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IAI

IMPORTANT ADMINISTRATIVE INFORMATION

MASSACHUSETTS

DECEMBER 2008

][Minimum Creditable Coverage Changes

Minimum creditable coverage (MCC), the minimum level of benefits for health plans that an individual must have in order to meet the requirement for Massachusetts residents to have health insurance and avoid a tax penalty, will take effect on January 1, 2009.

On October 17, 2008 the Connector Board passed an amendment to these regulations that will have a minimal impact in 2009, but a more significant affect in 2010. The purpose of this article is to summarize these changes. To review the actual revised MCC regulations, please visit the Connector website at **www.mass.gov/connector**. Click on **About Us**, **Board Meetings and Minutes**, **Connector Board Meeting October 17, 2008**, and **Revised MCC Regulations**

2009:

For 2009, MCC remains largely unchanged and all Blue Cross Blue Shield standard plans that have been deemed MCC-compliant for 2009 remain so. The elements that have been added to MCC for 2009 are intended to increase flexibility for accounts to demonstrate that their plans are compliant.

To this end, the Connector has created a review process whereby the Connector may determine that a plan meets MCC by demonstrating that the actuarial value of the plan's health benefits are comparable to the actuarial value of Bronze-level plans sold through the Connector, provided that certain requirements are met. The Connector is currently in the process of formalizing the process for carriers and employers to apply for MCC approval status when their plan's benefits are comparable to that of Bronze, but specific details in the plan may make the plan non-compliant without Connector approval. Plans that provide no coverage for specified medical services, such as pharmacy or mental health, are not eligible for this additional consideration.

2010:

Beginning January 1, 2010, two important changes to MCC will take effect.

1. All health benefit plans must contain a newly expanded broad range of medical benefits.

2. Federally qualified high deductible health plans (HDHP) must also meet MCC standards. A health benefit plan with deductibles exceeding $2,000 individual/$4,000 family and/or out-of-pocket maximums for in-network covered services exceeding $5,000/$10,000 will meet MCC as long as:

- The underlying health benefits include "a broad range of medical benefits" and pre-deductible preventive care requirements
- Plan sponsors or carriers provide individuals enrolled in an HDHP with access to a health savings account (HSA). Individuals may decide whether or not to open or fund the HSA.

Blue Cross Blue Shield of Massachusetts is reviewing the amended regulations for 2009 and 2010 and will follow up with accounts and their brokers or consultants, as needed, should their current plan be affected by the MCC requirements. If you have questions, please contact your account executive.

Continued …

][Blue Cross Blue Shield of Massachusetts Will Mail 2008 1099-HC Forms to Subscribers by January 31, 2009

The Massachusetts health care reform law requires residents over the age of 18 to have health care coverage or pay a fine. Individuals will be required to transcribe data contained in the 2008 1099-HC form to their annual state income tax filing statement provided by the Massachusetts Department of Revenue (DOR).

By January 31, 2009, Blue Cross Blue Shield of Massachusetts will issue 2008 1099-HC forms to qualifying subscribers residing in Massachusetts and who are enrolled in a Blue Cross Blue Shield of Massachusetts product at any time during the calendar year.

The following subscribers will not be receiving a 1099-HC form:

- Subscribers younger than 18 years old
- Subscribers having a dental- and/or vision-only plan through Blue Cross Blue Shield of Massachusetts
- Subscribers enrolled in Medex® or one of our Medicare Advantage plans

What's Different on the 2008 1099-HC Form?

The Department of Revenue (DOR) has required all health care insurance companies, including Blue Cross Blue Shield of Massachusetts, to provide their qualifying in-state subscribers with information indicating which months of the year they had health insurance through the insurer.

If a subscriber was insured through Blue Cross Blue Shield of Massachusetts for all 12 months of the tax year, the "Full Year Coverage" box will be checked off. If a subscriber was insured through Blue Cross Blue Shield of Massachusetts for less than 12 months, only those months that the subscriber or a dependent on the policy had 15 or more days of health insurance in a given month will have a check in the appropriate month's box.

If a subscriber had health insurance through another carrier, they should be receiving a separate 1099-HC form from that carrier.

