

**October 2007**

---

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

FROM BLUE CROSS BLUE SHIELD OF MASSACHUSETTS

Sold Case Calendar

Archives

Feedback

SITES

BROKERCENTRAL

## Welcome

October 2007

Dear Business Partner:

This month's issue highlights some product enhancements, new plan offerings for 2008, and updates regarding Minimum Credible Coverage. We are also pleased to introduce Voluntary Blue, a partnership with Benefit Concepts that offers a solution to help employers provide pre-tax health coverage for non-eligible part-time employees as required under the healthcare reform law. We also share information about retiree drug subsidy reconciliation, Radiology Quality Initiative expansion, and renewal information on Medicare plans.

As part of our continuing effort to provide affordable prescription medication benefits to all of our members, we also have made some carefully considered changes to our pharmacy formulary and specialty pharmacy network.

In an effort to improve the quality of care through the appropriate selection and use of chiropractic services, we are introducing new requirements for provider registration and authorization. We conclude with changes in our behavioral health network for certain plans.

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:

- [Health Care Reform Update](#)
- [Fair Share Legislation Filing Status](#)
- [Voluntary Blue: A Pre-Tax Health Care Coverage Solution for Your Client's Non-Eligible Part-Time Employees](#)
- [January 1, 2008, Product Enhancements and New Plan Offerings](#)
- [Pharmacy Management — Formulary Changes](#)
- [Specialty Pharmacy Initiative](#)
- [Renewal Information on Medicare HMO Blue<sup>®</sup> and Medicare PPO Blue<sup>SM</sup>](#)
- [Retiree Drug Subsidy Reconciliation](#)
- [Radiology Quality Initiative Expands to Medicare HMO Blue Product](#)
- [New Requirements for Chiropractic Registration and Authorization](#)
- [Behavioral Health Changes](#)
- [Change in Clinical Review Criteria](#)

10/26/2007

### Health Care Reform Updates

As a result of new Massachusetts legislation that defines Minimum Creditable Coverage (MCC), we have conducted a careful review of our complete product portfolio. We are including a separate, detailed brochure ([Product Portfolio and Benefit Design Update](#)) with additional information on the new "standards" and the impact to the plans offered by Blue Cross Blue Shield of Massachusetts.

Beginning with anniversaries after January 1, 2008, employers (and their brokers) will be notified at least 60 days prior to their renewal if their medical plan does not meet the January 1, 2009, MCC requirements and also the reason why. This will provide employers time to assess their current plan offerings and make decisions regarding benefit changes, if necessary.

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

### Fair Share Legislation Filing Status

Beginning October 1, 2007, filing begins for employer fair share contributions—an assessment that some businesses will need to pay as part of the Health Care Reform Act. Employers with 11 or more full-time equivalent employees were sent filing instructions from the Division of Unemployment Assistance (DUA). The online filing will determine whether or not employers are liable for payment. The filing period runs through November 15 and the online filing system will be available year-round. Employers with questions about the filing process can contact the DUA's Fair Share Contribution Unit at 617-626-6080, or visit [www.mass.gov/fairshare](http://www.mass.gov/fairshare).

[Back to Top](#)

### Voluntary Blue: A Pre-Tax Health Care Coverage Solution for Your Client's Non-Eligible Part-Time Employees

Under Massachusetts health care reform, employers with 11 or more full-time equivalent employees must give their qualifying part-time employees not eligible to be covered by the employer's lower cost contributory plan the option of directly purchasing health coverage on a pre-tax basis through the employer's Section 125 plan.

Meeting this mandate does not have to be an expensive administrative burden—not with Voluntary Blue.

Blue Cross Blue Shield of Massachusetts has worked with Benefit Concepts, an established administrative services company, to create a new service that can help you set up a special Section 125 plan and Premium Reimbursement Account (PRA) arrangement for these non-eligible part-time employees.

The PRA is used to hold money deducted pre-tax from part-time employees' wages to reimburse employees for their paid health care premiums on a pre-tax basis. The PRA is administered by Benefit Concepts.

And if you offer Blue Cross Blue Shield of Massachusetts coverage exclusively to your full-time employees and have 11 or more full-time employees, we will pay the one-time setup costs to get your solution up and running.

Benefit Concepts will validate reimbursement requests, administer payments to employees, and respond to PRA questions. You will pay the small monthly maintenance and per-employee fees directly to Benefits Concepts.

