFM. BlueChoice will continue to offer Blue Option products off-exchange.

Both BlueCross BlueShield of South Carolina and BlueChoice HealthPlan have participated on the exchange since its inception. After an exhaustive internal analysis, however, a decision was made to offer health plans on the exchange under a one-company approach. Selling exchange products exclusively through our BlueCross line of business will allow us to achieve financial and operational efficiencies and reduce redundancies. Most importantly, it will allow us to continue to provide access to health care for people in this market — especially since many insurance companies have since exited or have announced plans to exit it.

BlueCross and BlueChoice are working under the guidance of the S.C. Department of Insurance and CMS to transition Blue Option exchange members to a comparable BlueCross BlueEssentials<sup>SM</sup> plan for 2017. These BlueChoice members will receive a letter explaining that they will be auto-enrolled into a similar BlueEssentials plan and what they need to do to make sure they will have coverage for 2017. Of course, these members may choose to shop from all of the plans available to them and make their own selection if they decide the plan mapped to them does not meet their needs.

Please keep in mind that patients with Blue Option exchange coverage will have that coverage through the end of the year (as long as they pay premiums or do not cancel their coverage before then). BlueCross will issue new ID cards for them to use when their new coverage takes effect on or after Jan. 1, 2017. As always, please be sure to verify coverage on patients on or after Jan. 1 to make sure your patients present the correct ID card.

The FAQs included in the bulletin should address any questions or concerns you may have. For your information, we are attaching Member FAQs that address key questions your patients may have.

We appreciate your cooperation and patience as we move through this transition. If you have any questions, please contact Provider Relations and Education by calling 803-264-4730 or by emailing [provider.education@bcbsc.com](mailto:provider.education@bcbsc.com)

### Provider FAQs

#### 1. What should I tell my patients with Blue Option coverage?

You can reassure them that since you are in both the BlueCross BlueEssentials provider network and the BlueChoice Blue Option network, they do not need to change physicians.

#### 2. What about my patients who are in mid-treatment or are due to deliver in early 2017? Will they or I need to do anything to continue their care?

If you already have an authorization for these patients for a medical service or maternity delivery from BlueChoice under their Blue Option plan, we will transfer that authorization from BlueChoice to BlueCross, subject to the member’s eligibility at the time of service. We will send a new authorization letter to you and your patients.

#### 3. What about prescription medicines? How will that work?

If your patients have refills left on their original prescriptions, they will be able to refill them without a new script. After those refills are exhausted, you will need to write a new prescription. Keep in mind that your patients’ pharmacy benefits and out-of-pocket costs may be a little different under their new BlueCross plan. So they may pay a different amount at the drug store once their BlueCross coverage begins.

Some specialty drugs may require pre-authorization. BlueCross will automatically re-authorize some medications for chronic conditions, but others used for more complex illnesses may need to be re-authorized. If this is the case, we will notify you and your patient. If the drug is approved under the patient's new BlueEssentials plan, we will send a new authorization letter to you and your patient. If you do not receive this authorization, please call Caremark at 1-855-582-2022.

**4. Are you terminating BlueChoice provider network contracts?**

No. The only change is that BlueChoice's Blue Option plans will not be available on the public exchange marketplace for 2017. BlueChoice plans will continue to be available to its commercial and Medicaid members, as well as to members who purchase off-public exchange ACA products.