To help support our members and answer questions they might have about getting a 1099HC form, Blue Cross Blue Shield of Massachusetts will be launching **www.bluecrossma.com/1099HC** in early December.

Please direct all tax-related questions (including preparation of tax filings and financial penalties for not having insurance), to the Massachusetts Department of Revenue via **www.mass.gov/dor** or call **1-800-392-6089**.

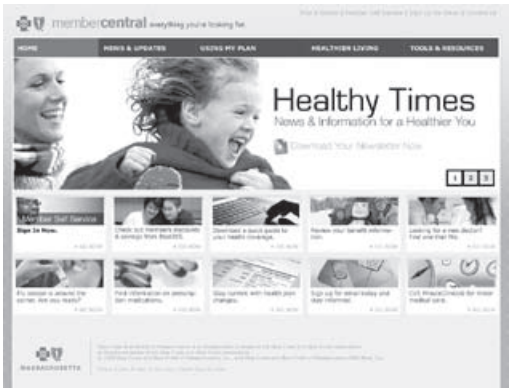
][Dental MCC

You may have noticed that we recently added the minimum creditable coverage non-compliant symbol to our Dental Blue® summaries. This is being added to satisfy the Division of Insurance requirement to inform our members when a plan they are purchasing does not meet the minimum requirements for health insurance under the new Massachusetts health care reform law. Our dental plans were developed to provide access to care for our members' oral health, which is an important part of their overall health. However, they were not designed to meet health insurance coverage requirements of the new state health care reform law. This is an important distinction that we hope you will share with our members. If you have any questions, please contact your account executive.

][Healthy Times

This year Blue Cross Blue Shield of Massachusetts will send its annual member newsletter, *Healthy Times*, in an electronic format. Members will receive a postcard in the mail beginning December 15, 2008 directing them to download a copy of *Healthy Times* at **www.bluecrossma.com/healthytimes**. For members for whom we have an email address and who have opted in to receive emails from us, we will also be sending them an invitation to view *Healthy Times* by email. If desired, members can request a printed copy of *Healthy Times* by calling **1-800-262-BLUE (2583)**.

Healthy Times will also be featured on Member Central, our dedicated website for members, launching on December 15. Member Central will make it easier for members to find what it is important to them, including finding a doctor and pharmacy formulary changes as well as tools to manage their health care expenses. Member Central is the gateway to everything members need in one location, including registering and logging in to Member Self Service. Member Central can be found at **www.bluecrossma.com/membercentral** beginning December 15. For more information, please contact your account executive.



][Leveraging Technology

Blue Cross Blue Shield of Massachusetts is committed to providing prevention and wellness programming for employers that will deliver consistent, customized, targeted solutions for a company's total employee population, whether enrolled in a Blue Cross Blue Shield of Massachusetts health plan or not. Comprehensive program features include: incentive administration; proven member engagement strategies; integrated, flexible programming; employee communications; and results-oriented reporting and analytics. We recognize that controlling health care costs begins with helping our accounts support their employees in making wise health care choices. We do this by educating them about the connection between lifestyle habits and their long-term health and financial well-being.

With that in mind, Blue Cross Blue Shield of Massachusetts will introduce a dramatically improved version of MyBlueHealth, our online Personal Health Assessment (PHA) and health information site. The comprehensive prevention and wellness solution will lay the foundation for deploying strategies to increase employee engagement and utilization of wellness tools, which will help drive long-term behavior change. Changes to MyBlueHealth will launch in the second quarter of 2009 and will include an expanded suite of online programs including a new PHA template, online coaching, tracking tools, customized action plans, social networking communities, and reporting capabilities.

Our goal is to continue to provide members with easy-to-use prevention and wellness programming to help them manage their health and quality of life, regardless of where they fall on the health continuum. We look forward to providing you with more updates and details as we get closer to launching our improved MyBlueHealth. If you have any questions, please contact your account executive.

Continued …

][Google Health™

As we announced in the September issue of *IAI*, we are proud to be the first health insurer to give members the option to have us share their health plan data with Google Health. Google Health is a new product that allows members to securely collect, store, and manage their personal health information online.

Google Health puts users in charge of their health information so that it is accessible anytime from anywhere in the world.