This value-added service can not only help you meet your obligations that are part of health care reform, but it will also allow both your clients and their employees to save on taxes as your employees direct some of their paycheck to buy health care on a pre-tax basis.

If you would like to learn more about Voluntary Blue, download the [fact sheet](#), visit [www.bluecrossma.com/voluntaryblue](http://www.bluecrossma.com/voluntaryblue) or contact your Account Executive.

[Back to Top](#)

## January 1, 2008, Product Enhancements and New Plan Offerings

In an effort to maintain the most cost effective coverage options and to meet January 1, 2009, Minimum Creditable Coverage requirements, we are making certain benefit design changes to our standard product portfolio, adding new plans, and closing other plans to new sales for individuals and employer groups with less than 50 employees. For a complete description of all these changes, please review the enclosed brochure ([Product Portfolio and Benefit Design Update](#)), as well as the [Standard Plan Design Changes](#) chart and new lower cost plan Fact Sheets: [Access Blue Basic](#), [Preferred Blue<sup>®</sup> PPO Basic \\$2,000](#), [Preferred Blue<sup>®</sup> PPO Deductible](#) and [Preferred Blue<sup>®</sup> PPO Saver](#).

[Back to Top](#)

## Pharmacy Management — 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 effective January 1, 2008. 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. We have added several medications to the list of covered drugs, and in addition, we are:

- Moving several medications to the list of non-covered drugs
- Moving several medications to the over-the-counter benefit-exclusion list
- Moving medications from Tier 2 to Tier 3
- Requiring step therapy for certain drugs
- Several multi-source brand medications moving to non-covered within the BlueValue Rx formulary
- Updating Medical Policy 433 (non-covered drug list)
- Updating Medical Policy 030 (proton pump inhibitors)
- Streamlining our authorization process

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

[Back to Top](#)

## Specialty Pharmacy Initiative

As of January 1, 2008, Blue Cross Blue Shield of Massachusetts will be expanding the designated retail specialty pharmacy network to include additional specialty medications. Please see Affected Medication List below. Members currently taking one of these medications will need to have their pharmacy prescription filled through one of the designated retail specialty pharmacies, Caremark, CuraScript, SpecialtyScripts, or OTN Specialty Services. This change will not affect medications provided and administered in a physician's office, a hospital, an outpatient clinic, or by a home-infusion provider. As an accommodation, members will be allowed one courtesy refill of their medication at their current pharmacy through April 1, 2008.

The network change does not apply to Medex, Blue MedicareRx, or Medicare Advantage plans that include prescription drug coverage. In addition, the implementation date for the network change will be January 1, 2009, for members who are receiving one of these medications, AND have a co-insurance benefit for retail pharmacy combined with a copayment benefit for mail service (e.g., 20%/50% retail co-insurance, combined with a \$10/\$25/\$40 mail-service copayment).

Here is the list Affected Medications of:

### Drug Name – Oral Medications:

Exjade <sup>®</sup>	Rilutek <sup>®</sup>	Xyrem <sup>®</sup>
Letairis <sup>™</sup>	Tracleer <sup>®</sup>	Zavesca <sup>®</sup>
Revatio <sup>™</sup>		

### Drug Name – Injectable or Intravenous:

Actimmune <sup>®</sup>	Humatrope <sup>®</sup>	Saizen <sup>®</sup>
Apokyn <sup>®</sup>	Increlex <sup>™</sup>	Serostim <sup>®</sup>
DDAVP <sup>®</sup>	Norditropin <sup>®</sup>	NordiFlex <sup>®</sup>
Forteo <sup>™</sup>	Norditropin <sup>®</sup>	Somavert <sup>®</sup>
Fuzeon <sup>®</sup>	Nutropin <sup>®</sup>	Tev-Tropin <sup>®</sup>
Genotropin <sup>®</sup>	Nutropin <sup>®</sup> AQ	Zorbtive <sup>®</sup>

### **OTN Specialty Services Added as Designated Retail Specialty Pharmacy**

We are pleased to announce that, as of January 1, 2008, OTN Specialty Services will be a part of the designated retail specialty pharmacy network. Member may fill prescriptions for certain medications commonly used to treat Hepatitis C, Multiple Sclerosis, Anemia, Neutropenia, Psoriasis, Rheumatoid Arthritis, and Oncology, as well as the additional medications added on January 1, 2008 at OTN Specialty Services.

