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IAI | IMPORTANT ADMINISTRATIVE INFORMATION

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December 2015



Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

IAI | LETTER

Dear Valued Customer:

Welcome to our Important Administrative Information December 2015 newsletter. We provide the latest health care industry news that affects you. This month's topics include:

- Ovuline Apps Offer Personalized Support from Pre-Conception to Birth
- Update to New Substance Abuse Treatment Coverage
- Exciting News: Telehealth Update!
- Enhancing the Quality of Life for Members with Advanced Illnesses
- Members Living in Rhode Island
- Blue Options and Hospital Choice Cost Sharing Tiering Update
- New Formulary Tools Available 1/1/16 for Merged Markets
- Our Newly Improved Find a Doctor and Estimate Costs Tool Will be Live Very Soon!
- Member Appeal and Grievance Requests

Please visit www.bluecrossma.com/iai to learn more about any of the topics in this edition. As always, if you have any questions, please contact your account executive.

Sincerely,



Timothy J. O'Brien
Senior Vice President
Sales and Marketing

Ovuline Apps Offer Personalized Support from Pre-Conception to Birth

- ✔ Small accounts (50 or less enrolled)
- ✔ Mid-size (51-99 enrolled)
- ✔ Large (100 or more enrolled)
- ✔ Muni
- ✔ MIIA

We've partnered with Ovuline™, a separate company, to give our members two new apps: Ovia™ Fertility and Ovia™ Pregnancy. These apps give our members an informed, yet personalized experience when looking to become pregnant or managing their pregnancy. When members choose Blue Cross Blue Shield of Massachusetts as their insurance provider, they'll be sent information about Blue Cross maternity programs and benefits.



For more information, please visit www.bluecrossma.com/iai.

Update to New Substance Abuse Treatment Coverage

- ✔ Small accounts (50 or less enrolled)
- ✔ Mid-size (51-99 enrolled)
- ✔ Large (100 or more enrolled)
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- ✔ MIIA

As previously mentioned in our July 2015 Special Edition IAI, we have made changes to our substance abuse treatment coverage for many of our commercial (insured and self-funded), Medex, and Managed Blue for Seniors health plans.

At the time of publication, the Division of Insurance (DOI) had not yet provided guidance. Having received guidance from the DOI, we have made the appropriate updates to our health plans.

As a reminder, effective on 10/1/2015, we provide coverage for:

- Medically necessary acute treatment and clinical stabilization services for up to 14 days, without requiring preauthorization prior to obtaining treatment, when the services are provided by providers in Massachusetts. Services administered by providers outside of Massachusetts will continue to be subject to preauthorization.
- Other substance abuse treatment services, without requiring the member to obtain preauthorization before obtaining treatment, if the service is provided by providers in Massachusetts.
- Services provided by licensed alcohol and drug counselors.
- Access to abuse-deterrent opioid drugs that is not less favorable than non-abuse deterrent opioids. Although the Department of Public Health has not yet published the finalized drug formulary, we anticipate minimal impact since these drugs may already be on our formulary.



For more information, please contact your account executive.

Exciting News: Telehealth Update!

- ✔ Small accounts (50 or less enrolled)
- ✔ Mid-size (51-99 enrolled)
- ✔ Large (100 or more enrolled)
- ✔ Muni
- ✔ MIIA

We are pleased to announce that our new Telehealth benefit has received approval from the Division of Insurance. For fully insured commercial plans, with the exception of indemnity plans, Telehealth will become a standard benefit upon an account's anniversary, effective January 1, 2016. You will be receiving additional information about the Telehealth benefit soon.



For more information, contact your account executive.

Blue Options and Hospital Choice Cost Sharing Tiering Update

- ✓ Small accounts (50 or less enrolled)
- ✓ Mid-size (51-99 enrolled)
- ✓ Large (100 or more enrolled)
- ✓ Muni
- ✓ MIIA

As of January 1, 2016, we will update the hospital and primary care provider tiers within our Blue Options and Hospital Choice Cost Sharing (HCCS) tiered plans.

Why We Are Updating Our Tiers

Periodic updating of our tiers with the most current available data is an important step in maintaining our tiered network plans as an affordable choice for our members. It also encourages providers in our network to continue to improve their cost and quality performance by reflecting these changes over time in the provider's tier.

What is the Impact on Members?

The tier update will change the cost of care for some primary care providers and hospitals. Member cost will increase or decrease, depending on the new tier their primary care provider or hospital is assigned. These changes will go into effect for all Blue Options plans the next time they renew, beginning January 1, 2016. For plans that include HCCS, all changes will go into effect on January 1, 2016. The updating of tiers will be identified on member ID cards and in our provider directory as Blue Options v.5.



To view a list of Massachusetts tier changes, please visit www.bluecrossma.com/iai.

Update to HMO Blue New England Options Tiered Network Plans

As of January 1, 2016, upon renewal, members of our HMO Blue New England Options plans will have access to tiered providers in New Hampshire. These plans include:

- HMO Blue New England Options
- HMO Blue New England Options Deductible
- HMO Blue New England Options Deductible II
- HMO Blue New England Options Deductible III

Members in these plans already have access to participating providers from six networks within the New England states. These members will continue to have access to the same network of providers as they do today in New England.

