

IAI

IMPORTANT ADMINISTRATIVE INFORMATION

Health Care Reform Updates	2
General Updates	7
Product/Network Updates	10
Pharmacy Management	12
Proactive Health Management	13
Technological Innovation	14



MASSACHUSETTS

JULY 2007

HEALTH CARE REFORM UPDATES

][Get Blue Plans Available Now

We are pleased to announce that individuals and small businesses can now find the Blue Cross Blue Shield of Massachusetts coverage that best meets their needs and budgets with our Get Blue family of plans. Included in the Get Blue family are our newest plans—HMO Blue[®] Basic Value, Access Blue Basic,[™] and HMO Blue Options.[™] In addition, our many other plans remain available as well.

Get Blue also provides an opportunity for employees who don't qualify for your employee-sponsored health coverage, but will be required to comply with the Massachusetts Health Care Reform law, to sign up as an individual for lower-cost plans while having the same choice of Blue Cross Blue Shield of Massachusetts products available to small businesses.

To learn more, call our Sales Team at **1-800-422-3545**, visit **GetBlueMA.com**, or contact your Account Executive or broker.

][Section 125 Plan Service Available at No Charge

Recently, Blue Cross Blue Shield of Massachusetts reached an agreement with Fiserv Health Plan Management to assist small businesses in establishing a Section 125 Premium Only plan at no charge. This no-fee service will help enable our accounts to comply with the Massachusetts Health Care Reform Section 125 provision.

To qualify, you must:

- Offer Blue Cross Blue Shield of Massachusetts medical coverage exclusively
- Purchase health coverage directly from Blue Cross Blue Shield of Massachusetts or an affiliated broker
- Have between 11 and 50 employees working at locations in Massachusetts
- Have met the criteria necessary to establish a Section 125 plan

This online service includes telephone support, and makes establishing a Section 125 plan fast and easy.

To learn more about this no-charge offering, contact your Account Executive or broker, or visit bluecrossma.com/section125.

][Health Connector Board Approves Regulations Defining Minimum Creditable Coverage

On June 5, the Connector Board approved regulations defining minimum creditable coverage (MCC) that will go into effect on July 1, 2007. Certain additional MCC requirements will become effective for plans as of January 1, 2009. We are currently assessing the full impact of these regulations on our products and accounts and will keep you informed of our progress and changes to our plans throughout the summer.

Under these regulations as of January 1, 2009 a MCC health plan must provide coverage for a broad range of medical benefits including preventive and primary care, emergency services, hospitalization benefits, ambulatory patient services, mental health services, and prescription drug coverage in accordance with at least the minimum standard set by state and federal regulations governing the plan. Health plans cannot impose an overall annual or per illness annual maximum benefit or a fee schedule of indemnity benefits for certain in-network covered benefits. The revised regulations clarify that the ban on annual benefit caps only



applies to core services such as in-patient acute care services, physician services, day surgery, and diagnostic procedures and tests. Maximum out-of-pocket spending for in-network core services would be capped at \$5,000 for an individual and \$10,000 for a family when there is an annual deductible or co-insurance for certain services. The deductible must be capped at \$2,000 for individuals and \$4,000 for families. Provided that there is a separate drug coverage deductible, it may not exceed \$250 for individuals and \$500 for families. A revision to the regulations appears to now allow employer contributions to a Health Reimbursement Arrangement (HRA) to be combined with a high deductible plan to meet the deductible maximum standard.

Residents must have coverage that meets MCC or be subject to the applicable penalty.

Blue Cross Blue Shield of Massachusetts worked with the Connector staff and provided input on the draft regulations and some of these comments were reflected in the final version. However, in general, the Connector staff and board decided not to make significant modifications to the regulations because of the many interrelated decisions they had previously reached unanimously.

][Blue Cross Blue Shield of Massachusetts Will Send “Health Care 1099s” to All Subscribers for 2007

As part of Health Care Reform, Massachusetts residents will need to prove that they are meeting the Massachusetts Individual Health Insurance Mandate by completing a new tax form that will be included with the 2007 tax return provided by the Department of Revenue (DOR). In order to complete this form, individuals will be required to transcribe data contained in a 1099-HC statement that the DOR has mandated carriers and/or employers issue to subscribers/employees no later than January 31, 2008.