To learn more about this initiative, please contact your Account Executive.

### **Renewal Information on Medicare HMO Blue<sup>®</sup> and Medicare PPO Blue<sup>SM</sup>**

Blue Cross Blue Shield of Massachusetts has received the necessary approval for Medicare senior product plan benefits and rates (premiums) from the Centers for Medicare and Medicaid Services (CMS). In 2008 Blue Cross Blue Shield of Massachusetts will continue to offer our Medicare HMO Blue and Medicare PPO Blue and Blue MedicareRx<sup>SM</sup> plans. We are also pleased to announce that we are adding Blue Medicare PFFSSM, a Medicare Advantage Private Fee for Service plan option for January 1, 2008.

To learn more about the renewal information, please review the [Annual Notice Of Change Benefit Summary](#) or contact your Account Executive.

[Back to Top](#)

### **Retiree Drug Subsidy Reconciliation**

For accounts that have an RDS application with an end date of August 31, 2006, reconciliation of your interim costs with a final cost report must be completed by November 30, 2007. To assist you with this process we will be asking you to send us a Covered Retiree List from your application for comparison against the Blue Cross Blue Shield of Massachusetts retiree list to ensure only eligible members are included on the final cost reports. Also, you will need to contact us when your application is at the reconciliation step that allows the Final Cost Reports from ESI to be sent to CMS for your final steps. If you were not able to attend one of our training sessions held in August, please contact your Account Executive for copies of the presentation. You may also send requests to our new Retiree Drug Subsidy mailbox at [RDS@bcbsma.com](mailto:RDS@bcbsma.com)

[Back to Top](#)

### **Radiology Quality Initiative Expands to Medicare HMO Blue Product**

In collaboration with American Imaging Management (AIM) we launched a Radiology Quality Initiative (RQI) for our commercial HMO and POS products in 2005. The program requires pre-certification for all elective, outpatient High Tech Radiology (HTR) studies from participating physicians, excluding those provided in the emergency department or services rendered in conjunction with outpatient surgery. In an effort to continue effectively managing HTR services and improve the health of our members by addressing the systemic issues that lead to overuse, underuse, misuse, and waste of health care services, we will expand our RQI initiative to include our Medicare HMO Blue product beginning on January 1, 2008. This program does not involve a change in covered benefits and complies with Centers for Medicare and Medicaid Services (CMS) medical policy guidelines.

If you have any questions about the inclusion of Medicare HMO Blue in our RQI program, please contact your Account Executive.

[Back to Top](#)

### **New Requirements for Registration and Authorization of Chiropractic services**

As part of our ongoing effort to facilitate the delivery of high-quality, clinically appropriate care in a cost-effective manner, beginning on January 1, 2008, registration and authorization will be required for chiropractic services. Administered in collaboration with Healthways WholeHealth Networks, Inc. (HWHN), this program aims to improve the quality of care through the appropriate selection and use of chiropractic services.

The program will apply to members with a Blue Cross Blue Shield of Massachusetts-contracted primary care physician in our HMO Blue® New England, Network Blue® New England, and Blue Choice New England, and Blue Choice New England Plan 2 products who are treated by a Blue Cross Blue Shield of Massachusetts-contracted chiropractor.

#### **Chiropractic Treatment Plan Assessment**

New requirements for registration and authorization are as follows:

- Chiropractors will be required to register their patient's initial 12 visits with HWHN upon a member's first visit. These initial 12 visits will not require authorization.
- The treating chiropractor will need to obtain authorization for additional medically necessary services from HWHN in order to be reimbursed for visits beyond the initial 12. Prior to the 13th visit, the chiropractor will be required to submit information about the patient's treatment plan.
- As outlined in the member's Subscriber Certificate or Description of Benefits, to receive care, services must be medically necessary. The member's Subscriber Certificate or Description of Benefits may also include a limit on the number of visits allowed.
- Authorization for subsequent treatments will be granted if the services meet the clinical criteria developed in accordance with Blue Cross Blue Shield of Massachusetts standards for medical necessity.
- Chiropractors will submit registrations and authorizations by using HWHN's telephonic system or their Internet-based tool.
- In assessing our members' care plans, HWHN follows diagnosis-based clinical criteria to evaluate the selection of procedures and the duration and frequency of care. Furthermore, by reviewing treatment plans, HWHN can confirm that patients continue to demonstrate functional improvement as measured outcome-assessment tools.