What Google Health Offers Our Members

Google Health will give Blue Cross Blue Shield of Massachusetts members the ability to import their Blue Cross Blue Shield of Massachusetts health history into their own personal health record (PHR). Integrating Blue Cross Blue Shield of Massachusetts personal health information into a Google Health PHR allows members to:

- Organize, store, and manage their medical records and health information online in one secure location, including Blue Cross Blue Shield of Massachusetts health history
- Download medical records and prescription history from other connected providers, such as retail pharmacies, Pharmacy Benefit Managers (PBMs), labs, and doctors' offices
- Share their medical information with providers and/or third party services that offer customized services
- Learn about important health issues and potentially dangerous drug-to-drug interactions

A Word About Privacy

Google Health stores the information securely and separately from its other businesses. Google Health's Terms of Service outlines how information accessed from the Google Health PHR is protected and may be used. *Google Health's Privacy Policy* is available at **www.google.com/health**.

Take the First Step Now

We invite brokers and benefits managers who are members of Blue Cross Blue Shield of Massachusetts to experience Google Health to understand the significance of this partnership firsthand. Follow these easy steps to import your Blue Cross Blue Shield of Massachusetts health history to a Google Health account:

1. Register for Member Self Service at **www.bluecrossma.com/member/service**.
2. Sign up for Google Health at **www.google.com/health** and select **Import Medical Records** to securely import your health history from Blue Cross of Blue Shield of Massachusetts into Google Health.

][Enhanced Blue National Doctor and Hospital Finder

At Blue Cross Blue Shield of Massachusetts, we are committed to helping our members make more informed health care decisions. To help members choose the right doctor or hospital, we recently launched enhancements to the Blue National Doctor and Hospital Finder and Federal Employee Program (FEP) Online Provider Directory. Members now have access to quality information about physicians and hospitals in an easy-to-use format to help them make better health care choices.

More Flexible, Easy-to-Use Search

Newly enhanced search capabilities allow members to quickly and easily find the physician or hospital that meets their unique needs and share or email their search results. Members can search:

- Languages spoken by physicians
- For Blue Distinction Centers®
- Physicians who have been recognized by third-party medical societies or boards
- Using "Top Searches" and "What's Your Situation" buttons
- Medical conditions by area of concern, using an illustration of the human body

More Information for Better Results

In addition to the physician profiles, locations, hospital affiliations, medical specialties, and board certifications, members can now access key information about doctors and hospitals, such as:

- Designations for Blue Distinction Centers for Specialty Care,®[1] in the areas of cardiac care, bariatric (weight loss) surgery, transplants, and complex and rare cancers[2]
- American Board of Medical Specialties® and American Society of Clinical Oncology quality-based recognitions

These new features encourage members to be more engaged in their health decisions by giving them one-stop tools to make better, more informed choices.

To access the Blue National Doctor and Hospital Finder, go to **www.bcbs.com/healthtravel/finder.html**. For the FEP Online Provider Directory, visit **www.fepblue.org** and select **Provider Directory**. If you have any questions, please contact your account executive.

1 Note: Designation as Blue Distinction Centers means these facilities' overall experience and aggregate data met objective criteria established in collaboration with expert clinicians' and leading professional organizations' recommendations. Individual outcomes may vary. To find out which services are covered under your policy at any facility, please call Member Service at the phone number on your ID card.

2 Cancer care is complicated, and is usually provided by teams of doctors, nurses, and other professionals in your local community and at larger cancer centers. Blue Distinction Centers for Complex and Rare Cancers provide very specialized treatments as part of an overall team approach for a very specific group of unusual cancers; many cancer patients can be cared for in their own local communities. Members should consult with their physicians and specialists before making a plan for getting cancer care.

Continued …

][Medicare Secondary Payer Guidelines

New mandatory reporting requirements for Medicare Secondary Payer laws will go into effect on January 1, 2009. The new law (Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007) requires health insurers to report to the Centers for Medicare and Medicaid Services (CMS) on situations where Medicare is the secondary payer for people who are covered by both a group health plan and Medicare.

