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Welcome

June 2008

Dear Business Partner:

Customer feedback is important to us at Blue Cross Blue Shield of Massachusetts, and we listen. In this month's BlueLinksSM, we report an important change based on your comments for certain HMO Blue[®] and Network Blue[®] plans that will modify the deductible from calendar year to plan year in our standard plan design.

We also discuss important changes to our utilization review requirements that will take effect in July 2009. We are reporting these changes to you now because benefit information and coverage plans will incorporate notices of changes to authorization requirements for chiropractic services, physical and occupational therapy services, and non-emergency radiology services. This issue also includes updates regarding the inclusion of coverage for "augmentative communication devices" (tools used to assist members to restore speech or facilitate understanding of communicated information). This change will take effect in July 2009 as well. We describe newly added coverage of licensed marriage and family therapists to our Mental Health Benefit and the inclusion of Limited Services Clinics (usually located in pharmacies or other non-traditional settings) that have contracted with us for care of minor ailments and inoculations. We also clear up confusion that may exist over the terms "Chronic Care Hospital" and "Long-Term Care Hospital." There is a great deal more in this month's BlueLinks that we believe you'll find interesting and helpful.

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

Sincerely,

Carlos Cubia
Vice President
Sales Division

In this issue of BlueLinks eNews:

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Change to HMO Blue[®] and Network Blue[®] High Deductible Plans

Based on significant market interest, the standard version of the following fully insured HMO Blue deductible plans and self-insured Network Blue plans will change to a plan year deductible for new sales. This change is effective September 1, 2008, and applies to the

following plans:

- HMO Blue \$1,000
- HMO Blue \$2,000
- HMO Blue New England \$1,000
- Network Blue \$1,000
- Network Blue \$2,000
- Network Blue New England \$1,000

Employer groups currently enrolled in the calendar year deductible version of these plans may continue to renew their coverage in these calendar year plans or switch to a plan year version.

If you have questions please contact your Account Executive.

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Change in Utilization Review Requirements

Effective on July 1, 2009, Blue Cross Blue Shield of Massachusetts Utilization Review Requirements Will Change

In our ongoing efforts to ensure we are covering medically necessary and appropriate services we are expanding our utilization review program. Although the changes described below will not take effect until July 1, 2009, we are communicating this now. Language will be added to applicable subscriber certificates and benefit descriptions, beginning on July 1, 2008, explaining that these changes will occur as of July 1, 2009. Please contact your Account Executive or review your specific plan subscriber certificate and riders (if any) to determine if these changes apply to your plan(s). (Not all of these changes apply to all products.)

Where applicable, to receive health plan coverage for the outpatient services or supplies described below, the member (or provider on behalf of the member) must request a "pre-service review" from Blue Cross Blue Shield of Massachusetts. We expect that network providers will be responsible for contacting us on the member's behalf to obtain the necessary approvals so that there is little to no inconvenience to our members. During the pre-service review, Blue Cross Blue Shield of Massachusetts will determine if the proposed health care services or supplies should be covered as medically necessary for the member's condition.

1. Effective July 1, 2009, certain prescription drugs that are administered to a member by a non-pharmacy health care provider during a covered visit are subject to this review process to be covered. For example, before a member receives an injection or an infusion of a drug in a physician's office or in a hospital outpatient setting, the member (or the provider on behalf of the member) must receive prior approval from Blue Cross Blue Shield of Massachusetts.
2. Chiropractic services for 12 or more visits per calendar year
3. Physical and/or occupational therapy services for nine or more visits per calendar year
4. Non-emergency outpatient high-technology radiology services
5. Infertility treatment

Please note that we will continue to utilize our current clinical review criteria for medical necessity. If the member does not have prior approval from Blue Cross Blue Shield of Massachusetts, the claim for in-network or out-of-network benefits may be denied and the member may be responsible for the charges for these health care services or supplies.

If you have any questions about the utilization review requirements changes please contact your Account Executive.

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Communicative Devices Addition

Effective on July 1, 2009, Blue Cross Blue Shield of Massachusetts Adds Augmentative Communication Devices

Although the changes described below will not take effect until July 1, 2009, we are communicating this now. Language will be added to subscriber certificates and benefit descriptions, beginning on July 1, 2008, explaining that these changes will occur as of July 1, 2009. Please review your specific plan subscriber certificate and riders (if any) to determine if these changes apply to your plan(s).

Effective July 1, 2009, coverage for prosthetic devices will be changed to include augmentative communication devices. An augmentative communication device is a tool that restores speech. They may be used by members with significant or permanent speech impairment or those who are unable to understand information being communicated (receptive communication disabilities) due to an accident, illness, or disease such as ALS.

