FEHB Program Carrier Letter

All Fee-for-Service

U.S. Office of Personnel Management
Office of Insurance Programs

Letter No. 1999-037 Date: August 17, 1999

Fee-for-service [31] Experience-rated HMO [ ] Community-rated [ ]

Subject: Revisions to the original fee-for-service brochure language

We provided you with the new fee-for-service brochure language on July 14, 1999, in Carrier Letter 1999-029. Since that time, many people have contacted us with their questions and comments. As a result, we have made revisions to the original fee-for-service brochure language.

We have tried very hard to keep language changes to a minimum. However, we believe that these changes are necessary to make the brochure language as accurate as possible.

Enclosure 1 reflects modifications to the original brochure text we sent to you in Carrier Letter 1999-029. New language is in bold print. Please review these changes, and modify your Federal brochure for year 2000, as necessary.

If you have any questions regarding the specific language your brochure should contain, please contact your OPM contract specialist. If you have questions about the plain language initiative, please contact Mike Hodges at (202) 606-0745.

Sincerely,

(signed)
Frank D. Titus
Assistant Director
for Insurance Programs

Enclosure

Enclosure 1- Modifications to fee-for-service brochure text

1. Under the Table of Contents and the section How to use this brochure:

   Please change Section 4 from "What to do if we deny your claim or request for service?" to "**What if we deny your claim or request for pre-authorization?**".

2. Under Section 1, Fee-for-Service Plans:

   Please delete the last sentence from the 3rd paragraph.

3. Under Section 2, How we change for 2000:

   Please add the following as the new first paragraph:

   "To keep your premium as low as possible OPM has set a minimum copay of $10 for all primary care office visits."

   Please delete the existing 2nd paragraph and replace it with the following:

   "If you have a chronic or disabling condition or are in the second or third trimester of pregnancy, and your provider is leaving our PPO network at our request without cause, we will notify you. You may continue to receive our PPO level benefits for your specialist's services for up to 90 days after you receive notice. We will provide regular non-PPO benefits for the specialist's services after the 90 day period expires."

   Please add the following under "Changes to this Plan" and add Plan specific information:

   "Your share of the standard option (plan specific) premium will increase by x% for Self Only or x% for Self and Family."

   "Your share of the high option (plan specific) premium will increase by x% for Self Only or x% for Self and Family."

4. Under Section 3, How to get benefits:

   A. In the first paragraph of the subhead, "How much do I pay for services?" please delete the second and third sentences and replace them with the following:

   "These cost sharing measures include deductibles, coinsurance and copayments. These and other measures are described in more detail below."

B. In the paragraph entitled "Do I have to submit claims?" please remove the word "especially" from the first sentence.

C. Under the section "What if I have a serious illness and my provider leaves the Plan or this Plan leaves the Program?", please delete the second sentence of the first paragraph and replace it with the following:

"If it is, you may be able to continue seeing your provider for up to 90 days after you receive notice that we are terminating our contract with the provider (unless the termination is for cause)."

5. Under Section 4, What to do if we deny your claim or request for service:

A. Please add the following subhead to the very beginning of Section 4**: "What should I do before filing a disputed claim?"**. Please add the following language to this new subhead:

"Before you ask us to reconsider your claim, you should first check with your provider or facility to be sure that the claim was filed correctly. For instance, did the provider use the correct procedure code for the services performed (surgery, laboratory test, X-ray, office visit, etc.)? Have your provider indicate any complications of any surgical procedures performed. Your provider should also include copies of an operative or procedure report, or other documentation that supports your claim."

B. Please delete the original first sentence and replace it with the following: "If we deny your request for pre-authorization or won't pay your claim, you may ask us to reconsider our decision."

C. Under the section "We have 30 days from the date…." , please delete the text after "3" and replace it with the following: **"Approve your request for pre-authorization."**

D. Please replace the word "service" with **"pre-authorization**" in the subhead "What if I have a serious or life threatening condition and you haven't responded to my request for service?"

E. Under the subhead "What if you have denied my request for care and my condition is serious or life threatening?" please replace the word "claim" with **"request"** in the first sentence.

F. Under the subhead “Are there other time limits?” please delete the words “of service” from the end of the first sentence. The sentence should end after the word “refusal.”

G. Please create a new subhead located directly before the subhead “What if OPM upholds the Plan’s denial?”. The subhead should read **“Where should I mail my disputed claim to OPM?”** and should contain the following text:

Send your request for review to: Office of Personnel Management, Office of Insurance Programs, Contracts Division XX, P.O. Box 436, Washington, D.C. 20044.