Fortunately, Blue Cross Blue Shield of Massachusetts has well-established voluntary reporting arrangements already in place with CMS. Blue Cross Blue Shield of Massachusetts will continue to coordinate the reporting under the new mandatory reporting process. It is expected that in order to fulfill the reporting requirements, Blue Cross Blue Shield of Massachusetts will need to obtain additional information from accounts including the account's tax identification number and at least some members' social security numbers. We expect to communicate those requirements to you in the near future.

Medicare Secondary Payer (MSP) is the term used by CMS when Medicare should not be the primary payer. Generally, although not always, group health plans must pay before Medicare, making Medicare the secondary payer. For example, in a company with more than 20 employees, an employee may have both the employer's plan and Medicare at the same time. The employer's plan would pay as primary payer as long as the employee is eligible for the group's health plan. Once the employee retires from their employer, then Medicare will become the primary payer.

If you have any questions about Medicare Secondary Reporting, please contact your account executive.

Continued …

][Partnership for Healthcare Excellence

The Partnership for Healthcare Excellence, the organization dedicated to helping Massachusetts consumers improve the quality of health care they receive, has elected seven new members to their Board of Directors, including Dr. Dana Gelb Safran, Blue Cross Blue Shield of Massachusetts vice president of Performance Measurement and Improvement for Health Care Services. Her experience in leading the company's initiatives to measure and improve health care quality, safety, and outcomes provide her with a unique and substantive understanding of health care consumers.

Other new members include, Jack Evjy M.D. of the Massachusetts Medical Society, Robert Haynes of the Massachusetts AFL-CIO, Alan MacDonald of Massachusetts Business Roundtable, Lucilia Prates of the Massachusetts SMP Program and Elder Services of Merrimack Valley, and Barbra Rabson of the Massachusetts Health Quality Partners. The new Board members join Zoila Torres Feldman, executive director of Kit Clark Centers; Jim Conway of the Institute for Healthcare Improvement, Howard Koh M.D. of the Harvard School of Public Health, and Peter Meade of Rasky Baerlein Strategic Communications.

Drawing on a wide range of experience and skill, the Partnership Board and the broad coalition that comprises the Leadership Council, expands the reach and scope of the statewide campaign already underway. Current efforts, focused on infection prevention and medication safety, continue to gain momentum in three target markets: Beverly/Salem, New Bedford, and Worcester. Learn more about the Partnership and the new board members at **www.partnershipforhealthcare.org**.

][Disaster Readiness

We take a proactive approach to disaster readiness. This includes preparations to facilitate access to care and administer proper care coverage, while supporting our employees, business partners, and the community.

Should a disaster occur, we will make every effort to communicate information on **www.bluecrossma.com** and other channels to will keep employer groups informed and help members obtain the care they need.

][January 1, 2009 Product and Benefit Updates

At Blue Cross Blue Shield of Massachusetts, our product portfolio provides employers and individuals with a range of options to meet their varied health coverage and budget needs. As the marketplace changes, we continue to enhance our portfolio with products that serve our current and prospective members. Therefore, as of January 1, 2009, we are introducing new plans and benefit changes across many of our existing plan designs.

Included with this quarter's *IAI* is our *Product Portfolio and Benefit Design Update for January 1, 2009*. It summarizes most of our new plan designs and upcoming plan design changes. Please review this document, as it will likely inform many of the decisions you will make throughout 2009. If you have any questions about the plans or plan changes effective January 1, 2009, please contact your account executive.

Access Blue New England Enhanced Value℠

Blue Cross Blue Shield of Massachusetts is now offering Access Blue New England Enhanced Value, a new plan that combines the seamless New England-wide coverage and savings of our HMO Blue® New England (regional managed care) plans with no referral required direct access to the specialists and services of our Access Blue™ HMO plans. Access Blue New England Enhanced Value is a New England-wide plan that gives members the flexibility to receive full coverage for care obtained directly from participating specialists throughout the region, without a referral from their primary care physician (PCP). This plan is available for insured and self-funded employer groups and for individuals with effective dates beginning January 1, 2009.

To learn more about Access Blue New England or for specific details about Access Blue New England Enhanced Value, please call your account executive.