If you have any questions about augmentative communication devices please contact your Account Executive.

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Licensed Marriage and Family Therapists Added to our Behavioral Health Networks in Massachusetts

As previously communicated in the March 2008 *IAI*, Blue Cross Blue Shield of Massachusetts has been working with the Massachusetts Association for Marriage and Family Therapy to develop a plan to add Licensed Marriage and Family Therapists (LMFTs) to our behavioral health networks in Massachusetts. Effective for dates of service on or after May 1, 2008, covered services rendered by LMFTs in Blue Cross Blue Shield of Massachusetts' behavioral health networks will be included under the mental health benefit. Please review your specific plan subscriber certificate and riders (if any) to determine if these changes apply to you.

If you have questions about this network addition, please contact your Account Executive.

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Limited Services Clinics

Blue Cross Blue Shield of Massachusetts to Expand Networks to Include Licensed Limited Services Clinics

Limited Service Clinics are a new type of health care provider that will be available to members through our indemnity, PPO, HMO and Medicare Advantage provider networks starting on or after September 1, 2008. These Clinics, which are being offered in retail and other non-traditional settings, provide members additional access by enabling members to obtain covered services for certain minor ailments (such as coughs, colds, and aches) and certain vaccinations at the covered locations. In-network coverage is limited to specific health care services delivered at Limited Service Clinics licensed by the Department of Health and having a contract with Blue Cross Blue Shield of Massachusetts. Coverage in Limited Service Clinics excludes members under two years of age. The cost share that members will pay for these covered in-network services is the same cost share that they would pay for similar services provided by a network primary care provider or Medicare PPO Blue physician of choice. No referral or prior authorization is required.

We will be updating your clients' applicable plan benefit materials regarding this additional covered type of provider.

If you have questions about the Limited Services Clinics, please contact your Account Executive.

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Modification of Chronic Disease Hospital Definition

The terms "chronic care" and "long-term care" are level-of-care terms under our Ancillary Hospital Agreement that are essentially interchangeable, and may be used differently by providers and payers. Blue Cross Blue Shield of Massachusetts currently uses the term chronic care in referring to care in a hospital setting equal to or greater than 25 days. We are continuing to use the term chronic care as some providers continue to be licensed by the state of Massachusetts as chronic care hospitals.

Effective August 1, 2008, we are modifying our member and provider contracts to appropriately recognize the industry-recognized level of care known as long-term care. Please note that:

- The definitions of care in chronic care and long-term care hospitals are the same and will continue in this manner. The type of care rendered under each does not differ from the other
- There is no change in benefits or type of care rendered
- No obstruction or disruption to care will arise
- The name long-term care hospital does not indicate custodial care. Blue Cross Blue Shield of Massachusetts does not reimburse for custodial care per our member contracts. Long-term care in the hospital setting means a length of stay equal to or greater than 25 days wherein the member requires active medical management and may require rehabilitation therapies, not to exceed three hours per day.

Please review your clients' specific plan subscriber certificate and riders (if any) to determine if these changes apply to your clients' plan(s).

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

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Out-of-Network Reimbursement: Usual and Customary Fee Schedule

Effective January 1, 2009, the out-of-network coverage for non-preferred physicians and other covered non-preferred professional providers for our Blue Care[®] Elect and Preferred Blue[®] PPO plans will change to include the application of a usual and customary fee schedule. This change will affect new sales and existing PPO customers on renewal dates on and/or after January 1, 2009.

Currently, when a member in one of these plans receives services from a non-preferred provider that is not part of our PPO network, Blue Cross Blue Shield of Massachusetts makes claim payments based on the provider's charges. Beginning January 1, 2009, claim

payments for most non-preferred physicians and other covered non-preferred providers will be calculated based on Blue Cross Blue Shield of Massachusetts' standard indemnity fee schedule or the provider's actual charge if it is less than the fee schedule. In instances when a provider's charges are more than the standard indemnity fee schedule, the member will be responsible for the difference plus any applicable cost-sharing amount. (Note: This change will not affect claim payments for services received outside of Massachusetts from a provider that participates with the local BC and/or BS plan.)

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

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Psychiatric Nurse Practitioners

Psychiatric Nurse Practitioners (PNPs) are advanced practice registered nurses, who focus on the promotion of optimal mental health, prevention, and treatment of psychiatric disorders and health maintenance. This includes the assessment, diagnosis, and management of mental health problems and psychiatric disorders.

Blue Cross Blue Shield of Massachusetts is planning to add this additional specialty to our existing behavioral health networks in Massachusetts. Once implemented, services rendered by these professionals will be covered under the mental health or medical benefit offered through Blue Cross Blue Shield of Massachusetts. Services will process toward the appropriate benefit depending on the type of service rendered by the PNP.