However, New Hampshire doctors and hospitals will now be placed into one of two benefit tiers. Member costs for care from some doctors and hospitals in New Hampshire will change, depending on the new tier a doctor or hospital is in.

A network Primary Care Provider or network hospital in NH will now be either a Tier 1 (Enhanced Benefit Tier) provider OR a Tier 2 (Standard Benefits Tier) provider.

Network doctors and general hospitals in the New England network located outside of Massachusetts or New Hampshire will continue to be in the Enhanced Benefits Tier.

For New England plans with the Hospital Choice Cost Sharing feature, there is no change to the member's cost share. All New Hampshire hospitals are considered "Lower Cost Share."



To find the benefits tier of a provider, visit www.bluecrossma.com/findadoctor.

New Formulary Tools Available 1/1/16 for Merged Markets

- ✓ Small accounts (50 or less enrolled)

Effective 1/1/16, as a result of the Affordable Care Act, we will have two new formulary tools available for our members that include information on all of our covered medications and any applicable pharmacy management programs available at www.bluecrossma.com/medications.

These tools are available for both the 3 tier and 4 tier formulary structure and are applicable for our Merged Market and Qualified Health Plans. Click on the "view health plan list" to see if your Account plan is listed. If your plan is not listed, please continue to use the medication lookup tool located at the bottom of that page.

Our Newly Improved Find a Doctor and Estimate Costs Tool Will be Live Very Soon!

- ✓ Small accounts (50 or less enrolled)
- ✓ Mid-size (51-99 enrolled)
- ✓ Large (100 or more enrolled)
- ✓ Muni
- ✓ MIIA

Providing members with simple and actionable information regarding health care costs and quality is an important ingredient in helping them take control of their health. Our newly redesigned Find a Doctor and Estimate Costs tool gives members a better user experience, and will be available shortly!

Members can:

- Conduct intuitive searches making it easier to find what they need, when they need it
- Compare up to 10 providers side by side
- Read and write reviews on doctors
- Access an expanded selection of cost estimation features



Check it out soon by visiting www.bluecrossma.com/findadoctor.

Member Appeal and Grievance Requests

- ✓ Small accounts (50 or less enrolled)
- ✓ Mid-size (51-99 enrolled)
- ✓ Large (100 or more enrolled)
- ✓ Muni
- ✓ MIIA

Effective January 1, 2016, all requests for an appeal or a grievance review must be received by Blue Cross Blue Shield HMO Blue within 180 calendar days of the date of treatment, event, or circumstance which is the cause of the dispute or complaint, such as the date the member was informed of the service denial or claim denial.

Enhancing the Quality of Life for Members with Advanced Illnesses

- ✓ Small accounts (50 or less enrolled)
- ✓ Mid-size (51-99 enrolled)
- ✓ Large (100 or more enrolled)
- ✓ Muni
- ✓ MIIA

In 2016, we will launch a comprehensive program designed to better support members and their families facing advanced illnesses and the end of life. Nothing is more personal and difficult than the decisions we make when facing an advanced illness. But often the vital conversations about care preferences and priorities never happen, leading to care that is not aligned with patient goals and wishes. Our new Complete Care for Advanced Illness Program is designed to enhance patient-clinician communication during those critical times and support high-quality, compassionate care that honors individual values and preferences.

Key Program Elements

- Enhanced Benefits – We will enhance member benefits to encourage earlier and expanded use of hospice care. As is currently the case, members do not have to forgo curative care in order to use hospice care.
- Advanced Illness Support Program – We are developing a program to help critically ill individuals receive high-quality palliative care, at their own homes, for the prevention and relief of suffering.
- Behavioral Health – We will include behavioral health clinicians as an option for members who wish to discuss and plan for serious illness and end-of-life care. Blue Cross already covers these conversations for most of its members' medical providers.



Additional communications will follow. For more information, please visit www.bluecrossma.com/iai or contact your account executive.

Members Living in Rhode Island

- ✓ Small accounts (50 or less enrolled)
- ✓ Mid-size (51-99 enrolled)
- ✓ Large (100 or more enrolled)
- ✓ Muni
- ✓ MIIA

Beginning in January 2016, we'll be providing claims information for members living in Rhode Island to the Rhode Island All Payer Claims Database (RI-APCD), in accordance with Rhode Island law. Information in this database is completely anonymous—names, addresses, and other personal identifiers are removed.

This database is used to ensure transparency regarding the quality, cost, efficiency, and accessibility of Rhode Island's health care delivery system. It also provides state agencies and policy makers with the information they need to improve the value of health care for Rhode Island residents.

By December 31, 2015, we'll begin sending letters to affected members living in Rhode Island to inform them about this database. We'll also let them know they can choose to have their de-identified claims information kept out of the database by opting out at www.riapcd-optout.com or by calling **1-855-747-3224**.



To see the letter we're sending to impacted members, visit www.bluecrossma.com/ri-apcd. If you have any questions, please contact your account executive.