Blue Care® Elect and Preferred Blue PPO® Radiology, Anesthesiology, and Pathology (RAP) Benefit as of January 1, 2009

Effective January 1, 2009, all Blue Care Elect and Preferred Blue PPO members will receive in-network benefits when covered services are furnished to a PPO member by a non-PPO participating hospital-based anesthetist, pathologist, or radiologist while at a preferred hospital. Blue Cross and Blue Shield will use the health care provider's actual charge to calculate these benefits.

Clarifications for PPO and HMO Plans Regarding RAP Provider

The following clarification affects hospital-based radiologists, anesthetists, and pathologists who do not participate in our PPO and/or HMO networks and whose billing is not handled through a participating group. Effective January 1, 2009, when a member receives a covered service from a non-participating hospital-based provider who does not participate in the network for the member's product, Blue Cross and Blue Shield will pay the subscriber directly for these services. It is the responsibility of the subscriber to pay the provider. The provider is responsible for collecting payment from the subscriber.

Continued …

][Blue Options v.2

Second Generation Tiered Network Plans

Our second generation of Blue Options tiered network HMO and PPO plans are built around a robust, data-centric approach that can help control costs and engage members in their health care.

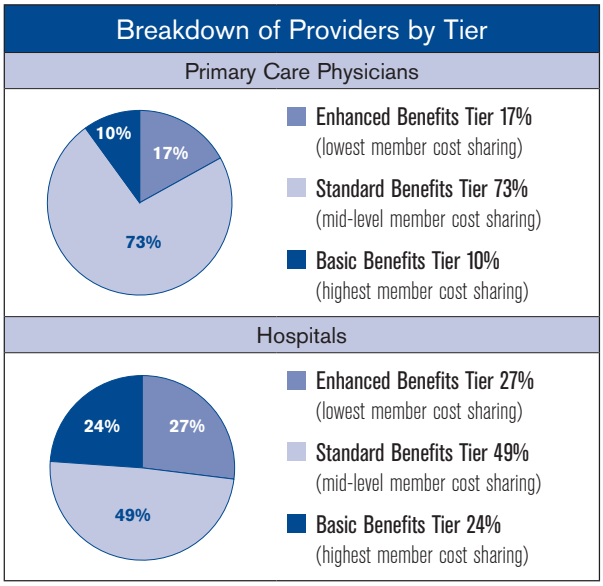
Tiered network plans offer significant financial incentives, information, and tools to support members in making more informed health care decisions when selecting providers for their care.

Tiering and transparency produce some powerful advantages, including:

- Lower premiums than comparable plan designs
- Members have control over their out-of-pocket costs through provider choice
- Enhanced cost containment as members make more informed health care purchasing decisions
- Consolidated plans that offer multiple levels of benefits—reducing or eliminating administration of multiple plans for employers

Updated Network, Three Benefits Tiers

The plans have three benefits tiers* for Massachusetts primary care physicians (PCPs) and acute care hospitals.



Each time members seek care from a PCP or hospital, their cost sharing is based on the tier of the provider they see. Members can control their costs by choosing providers from the Enhanced or Standard Benefits Tiers.

- **Enhanced Benefits Tier**—Lowest member cost sharing—Includes Massachusetts PCPs and hospitals that meet our quality benchmark and our benchmark for lowest cost.
- **Standard Benefits Tier**—Mid-level member cost sharing—Includes Massachusetts PCPs and hospitals that meet our quality benchmark and our benchmark for moderate cost. Also includes providers without sufficient data for measurement on one or both benchmarks. In limited circumstances, the Standard Benefits Tier includes certain providers whose scores would put them in the Basic Benefits Tier but provide geographic access for members.
- **Basic Benefits Tier**—Highest member cost sharing—Includes Massachusetts PCPs and hospitals that scored below our quality benchmark and/or our benchmark for moderate cost.

This tiering structure provides cost sharing incentives for members to choose high quality, lower cost providers when they seek care. It also delivers real choice between the tiers.

You can see the tier of specific providers in the **Find a Doctor** section of **www.bluecrossma.com**. When you search for a hospital or PCP, be sure to select the Blue Options v.2 network.

Continued …

For More Information

To get more information on the HMO Blue Options,™ HMO Blue® New England Options or Preferred Blue PPO™ Options** plans, contact your account executive or broker.