We will be providing an update in an upcoming *BlueLinks for Brokers* as to the effective date of the availability of these new providers in our networks.

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Medicare Advantage and Part D Programs

As required each year, 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 plans and its standalone Part D prescription drug plan, Blue MedicareRxSM, in 2009. The Medicare Advantage plans include Medicare HMO Blue[®], Medicare PPO BlueSM, and Blue Medicare PFFSSM. CMS approvals of our proposed rates and benefits for 2009 are expected by September. However, you may contact your Account Executive regarding information about 2009 plan options at any time.

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Pharmacy Formulary Changes

As part of our continuing effort to provide affordable prescription medication benefits to all of our members, we have made some carefully considered changes to our covered medication list. These changes are based on clinical guidelines and on recommendations from our Pharmacy and Therapeutics Committee, which is made up of independently practicing physicians and pharmacists who are not employed by Blue Cross Blue Shield of Massachusetts. Please review these changes carefully that will be effective September 1, 2008:

1. Some medications are moving from the formulary to the over-the-counter benefit exclusion list as they no longer require a prescription
2. Step therapy for certain drugs is being instituted
3. Prior authorization for certain drugs is being expanded
4. Some multi-source brand medications are moving to non-covered within the BlueValue RxSM formulary
5. Some medications are moving from Tier 3 to Tier 2

To learn more please see our [Pharmacy Formulary Changes](#) (PDF).

If you have questions about the formulary changes, please contact your Account Executive.

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Oncology Care Support Program Expanded

Starting July 1, 2008, the Blue Cross Blue Shield of Massachusetts Oncology Care Support Program will be enhanced and expanded to serve members with the following conditions: Leukemia, lymphoma, and cancers of the lung, colon, prostate; ear, nose and throat; endocrine glands; bone and connective tissue; head and neck; breast; female genital tract; genitourinary system and hepatobiliary system; central nervous system; and stomach and esophagus.

The Oncology Care Support Program augments the relationship between our members and their health care team and educates them about their treatment. The program is designed to help members:

- understand their overall plan of care
- coordinate care among their treatment team
- identify any additional health goals specific to treatment
- identify and use resources, including transportation, financial support, and community services

The expansion of our Oncology Care Support Program is part of a broader Blue Cross Blue Shield of Massachusetts initiative to offer our members a comprehensive, integrated approach to cancer care across the health care continuum.

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Blue Care Connection® Program Update

Blue Cross Blue Shield of Massachusetts continuously evaluates our Disease Management programs to ensure that clinical and financial goals are met and to identify opportunities for quality improvement and cost efficiencies. As of September 1, 2008, the Blue Care Connection program that supports members with chronic conditions will no longer include members with the following conditions:

- Decubitus Ulcer
- Fibromyalgia
- Hepatitis C
- Inflammatory Bowel Disease
- Irritable Bowel Syndrome
- Urinary Incontinence

Members who were receiving telephonic support for one of these conditions will receive a letter notifying them of the phasing out of the program, and may be invited to join other health management programs in the future, if appropriate.

Blue Cross Blue Shield of Massachusetts has determined that telephonic coaching is the best method to effectively engage our members. Therefore, as of September 1, 2008, we will no longer offer the "mail only" option to members who are receiving support for any of the remaining conditions. If a member elects to receive telephonic support from a nurse coach he or she will continue to receive educational materials via mail to support them in the coaching process.

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Living Healthy Babies®'

At Blue Cross Blue Shield of Massachusetts, we wanted to do something special for our members who are pregnant and for those who are starting to think about having children. That's why we are proud to unveil the new www.livinghealthybabies.com. It provides access to expert information on everything from preconception, to babyproofing, to a timeline of cognitive development for a little one's first year.

Living Healthy Babies' new, easy-to-navigate microsite has more great articles and tools than ever before. When a member enrolls, he or she will continue to receive a number of free care packages filled with books, discounts, and helpful information about the Living Healthy Babies program. Included for the first time is a free copy of KidsHeath®' *FitKIDS*, a practical guide to raising active and healthy children—from birth to teens.

The Living Healthy Babies program offers hundreds of articles, useful tools and resources, and access to our 24-hour nurse care line—all to help Blue Cross Blue Shield of Massachusetts members have a happier, healthier pregnancy.

For more information about Living Healthy Babies, go to www.livinghealthybabies.com or contact your Account Executive.

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Pharmacy Formulary Changes
http://mailcenter.newmediagateway.com/bluecrossma/dsc/collateral/pharmacy_updates.pdf

Living Healthy Babies
<http://www.livinghealthybabies.com>

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