In assessing our members' care plans, HWHN follows diagnosis-based clinical criteria to evaluate the selection of procedures and the duration and frequency of care. Furthermore, by reviewing treatment plans, HWHN can confirm that patients continue to demonstrate functional improvement by measured outcome-assessment tools.

[Back to Top](#)

### **Behavioral Health Changes**

As we informed accounts in October of 2006, effective January 1, 2008, Blue Cross Blue Shield of Massachusetts will assume the administration of behavioral health services from our current manager, Magellan Health Services (Magellan), for our members in HMO Blue® New England, Blue Choice® New England, Blue Choice New England Plan 2, and Network Blue™ New England (the New England Managed Care plans). For information regarding the conversion, please download a copy of the [recent account letter](#).

#### **Behavioral Health Outcomes Management Program Participation**

Effective January 1, 2008, members of HMO Blue New England, Blue Choice New England, Blue Choice New England Plan 2, and Network Blue New England receiving outpatient behavioral health treatment from a participating Massachusetts provider may also participate in our Behavioral Health Outcomes Measurement program. As outlined in the June IAI, this is a voluntary program that enables members to give their behavioral health providers real-time feedback on their behavioral health status through a self-administered, standardized, validated, patient-assessment questionnaire. In assessing our members' care plans, HWHN follows diagnosis-based clinical criteria to evaluate the selection of procedures and the duration and frequency of care. Furthermore, by reviewing treatment plans, HWHN can confirm that patients continue to demonstrate functional improvement as measured outcome-assessment tools.

#### **New Process for Authorization of Behavioral Health Outpatient services**

As of January 1st, 2008, Blue Cross Blue Shield of Massachusetts will no longer require members to obtain authorization for the first 12 outpatient behavioral health sessions with participating providers in a calendar year. This change applies to all managed care members except those with the Federal Employee Health Benefit Plan (FEP) or those with Medicare

Advantage products.

Members are responsible for being aware of the total number of behavioral health sessions they have used within a calendar year and they will be responsible for payment if they will exceed the behavioral health visit benefit limit (subject to the parity exception) as outlined in their Subscriber Certificate. Because it is possible for members to have initial authorizations of 12 sessions with several providers within a given year, members receiving services from multiple behavioral health providers should review the details of their Subscriber Certificates to verify benefit limits and keep track of their outpatient behavioral health therapy visits. If a policy has a limitation on the number of covered behavioral health visits, Blue Cross Blue Shield of Massachusetts will not pay claims over the visit limit.

Here are some details about this change:

- Participating providers requesting outpatient behavioral health services beyond the initial 12 sessions must seek prior authorization.
- Out-of-Network (non-participating) providers will be required to obtain prior authorization for all behavioral health outpatient services.

If you have any questions about our Behavioral Health programs or coverage, please contact your Account Executive.

[Back to Top](#)

### Change in Clinical Review Criteria

As of January 1, 2008, we will be changing our clinical review criteria for medical and surgical from MCAP criteria to InterQual criteria. InterQual's criteria are nationally recognized for their clinical relevancy. They are currently used by many of our hospitals and providers, and by most Massachusetts managed care organizations.

[Back to Top](#)

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

Product Portfolio and Benefit Design Update:

[http://clients.partnersandsimons.com/bcbsma/BCBSMA\\_Emails/2007/Broker\\_Emails/Blinks\\_10Oct07/79206\\_ProductPortfolioandBenefitDesignUpdate.pdf](http://clients.partnersandsimons.com/bcbsma/BCBSMA_Emails/2007/Broker_Emails/Blinks_10Oct07/79206_ProductPortfolioandBenefitDesignUpdate.pdf)

Fairshare: [www.mass.gov/fairshare](http://www.mass.gov/fairshare)

Voluntary Blue: [http://clients.partnersandsimons.com/bcbsma/BCBSMA\\_Emails/2007/Broker\\_Emails/Blinks\\_10Oct07/77815\\_VoluntaryBlue.pdf](http://clients.partnersandsimons.com/bcbsma/BCBSMA_Emails/2007/Broker_Emails/Blinks_10Oct07/77815_VoluntaryBlue.pdf)

Product Portfolio and Benefit Design Update:

[http://clients.partnersandsimons.com/bcbsma/BCBSMA\\_Emails/2007/Broker\\_Emails/Blinks\\_10Oct07/79206\\_ProductPortfolioandBenefitDesignUpdate.pdf](http://clients.partnersandsimons.com/bcbsma/BCBSMA_Emails/2007/Broker_Emails/Blinks_10Oct07/79206_ProductPortfolioandBenefitDesignUpdate.pdf)

Standard Plan Design Changes:

[http://clients.partnersandsimons.com/bcbsma/BCBSMA\\_Emails/2007/Broker\\_Emails/Blinks\\_10Oct07/78921\\_StandardPlanDesignChanges\\_bkr.pdf](http://clients.partnersandsimons.com/bcbsma/BCBSMA_Emails/2007/Broker_Emails/Blinks_10Oct07/78921_StandardPlanDesignChanges_bkr.pdf)

Access Blue Basic: [http://clients.partnersandsimons.com/bcbsma/BCBSMA\\_Emails/2007/Broker\\_Emails/Blinks\\_10Oct07/79204\\_Access\\_BlueBasic.pdf](http://clients.partnersandsimons.com/bcbsma/BCBSMA_Emails/2007/Broker_Emails/Blinks_10Oct07/79204_Access_BlueBasic.pdf)

PPO Basic \$2,000: [http://clients.partnersandsimons.com/bcbsma/BCBSMA\\_Emails/2007/Broker\\_Emails/Blinks\\_10Oct07/preferredBluePPO2K.pdf](http://clients.partnersandsimons.com/bcbsma/BCBSMA_Emails/2007/Broker_Emails/Blinks_10Oct07/preferredBluePPO2K.pdf)

Preferred Blue® PPO Deductible:

[http://clients.partnersandsimons.com/bcbsma/BCBSMA\\_Emails/2007/Broker\\_Emails/Blinks\\_10Oct07/79202\\_PreferredBlueRPPODeductible.pdf](http://clients.partnersandsimons.com/bcbsma/BCBSMA_Emails/2007/Broker_Emails/Blinks_10Oct07/79202_PreferredBlueRPPODeductible.pdf)

Preferred Blue® PPO Saver:

[http://clients.partnersandsimons.com/bcbsma/BCBSMA\\_Emails/2007/Broker\\_Emails/Blinks\\_10Oct07/79200\\_PreferredBlueRPPoSaver.pdf](http://clients.partnersandsimons.com/bcbsma/BCBSMA_Emails/2007/Broker_Emails/Blinks_10Oct07/79200_PreferredBlueRPPoSaver.pdf)

IAI Pharmacy Formulary Changes:

[http://clients.partnersandsimons.com/bcbsma/BCBSMA\\_Emails/2007/Broker\\_Emails/Blinks\\_10Oct07/IAI\\_Pharmacy\\_formularyChanges.pdf](http://clients.partnersandsimons.com/bcbsma/BCBSMA_Emails/2007/Broker_Emails/Blinks_10Oct07/IAI_Pharmacy_formularyChanges.pdf)

Annual Notice Of Change Benefit Summary:

[http://clients.partnersandsimons.com/bcbsma/BCBSMA\\_Emails/2007/Broker\\_Emails/Blinks\\_10Oct07/IAI\\_Medicare\\_article.pdf](http://clients.partnersandsimons.com/bcbsma/BCBSMA_Emails/2007/Broker_Emails/Blinks_10Oct07/IAI_Medicare_article.pdf)

New England Managed Care Plans Account Letter:

[http://clients.partnersandsimons.com/bcbsma/BCBSMA\\_Emails/2007/Broker\\_Emails/Blinks\\_10Oct07/78469\\_NEHP\\_Mag\\_acctltr1.pdf](http://clients.partnersandsimons.com/bcbsma/BCBSMA_Emails/2007/Broker_Emails/Blinks_10Oct07/78469_NEHP_Mag_acctltr1.pdf)

® Registered Mark of the Blue Cross and Blue Shield Association

® Registered Marks of Blue Cross and Blue Shield of Massachusetts, Inc. and Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.

® Registered Marks are property of their respective owners.

© Blue Cross and Blue Shield of Massachusetts, Inc., and Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.

Landmark Center, 401 Park Drive, Boston, MA 02215-3326

800-262-BLUE (2583) | TTY# 800-522-1254

[Terms of Use](#)

---

If you would prefer not to receive further messages from this sender, please click on the following e-mail link and send a message with or without any text:

[Click here to opt out](#)

You will receive one additional e-mail message confirming your removal.