*Note: For the cost benchmarks, hospitals were measured on their individual facility's performance and PCPs were measured according to the costs their group's HMO patients incurred. Physician groups can be composed of an individual provider or a number of providers who practice together. Tier placement is based on benchmarks where measurable data is available; those without sufficient data were defaulted to the Standard Benefits Tier. Specialty hospitals were measured on cost alone for their overall tier rating. Hospitals with nonstandard reimbursement were placed in the Basic Benefits Tier.

**Available February 1, 2009

][Utilization Review Requirements Update

We originally told you in the June *IAI* about new pre-service review requirements that will be effective July 1, 2009. These new requirements include, for PPO members, pre-service review of chiropractic and physical therapy and/or occupational therapy services, beginning with the 13th chiropractic visit and the 9th physical and/or occupational therapy visit each calendar year. Because these new requirements are effective on July 1, 2009, we want to clarify that for the calendar year of 2009 the 13 chiropractic visits and the 9 physical and/or occupational therapy visits will be counted from July 1. This means that in 2009 PPO members will not need a prior approval for 12 chiropractic visits and 8 physical and/or occupational therapy visits starting on or after July 1, 2009. If you have any questions about the pre-service review requirements, please contact your broker or account executive.

][Dental Blue Maximum Rollover

Announcing an exciting new benefit for our dental plans: beginning with January 2009 renewals, all small-group dental plans (those with fewer than 51 eligible members) will now include an Accumulated Maximum Rollover benefit on their anniversary date. Large accounts will have an option to choose this benefit on renewal.

This rollover benefit allows each member to roll over a certain portion of their unused annual dental benefits to be used in a future year (when they meet specific criteria and for certain dental services). This means that beginning in 2009, eligible members can rollover unused benefits to help offset out-of-pocket costs for certain complex procedures.

Please see the Maximum Rollover fact sheet for additional information. There are limitations and restrictions on this benefit. If you have further questions, please contact your sales representative or account executive.

][Radiology Privileging Program

In an effort to increase the safety and efficacy of some procedures that treat varicose veins, Blue Cross Blue Shield of Massachusetts is implementing a new privileging requirement for our providers in Massachusetts who perform endovenous radiofrequency ablation (RFA) and laser ablation, effective April 15, 2009. This requirement is being implemented to ensure that our members receive access to appropriate treatment from providers and facilities that meet standards of care for these procedures. Providers will need to meet certain criteria to be eligible to perform these procedures. Additionally, all sites of services where the procedure is performed, including physician offices, must be accredited by either the America College of Radiology (ACR) or the Intersocietal Commission for the Accreditation of Vascular Laboratories (ICAVL).

All services must continue to meet our medical necessity criteria. If you have questions about this new requirement, please contact your account executive.

Continued …

][Blue365℠–Start Living Healthier Now

Living Healthy Means Having Healthy Choices.

When it comes to good health, great medical coverage is just the beginning. Blue365 goes beyond health insurance, to offer easy access to discounts and savings from select companies on a variety of products and services.

Blue365 is an online destination where Blue Cross Blue Shield of Massachusetts members can experience a program designed to support them as they make healthy decisions every day. Opportunities include discounts and savings on preventive services, fitness programs, and other health-related tools, products, and services that speak to their unique needs. Blue365 is available to many of the 39 independent Blue Cross Blue Shield companies and their 100 million members. This that means collective buying power and significant group savings are passed on to members. Cost savings are available from business partners and vendors in the following categories:

- Health and Wellness—fitness, diet, weight management, elective procedures, complementary and alternative medicine, stress management, and quality care resources
- Family Care—Seniorlink and other senior care advisory services, long-term care insurance, and Medicare options
- Financial Wellbeing—financial services and assessments, information about Medicare prescription drug coverage, and more
- Travel—Canyon Ranch,® Appalachian Mountain Club, BlueCare® worldwide health coverage, travel tips, and much more

All of these resources can be found at **www.bluecrossma.com/blue365**. Visit today and be introduced to a portfolio of healthy products and services that enable members to start living healthier—now. If you have any questions about Blue365, please contact your account executive.

