

June 2007

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

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Welcome

June 2007

Dear Business Partner:

At Blue Cross Blue Shield of Massachusetts, we are committed to not only delivering comprehensive products and services but also keeping you abreast of the latest health news and updates. Our latest edition of *eNews* profiles Massachusetts health care reform and how to navigate its different options. We also cover how Commonwealth Fund ranks Massachusetts health care system.

Our Consumer Choice Blue plan is a comprehensive consumer-driven health care solution. In this issue you will read about the inclusion of three health plans in the Consumer Choice Blue health care suite. Plus, we show you how members can save both time and money by utilizing our Home Delivery Program. We also share information about our Medicare Advantage and Blue MedicareRx Part D programs.

In other news, we are now providing coverage for medically-necessary hypodermic syringes. Plus, we share our plans to use pre- and post-Bariatric surgery surveys to provide enhanced care and services. We also update you about the launch of our new Behavioral Health Outcomes Measurement Program and communicate details about our Select Quality Care Tool.

Finally, if you missed the issue about our Enhanced Dental Benefits program, we give you another chance to get up-to-date about this important benefit.

If you have any questions or comments, please don't hesitate to share them with your Account Executive.

Yours truly,

Carlos Cubia
Vice President
Sales Division

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Health Care Reform Update

We continue to update you on the latest details about the Massachusetts Health Care Reform law. This issue covers all the information that your clients need to navigate Massachusetts' new health care mandate. If you missed the June 8, 2007 edition, you can click to read about the [Health Connector Board Approves Regulations Defining Minimum Creditable Coverage](#).

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Commonwealth Fund Ranks Massachusetts Health Care system

Massachusetts scored among the country's health care elite in eighth place overall, ranking first in health care equity, second in access, and third in quality. The ranking was part of a national scorecard developed by The Commonwealth Fund (CFW), a private foundation that works toward creating a high-performing health care system.

The scorecard, sponsored by CFW's Commission on a High-Performance Health System, highlights true points of pride for Massachusetts. It also outlines clear areas for improvement, such as avoidable hospital costs. While the scorecard gives Massachusetts many reasons to be proud, it also reminds us that there is more to be done. The Commonwealth ranked just 35th in the nation in controlling avoidable hospital use and costs. The report maintains that it will take more than a piecemeal, incremental approach to address this and other system shortfalls. In line with our own long-term initiative, the report illustrates the need and the opportunity to continue addressing and advancing goals that will effect positive change in the health care system.

If you have any questions about the Commonwealth Fund scorecard, please contact your Account Executive.

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Two New Plans Available with Health Reimbursement Arrangements

Starting July 1, more Blue Cross Blue Shield of Massachusetts plans can be paired with Health Reimbursement Arrangements (HRAs). An HRA is an account into which employers can make pretax contributions to help employees offset out-of-pocket medical costs, such as copays or deductibles. When combined with a deductible-based plan, HRAs promote employees to become more engaged consumers of health care.

Plans eligible to be paired with HRAs include:

- Access Blue Basic
- HMO Blue® Premier Value
- HMO Blue® New England Premier Value

We also have a number of other medical plans, including self-insured options that can be paired with HRAs, as well as Health Savings Account compliant plans to meet your needs.

Plan Highlights

Access Blue Basic is a no-referral plan that features a \$1,500 individual/\$3,000 family deductible on most care.

- Preventive office visits—\$25 per visit, no deductible
- Other office visits—\$25 per visit after deductible
- Diagnostic X-Rays, labs, and other test—no cost after deductible
- Emergency room care—no cost after deductible
- Inpatient and outpatient surgery—no cost after deductible
- Retail Pharmacy copayments—\$15/\$30/\$50 with BlueValue SM formulary

HMO Blue Premier Value and HMO Blue New England Premier Value give members copayment level access to most care and a \$1,000 individual/\$2,500 family deductible that applies to some inpatient care.

- Office visits—\$25 per visit
- MRIs, CT scans, PET scans—\$150 copayment per category per date of service
- Emergency room care—\$100 copayment
- Outpatient surgery—\$250 per admission
- Inpatient surgery—no cost after deductible
- Retail Pharmacy copayments—\$15/\$30/\$50

To find out more about these new HRA options, or about other consumer-directed plan options, contact your Account Executive.

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Exclusive Home Delivery Program: Stay Healthy, Save Time and Money

At Blue Cross Blue Shield of Massachusetts, it's important that we provide our members with affordable, accessible prescription drug benefits. That's why we've partnered with our Pharmacy Benefit Manager, express-Scripts, Inc., to offer the Exclusive Home Delivery (EHD) Program as a rider for our HMO Blue plans.

How the Program Works

The Exclusive Home Delivery Program provides coverage for certain "maintenance medications" (prescriptions for ongoing conditions, such as diabetes or high blood pressure) exclusively through Express Scripts' Mail Service Pharmacy. With EHD, members can fill a one-month supply of a maintenance medication up to two times from a retail participating pharmacy during a 180-day period. After that, the medication is only covered when ordered from the Mail Service Pharmacy. Members will receive a letter notifying them how their benefit is changing and explaining how the program works.

The Benefits of EHD

Depending on your specific coverage, members will have lower out-of-pocket costs because the mail service benefit co-payment for a 90-day supply is less than the same supply purchased at a retail pharmacy.

Members will also benefit from:

- Free home delivery of medications
- Up to a 3-month supply of a medication with each order
- 24-hour access to a pharmacist

For more information on the EHD program, contact your Account Executive.