This 1099-HC mandate applies to all companies regardless of size, and includes both self and fully insured accounts. Carriers are required to issue the 1099-HC for all insured subscribers in both group and direct pay plans, while ASC accounts are required to issue the statements to their employees or arrange for the carrier to provide the service.

In an effort to ensure all Blue Cross Blue Shield of Massachusetts subscribers receive the appropriate 1099-HC for 2007, Blue Cross Blue Shield of Massachusetts has elected to issue 1099-HC statements to all subscribers residing in Massachusetts by January 31, 2008 for subscribers enrolled as of December 31, 2007. This includes subscribers that work for fully insured and for self-insured employers as well as those in direct pay plans. Blue Cross Blue Shield of Massachusetts is also required to provide the DOR with the file containing the 1099-HC data sent to subscribers. There will be no additional fee for this service in 2007.

If a self-insured account notifies us that they do not want us to issue the 1099 statement, Blue Cross Blue Shield of Massachusetts will comply with their request although reserves the right to advise the employees/subscribers to request the form directly from their employer. Blue Cross Blue Shield of Massachusetts will be sending the MA 1099-HC to subscribers of all fully insured accounts without exception.

It should also be noted that the 1099-HC forms will include covered dependent information as required by the DOR mandate.

If you have questions or would like more information, please contact your Account Executive.

][Health Care Reform Seminars for Individuals

Where can Massachusetts residents go to learn more about the new Health Care Reform Law? Where can you send employees who aren't eligible for your employer-sponsored group plan to learn more about the law?

In an effort to support residents of Massachusetts in understanding Health Care Reform and what the individual mandate means to them, Blue Cross Blue Shield of Massachusetts is conducting ongoing informational seminars throughout the rest of 2007.

These seminars are geared toward individuals who will need to purchase health insurance as a result of Health Care Reform and will provide an overview of the Health Care Reform law, its effect on Massachusetts residents, as well as a discussion and review of our new Get Blue family of plans.

To find locations and dates of upcoming events and reserve a seat,* call **1-800-830-2911**.

For more information about Get Blue and other health plan options, call **1-800-422-3545** or visit our website at **GetBlueMA.com**.

*Please note: seating may be limited.

][Reminder: Special Open Enrollment for Opt-Outs

During the month of July, Blue Cross Blue Shield of Massachusetts is offering a special open-enrollment period for accounts that have employees who, in the past, have chosen to decline health coverage. This one-time open enrollment will provide an opportunity for uninsured employees who have voluntarily opted out of coverage to elect a health plan and avoid the potential individual tax penalty imposed by the Health Care Reform law.

Existing accounts with 50 or fewer employees that offer our plans to all full-time employees and decide to allow current opt-out employees to join their plans in July will be allowed to do so and will be permitted to keep the same anniversary date and current rates.

Existing accounts with more than 50 employees that offer our plans to all full-time employees and decide to allow current opt-out employees to join their plans in July will be allowed to do so and will be permitted to keep the same anniversary date and current rates, provided this new membership does not exceed the 10% threshold referenced in our Account Agreements.

Accounts that change their eligibility criteria in July (i.e., from hourly/salary, management only, etc., to all full-time employees) and request approval for the above-mentioned additional open enrollment in July will have to be reviewed and re-rated by Underwriting.

Please contact your Account Executive to learn more.

][Non-Discrimination Clause Added to Premium Account Agreement

As a result of the Health Care Reform employer premium contribution provision that goes into effect on July 1, 2007, Blue Cross Blue Shield of Massachusetts has added a non-discrimination clause to our Premium Account Agreement. This provision of Health Care Reform requires health carriers to only renew or enter into insured group health benefit plan contracts with employers that (1) offer such coverage to all full-time employees who live in Massachusetts; and (2) do not make greater premium contribution levels for higher-paid employees than the employer makes for lower-paid employees.

The new paragraph in Section 3 of the Premium Account Agreement states:

Non-Discrimination as Required Under Massachusetts Law

By accepting this Agreement, you certify that each of the benefit plans provided for under this Agreement for Massachusetts residents will be offered to all of your full-time employees who live in Massachusetts. For purposes of this provision, full-time employees is limited to that employee classification as defined by Massachusetts law or regulations (generally employees working 35 hours or more each week). You also certify that, except as permitted by law, your premium contribution percentage amount for any one full-time employee living in Massachusetts is not less than your premium contribution percentage amount for any other full-time employee living in Massachusetts who is enrolled in the same benefit plan and whose total hourly or annual salary is the same or more. (This non-discrimination provision does not apply for an employer that establishes separate contribution percentages for employees who are covered under collective bargaining agreements.) If Blue Cross and Blue Shield has a reason to believe that you are not in compliance with this non-discrimination provision, this Agreement may be subject to immediate termination as described in Section 10(e).