][Complex Case Management Model Expansion

As of September 1, 2008, we expanded our complex case management model to enhance our member identification, outreach, and support. The enhanced case management model includes:

- Continual and routine monitoring to identify members with potential need for nurse case management and care coordination
- Timely identification of members so that they may more fully benefit from earlier intervention and assistance from case management nurses
- Targeted and focused interventions to facilitate efficient and complete member support through times of chronic, sudden, or episodic illness.

These enhancements are part of an ongoing initiative to provide timely and efficient identification and management of our members' health care needs. If you have questions about our case management model, please contact your account executive.

Continued …

][Knee and Spine Surgeries and Hysterectomies to Require Authorization

We are committed to improving the affordability of health care by ensuring the appropriate use of health care services. As part of these efforts, and in accordance with local and national industry standards, we will require prior authorization for the purposes of reviewing medical necessity for certain knee, spine, and hysterectomy procedures as outlined below. Effective March 1, 2009, procedures performed in an:

- Outpatient setting will require prior authorization for commercial HMO/POS products
- Inpatient setting will continue to require authorization for all products

Decisions will be based on the evidence-based 2008 InterQual criteria, which we adopted on January 1, 2008. If you have any questions about these procedures or their authorizations, please contact your account executive.

][Percutaneous Transluminal Coronary Angioplasty Will Be Considered a Surgical Day Care Procedure, Effective March 1, 2009

Percutaneous transluminal coronary angioplasty (PTCA) is a procedure typically delivered in an outpatient setting. Effective March 1, 2009, we will add PTCA to our Surgical Day Care (SDC) list as a procedure that is generally more appropriate as an outpatient procedure. Prior authorization is not required when PTCA is performed on an outpatient basis. However, if the circumstances of the individual member warrant an inpatient setting, prior authorization is required to obtain coverage as an inpatient. Authorization decisions for all inpatient services will be made using InterQual criteria (CMS criteria will be used for Medicare Advantage products.) For more information about prior authorization, please contact your account executive.

][2009 Chiropractic Services Authorization Program Updates

As you may already know, in January 1, 2008 we launched a Chiropractic Services Authorization Program for our New England Managed Care Plans (HMO Blue New England, Network Blue® New England, and Blue Choice® New England, and Blue Choice New England Plan 2). In 2009 we are making the following changes to the program:

- Effective January 1, 2009, the registration requirement will be removed from the program. Chiropractors will only have to submit requests for prior treatment authorizations for visits beyond 12.
- Effective January 1, 2009, providers will be required to submit a Functional Rating Index (FRI) score when submitting an authorization request. As you may recall, the FRI tool asks members about their current condition, including their level of pain.
- Effective July 1, 2009, this program will also include members in our PPO products. This will include all PPO members with the exception of Medicare PPO Blue℠ members and members of our Federal Employee Program (FEP).

If you have any questions about these changes, please contact your account executive.

Continued …

][Overcoming Insomnia

Over 40,000 Blue Cross Blue Shield of Massachusetts members take a prescription sleep aid to combat insomnia and other sleep disorders. Blue Cross Blue Shield of Massachusetts is now offering a new sleep disorder program called Overcoming Insomnia.

Developed by LifeOptions, Overcoming Insomnia is based on cognitive behavioral therapy (CBT), a proven, non-drug alternative for people who have difficulty sleeping. We are confident that Overcoming Insomnia will help reduce expenditures on prescription sleep aids and mitigate the perception that medication is the only way to sleep through the night.

Overcoming Insomnia will be accessible from **bluecrossma.com** and will provide engaging online assistance to Blue Cross Blue Shield of Massachusetts members seeking better sleep. During five weeks of self-directed, Internet-based sessions, members will learn to change stressful thoughts about sleep, modify behaviors that keep them awake, improve relaxation skills, and adopt new lifestyle habits.

For more information about Overcoming Insomnia, please contact your broker or account executive.

][Mail Service Pharmacy Outreach

Beginning December 2008, Express Scripts,® Inc., our pharmacy benefit manager and Mail Service Pharmacy administrator, will begin proactively contacting members who may save money on their out-of-pocket costs for their maintenance medication(s) if they switch to the Mail Service Pharmacy. This ongoing promotion program will include two letters and one automated outbound call annually. For more information, please contact your account executive.

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