6. Under Section 8, Rules that affect your benefits:

Under the subheading “Other group insurance coverage” note that the third paragraph is plan specific; you can modify it accordingly.

7. Under Section 10, FEHB FACTS:

A. Under the subhead “Are my medical and claims records confidential?” please add the following as the 2nd bullet to the list:

“This plan, and appropriate third parties, such as other insurance plans and the Office of Workers’ Compensation Programs (OWCP), when coordinating benefit payments and subrogating claims.”

B. If your plan discloses a member’s prescription drug utilization to providers when administering the prescription drug benefit, you may show this in the subhead “Are my medical and claims records confidential?”. The language you may use is plan specific.

8. If you are participating in the Department of Defense/FEHB Demonstration Project, please add the following text:

What is the Department of Defense (DoD) and FEHB Program Demonstration Project?

The National Defense Authorization Act for 1999, Public Law 105-261, established the DoD/FEHBP Demonstration Project. It allows some active and retired uniformed service members and their dependents to enroll in the FEHB Program. The demonstration will last for three years beginning with the 1999 Open Season for the year 2000. Open Season enrollments will be effective January 1, 2000. DoD and OPM have set-up some special

procedures to successfully implement the Demonstration Project, noted below. Otherwise, the provisions described in this brochure apply.

Who is Eligible?

DoD determines who is eligible to enroll in FEHB. Generally, you may enroll if:

- **You are an active or retired uniformed service member and are eligible for Medicare,**
- **You are a dependent of an active or retired uniformed service member and are eligible for Medicare,**
- **You are a qualified former spouse of an active or retired uniformed service member and you have not remarried, or**
- **You are a survivor dependent of a deceased active or retired uniformed service member, and**
- **You live in one of the eight geographic demonstration areas.**

If you are eligible to enroll in a plan under the regular Federal Employees Health Benefits Program, you are not eligible to enroll under the DoD/FEHBP Demonstration Project.

Where are the demonstration areas?

- **Dover AFB, DE**
- **Commonwealth of Puerto Rico**
- **Fort Knox, KY**
- **Greensboro/Winston Salem/High Point, NC**
- **Dallas, TX**
- **Humboldt County, CA area**
- **Naval Hospital, Camp Pendleton, CA**
- **New Orleans, LA**

When Can I Join?

Your first opportunity to enroll will be during the 1999 Open Season, November 8, 1999, through December 13, 1999. Your coverage will begin January 1, 2000. DoD has set-up an Information Processing Center (IPC) in Iowa to provide you with information about how to enroll. IPC staff will verify your eligibility and provide you with FEHB Program information, plan brochures, enrollment instructions and forms. The toll-free phone number for the IPC is 1-877-DOD-FEHB (1-877-363-3342).

You may select coverage for yourself (self-only) or for you and your family (self and family) during the 1999, 2000, and 2001 Open Seasons. Your coverage will begin January 1 of the year following the Open Season that you enrolled.

If you become eligible for the DoD/FEHBP Demonstration Project outside of Open Season, contact the IPC to find out how to enroll and when your coverage will begin.

DoD has a web site devoted to the Demonstration Project. You can view information such as their Marketing/Beneficiary Education Plan, Frequently Asked Questions, demonstration area locations and zip code lists at www.tricare.osd.mil/fehbp. You can also view information about the demonstration project, including "The 2000 Guide to Federal Employees Health Benefits Plans Participating in the DoD/FEHBP Demonstration Project," on the OPM web site at www.opm.gov.

Am I eligible for Temporary Continuation of Coverage (TCC)?

See Section 10, FEHB Facts, for information about TCC. Under this Demonstration Project the only individual eligible for TCC is one who ceases to be eligible as a "member of family" under your self and family enrollment. This occurs when a child turns 22, for example, or if you divorce and your spouse does not qualify to enroll as an unremarried former spouse under title 10, United States Code. For these individuals, TCC begins the day after their enrollment in the DoD/FEHBP Demonstration Project ends. TCC enrollment terminates after 36 months or the end of the Demonstration Project, whichever occurs first. You, your child or another person must notify the IPC when a family member loses eligibility for coverage under the DoD/FEHBP Demonstration Project.

TCC is not available if you move out of a DoD/FEHBP Demonstration Project area, you cancel your coverage, or your coverage is terminated for any reason. TCC is not available when the demonstration project ends.

Do I have the 31-Day Extension and Right To Convert?

These provisions do not apply to the DoD/FEHBP Demonstration Project.