

July 2007

**BlueLinks**... eNews for Brokers and Consultants

FROM BLUE CROSS BLUE SHIELD OF MASSACHUSETTS

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for Employers

Welcome

July 2007

Dear Business Partner:

As of July 1, 2007, the initial enrollment in health care reform products has begun to transform accessibility of health care services for many throughout Massachusetts. We appreciate the collaborative efforts of all of our business partners on this important and groundbreaking initiative.

In this issue, we have important news about a delay associated with our proposed lower minimum premium contribution guidelines.

Further, we'd like to share with you news about our ongoing efforts to improve our members' health through our enhanced dental benefits program and recent efforts to gather quality-of-care data regarding bariatric surgery.

Sincerely,

Carlos Cubia
Vice President
Sales Division

In this issue of BlueLinks eNews:

- [Delay in Minimum Employer Contribution Guidelines](#)
- [Coverage for Hypodermic Needles](#)
- [Bariatric Surgery Quality Data Survey](#)
- [Enhanced Dental Benefits](#)

Delay in Underwriting Contribution Guideline Changes

Beginning July 1, 2007, we implemented new underwriting guidelines. We intended to include all of our employer groups in this implementation, however, at the request of the Patrick Administration, we have delayed the implementation of this change for individual coverage in small groups with less than 50 employees. The Patrick Administration believes that this change could result in fewer employees of small businesses able to afford employer-sponsored coverage, and could potentially jeopardize the implementation of the Health Care Reform Act.

This delay involves only the minimum employer-contribution requirement for individual coverage of employees at companies with 50 or fewer employees. The minimum employer-contribution requirement for groups of 50 or more employees remains at 50 percent.

8/21/2007

If you have questions or would like more information, please contact your Account Executive.

[Back to Top](#)

Coverage for Hypodermic Syringes and Needles

We recently offered clarification on our coverage guidelines for hypodermic needles and syringes. We are legally required to provide coverage for medically necessary hypodermic syringes and needles for the following plans:

- fully insured group and non-group medical plans (including Medex and Managed Blue for Seniors)
- fully insured and self-funded municipal (32B) plans

Beginning January 1, 2008, these benefits will be added for:

- new and renewing self-funded accounts
- Self-funded accounts (except for 32B municipalities) will have the opportunity to opt out of this coverage requirement upon renewal in 2008.
- Medicare Advantage plans, Dental Plans, FEP plans and the Medical Security plan are not included in this coverage requirement.

For more information, please contact your Account Executive.

[Back to Top](#)

Bariatric Surgery Survey

Launched on June 1, 2007, our Bariatric Surgery Privileging Program is designed to help our members work with their providers to identify better options for obtaining high-quality, safe bariatric surgery treatment. As part of our efforts to continually facilitate our members' access to quality care, individuals who are authorized to receive bariatric surgery will be offered the opportunity to fill out surveys both pre- and post-surgery. The surveys will enable us to better understand the state of our members' health and the quality of care they have received. Participation in these surveys is completely voluntary—member's answers or decision to participate have no impact on coverage or benefits.

[Back to Top](#)

Enhanced Dental Benefits Introduced

Last year, we introduced our Enhanced Dental Benefits Program, which allows dental accounts with 51 or more subscribers to offer a rider offering enhanced benefits for employees who have coronary artery disease, diabetes, or who are pregnant.

Studies have shown an association between periodontal disease—the most common infectious disease in adults—and the control of diabetes and the severity of heart disease. Periodontal disease among pregnant women has also been associated with an increased risk of delivering a preterm, low-birth-weight baby. The Enhanced Dental Benefits Program rider offers your clients' employees:

- one cleaning every three months (or periodontal maintenance visits if your dental plan offers periodontal benefits) covered at 100 percent
- one periodontal scaling every 24 months, if your dental plan offers periodontal benefits, at 100 percent

No deductible, co-insurance, or calendar-year maximum applies to these enhanced benefits when performed by a participating or preferred dental provider. PPO members may receive these services from a non-preferred dentist with some out-of-pocket cost. The Enhanced Dental Benefits Program will be incorporated into all dental plans effective July 1, 2007. Self-funded and large, fully-insured clients may request to opt out of these benefits at that time.

[Back to Top](#)

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