Accounts with an anniversary date of July 1, 2007 or later will receive a revised Agreement. This new Agreement will supersede any earlier Agreement you may have received.

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

][Changes to Underwriting Guidelines

As part of the non-group and small-group markets merger under the Health Care Reform law, and to provide greater access to our plans available to individuals and small groups, Blue Cross Blue Shield of Massachusetts has made some changes to our Underwriting Guidelines.

Starting July 1, 2007, groups of 1-50 eligible employees will now be able to enroll in Blue Cross Blue Shield of Massachusetts medical health care plans provided they contribute a minimum of 33% toward the cost of an individual or family plan and have a 70% net eligible employee participation level.

Groups that have a minimum employer contribution of 33% but don't have a 70% participation level are still able to enroll; however, they will be subject to a graduated rating load that's based on participation levels below 70%. For these cases, please contact our Sales team at **1-800-422-3545**.

][Dependent Eligibility Provisions

Provisions of the Massachusetts Health Care Reform Act include changes to the eligibility requirements for covered dependents. Dependent coverage (including newborn and adoptive children) has been extended to the earlier of either:

- age 26; or
- two calendar years after the dependent is no longer claimed on your or your spouse's federal tax return

We recently mailed notifications to our subscribers regarding this change, and requested that subscribers determine whether their currently covered dependents are still eligible. We also requested subscribers to contact their employer to remove dependents who are no longer qualified to remain covered on their plan.

Please note that the notices were sent only to subscribers in insured medical groups, insured dental groups that did not opt out of the change, and self-insured medical and dental groups, if the subscribers had at least one dependent age 18 and over.

For more information on specific questions relating to covered dependent eligibility changes, please contact your Account Executive.

][Beth Israel Deaconess Medical Center Wins Health Care Excellence Award

On April 2, Blue Cross Blue Shield of Massachusetts recognized Beth Israel Deaconess Medical Center's Department of Obstetrics & Gynecology as the first recipient of its Health Care Excellence Award.

The award, which carries a \$100,000 prize, acknowledges and supports organizations that demonstrate exceptional achievement in improving the quality and safety of health care in Massachusetts. Beth Israel Deaconess Medical Center was chosen for its groundbreaking approach to reducing medical errors in its obstetrics unit.

The medical center was honored at a conference sponsored by Blue Cross Blue Shield of Massachusetts, which brought together local and national leaders to explore critical elements for delivering reliably safe, effective health care.

Tragedy Leads to Innovative Patient Care Initiative

Following a tragic case in 2000 in which a series of errors resulted in the loss of a patient's baby, Beth Israel Deaconess Medical Center led a major reorganization of its obstetrics unit, looking outside the medical field for new ways to improve patient care.

Applying error-prevention techniques developed by the Department of Defense and Harvard's Risk Management Foundation, the obstetrics staff learned how to:

- overcome poor communication, a leading cause of medical errors,
- reorganize the delivery of care, and
- make it easier for all staff to challenge and participate in decisions about patient care.

Today, Beth Israel Deaconess Medical Center has the lowest adverse event score of any comparable tertiary hospital reporting to the National Perinatal Information Center. As a direct result of the obstetrics unit's work, there are now statewide initiatives in Massachusetts, Maryland, and the District of Columbia to introduce obstetrical team training.

Beth Israel Deaconess Medical Center will use the Health Care Excellence Award's \$100,000 prize to further its obstetrics quality initiatives.