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Medicare Advantage and Part D Programs

As required each year for our federally regulated products, Blue Cross Blue Shield of Massachusetts has recently filed with the Centers for Medicare & Medicaid Services (CMS) to continue to offer its suite of Medicare Advantage and Blue MedicareRxSM Part D programs in 2008. CMS approvals of our proposed rates for 2008 are expected later this summer.

In addition, Blue Cross Blue Shield of Massachusetts has filed a proposal with CMS to offer a Medicare Advantage Private Fee-for-Service (PFFS) plan for 2008. Like other Medicare Advantage plans, the PFFS plan covers all Medicare Part A and Part B services and offers additional coverage Medicare doesn't. It differs from other Medicare Advantage plans in that there is no contracted network of providers. Members can get covered plan services from any Medicare-participating provider across the United States who agrees to treat the member and accept the plan's terms and conditions of participation and payment. Blue Cross Blue Shield of Massachusetts will reimburse providers in accordance with local Medicare fee schedules. Once

approved by CMS, the plan will be available to all eligible Massachusetts-based employer/union retiree groups and to Medicare-qualified individuals throughout the Commonwealth of Massachusetts. More information about the plan offering will be made available later this summer, pending CMS approval.

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New Behavioral Health Outcomes Measurement Program

We recently launched a Behavioral Health Outcomes Measurement program. For accounts that offer a behavioral health benefit, our HMO/POS, Medicare Advantage, and PPO plans will participate. Behavioral Health Laboratories, Inc. (BHL), a leading behavioral health outcomes measurement and management company, will administer the program.

This program will enable members to give their behavioral health providers real-time feedback on their behavioral health status through a self-administered, standardized, validated, patient-assessment questionnaire. Completing the questionnaire is voluntary. The goal of the program is to help providers enhance the quality of clinical care they provide to our members. We believe this program will benefit members by enabling them to play a more active role in their treatment, while helping providers to measure progress and identify areas where additional interventions may be beneficial.

We appreciate the importance of our members' privacy and the confidential relationship they have with providers, and we respect the role that it plays in their health care. Please be assured that BHL adheres to strict confidentiality guidelines as required by Blue Cross Blue Shield of Massachusetts policy and by state and federal law. Accordingly:

- We will not receive members' questionnaire responses or reports in a way that is associated with member names
- To evaluate the effectiveness of the program, we may periodically receive reports from BHL, which will also not include member names or ID numbers
- We will receive an indicator from BHL to help us determine whether members would benefit from our enhanced case management services

If you have any questions about this program, please contact your Account Executive.

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Select Quality Care Tool

Helping our members manage both their health and health care costs is important to us. That's why we've provided our members with access to a comprehensive group of health care cost management tools. By using the Select Quality Care Hospital Comparison tool, members can compare hospitals on 162 inpatient medical conditions or services according to:

- Mortality
- Complications
- Length of stay
- Volume of procedures performed at each facility

And to make this tool even more effective, information on the price that each hospital charges for these services will be available as of June 4, 2007.

Members will see cost data displayed in two formats, with information calculated differently for each format. Charges will be displayed symbolically with dollar signs (\$, \$\$, \$\$\$, \$\$\$\$) with corresponding ranges based on publicly available cost data.

The charge ranges show the retail price of care at each hospital for specific conditions. If a hospital tends to see more patients with severe cases of an illness, its charge ranges may be higher than other hospitals.

The dollar sign figures compare hospitals within a state. These have been adjusted to remove differences in level of illness among hospitals and allow for an equal comparison. The charges

listed are averages and do not reflect what a Blue Cross Blue Shield of Massachusetts member would pay for care, which is based on individual plan design.

Charge data is updated annually and comes from one of two sources: state generated or Medicare. Charge data is comprised of all charges billed by hospitals, as generally reported by the following state governments: Arizona, California, Colorado, Florida, Iowa, Maine, Maryland, Massachusetts, Nevada, New Hampshire, New Jersey, New York, North Carolina, Oregon, Pennsylvania, Rhode Island, Tennessee, Texas, Utah, Vermont, Virginia, Washington, and Wisconsin.

Please note that charges billed to Medicare in states are not listed above.

If you have any questions about using the [Select Quality Care Hospital Comparison Tool](#), please contact your Account Executive.

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Turning 65 Campaign

In early July, Blue Cross Blue Shield of Massachusetts will launch a new educational program targeting members who are approaching age 65 and becoming eligible for Medicare. The purpose of these communications is to provide members with the necessary information, tools, and resources to help them understand Medicare and the health plan options available with Medicare. Members will receive a series of communications beginning eight months prior to their 65th birthday, including a Medicare Guidebook to explain Medicare in plain language, as well as a "step-by-step" guide to assist them during the "Countdown to 65."

This program is designed to direct communications to members who need to choose an individual, direct pay plan, and do not have access to an employer-sponsored retiree plan.

Please contact your Account Executive with any questions about our new "Turning 65" program and products available through group retiree plans. To obtain a copy of our Medicare Guidebook, request a copy from your Account Executive.

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If the above links are not functioning in your email, copy and paste the URLs listed below into a browser window:

Health Connector Board Approves Regulations Defining Minimum Creditable Coverage:
http://www.bluecrossma-takecontrol.com/HCR_BLinks_files/HCR_Jun8.html

Select Quality Care Hospital Comparison Tool:
<https://www.bluecrossma.com/member/service/>

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