Nominees Evaluated for Performance and Leadership

Blue Cross Blue Shield of Massachusetts received 42 applications for the Health Care Excellence Award across a broad range of health care delivery organizations. Nominees were carefully evaluated in these primary areas:

- Process improvement and care delivery—creation of far-reaching, system-wide behavior changes that reduce risk and/or achieve perfect care
- Patient experience and engagement—engagement of at-risk patients in their health care or the quality improvement process
- Innovation and leadership—improvement of the overall delivery system through trustee and/or executive leadership

Selection Committee

A committee of local and national leaders in health care delivery, business, quality, and safety evaluated the nominees and selected the winner. Its members are:

- Maureen Bisognano, EVP and COO, Institute of Healthcare Improvement
- Jack Connors, Chairman of the Board, Partners HealthCare System
- Andrew Dreyfus, EVP, Health Care Services, Blue Cross Blue Shield of Massachusetts
- Lucian Leape, Adjunct Professor of Health Policy, Harvard School of Public Health
- Sr. Mary Jean Ryan, President & CEO, SSM Health Care
- Richard Shannon, M.D., Chair, Department of Medicine, University of Pennsylvania Health System
- Frederica Williams, President & CEO, Whittier Street Health Center

Survey Reports Patients Seek Quality Data

At the conference, Blue Cross Blue Shield of Massachusetts also presented the results of a consumer survey it commissioned, which found:

- Massachusetts consumers are hungry for information to help them make educated decisions when they choose doctors and hospitals.
- In virtually every purchasing decision they make, consumers have access to a wide array of comparative information. But credible information comparing doctors and hospitals is hard to come by, if it's available at all.
- As a consequence, the survey found that adults across the state make rapid decisions in choosing doctors and hospitals, with little information to guide them, relying mostly on friends and family for recommendations.

You can download the full survey report: **Looking for Answers: How Consumers Make Health Care Decisions in Massachusetts**, by going to bluecrossma.com and go to the **About Us** section and then to **Our Commitment to the Community** and click on **Health Care Excellence Award**.

Blue Cross Blue Shield of Massachusetts is committed to collaborating with others to improve the safety and effectiveness of health care for its members and all residents of Massachusetts.

][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 (CWF), a private foundation that works toward creating a high-performing health care system.

The scorecard, sponsored by CWF'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.

][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 tests—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 RxSM 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.

][Coverage for Hypodermic Syringes and Needles

As required by state law, we now provide coverage for medically necessary hypodermic syringes and needles. All of our fully insured group and non-group medical plans, including Medex[®] and Managed Blue for Seniors,[™] are affected by this change. All fully insured and self-funded municipal (32B) plans are affected as well.

In addition, effective on and after January 1, 2008, these benefits will be added for new and renewing self-funded non-municipal accounts. These self-funded accounts will have the opportunity to opt out of this mandated change upon their renewal in 2008.

Medicare Advantage plans, Dental Plans, FEP plans, and the Medical Security Plan are not affected by this change.

For more information, please contact your Account Executive.

][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.

][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. For more information visit www.bluecrossma.com/foremployers.

][Updates Made to June Specialty Pharmacy Medication List

Recent communications informed you of our new retail specialty pharmacy network for certain medications (commonly used for oncology), which went into effect in June. We have updated the list of medications affected to reflect the following changes:

- Added Alkeran[®] (intravenous & injectable), Cyclophosphamide (intravenous & injectable), and Tykerb[®] (oral)
- Leuprolide acetate is available through Caremark, Cursascript, and SpecialtyScripts as well as Blue Cross Blue Shield of Massachusetts' fertility specialty network providers, Freedom FP, ivpcare, Inc., and Village Fertility Pharmacy
- Lecovorin calcium was removed from the oral medication list

][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 copayment 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.

PROACTIVE HEALTH MANAGEMENT

][Bariatric Surgery Survey

On June 1st, we launched a Bariatric Surgery Privileging Program, designed to help our members work with their providers to identify better options for obtaining high-quality, safe bariatric surgery treatment. As part of our efforts to continually facilitate our members' access to quality care, individuals who are authorized to receive bariatric surgery will be offered the opportunity to fill out surveys both pre- and post-surgery. The surveys will enable us to better understand the state of our members' health and the quality of care they are receiving. Please note that participation in these surveys is completely voluntary. Neither a member's answers nor choice not to participate will affect his or her benefits in any way.

To learn more about the program and to view a list of privileged facilities, visit www.bluecrossma.com, and go to **Find a Doctor** and select **Looking for Provider Quality Data** from the left column and then **Specialty Care**.

][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.



II Select Quality Care Upgrade

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 in other states charge data is from Medicare.

If you have any questions about using the **Select Quality Care Hospital Comparison tool**, please contact your Account Executive.



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