

IAI

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MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts Honors Dana-Farber Cancer Institute With 2nd Annual Health Care Excellence Award

Dana-Farber's innovative approach to patient- and family-centered care seen as industry best practice

On April 14, 2008, Blue Cross Blue Shield of Massachusetts announced that Dana-Farber Cancer Institute was selected as recipient of its second annual Health Care Excellence Award. The recognition comes with a \$100,000 award.

The award, which was created to recognize exceptional achievement in improving the safety and effectiveness of health care in Massachusetts, will be presented to Dana-Farber Cancer Institute at a luncheon sponsored by Blue Cross Blue Shield of Massachusetts that will bring together local and national leaders to explore the critical elements of increasing health care affordability through improved quality of care.

A notable panel of health experts cited Dana-Farber's patient- and family-centered care model as a best practice for engaging and empowering patients and their families in every aspect of care throughout the organization, from the bedside to the boardroom. As part of this effort, Dana-Farber has implemented team training techniques to give patients and families the permission, power, and tools to be integral and effective members of the health care team. The result: opportunities for dramatically safer, more effective care.

"One of the ways to improve our health care system is to recognize and support organizations that can guide us to exceptional achievement in creating and implementing innovative programs and partnerships," said Cleve Killingsworth, Blue Cross Blue Shield of Massachusetts' Chairman, President, and Chief Executive Officer. "Dana-Farber has transformed the delivery of care through their entire organization with their model of patient- and family-centered care, which encourages collaboration, communication, and engagement—activities that are critical to ensuring that the quality of health care in Massachusetts remains of the highest standard."

"Too often, efforts to improve quality in hospitals fail to involve patients and families," said Andrew Dreyfus, Blue Cross Blue Shield of Massachusetts' Executive Vice President of Health Care Services. "Dana Farber included the voice of patients and families in this successful model, that is not only transforming the delivery of care at Dana-Farber, but providing a blueprint for other health care delivery systems to follow."

More than 30 health care organizations throughout Massachusetts submitted nominations for the Health Care Excellence Award—part of a broad commitment by Blue Cross Blue Shield of Massachusetts to work with key stakeholders to ensure that the health care system consistently delivers safe and effective care.

The selection committee, comprised of local and national leaders in health care delivery, business, and quality and safety included the following experts: Maureen Bisognano, EVP and COO, Institute of Healthcare Improvement; Lee A. Carter, Chairman, Board of Trustees, Cincinnati Children's Hospital Medical Center; Andrew Dreyfus, EVP, Health Care Services, Blue Cross Blue Shield of Massachusetts; Lucian Leape, M.D., Adjunct Professor of Health Policy, Harvard School of Public Health; Sr. Mary Jean Ryan, President and CEO, SSM Health Care; Richard Shannon, M.D., Professor of Medicine, University of Pennsylvania; and Frederica Williams, President and CEO, Whittier Street Health Center.

][Partnership for Healthcare Excellence Launches Target Market Campaign

Building on its successful 2007 statewide campaign, the Partnership for Healthcare Excellence launched an intensive grassroots consumer education effort in New Bedford, Salem-Beverly, and Worcester. These areas were chosen for their population size, socio-economic diversity, potential for media opportunities, strong health care institutions, and community organizations.

The campaign includes local print and radio advertising (including Hispanic and Portuguese press) that encourages consumers to play a greater role in improving the quality of their care through such tactics as asking questions, checking medication labels, and being better informed.

Outreach efforts are focusing on leaders of local hospitals and community health centers, city officials, employers, and other groups. The Partnership will host discussions on such topics as medication safety and infection prevention, and participate in community events. They will also work with various groups in hospitals, community health centers, and employers to distribute information encouraging consumers to be more engaged in their own health care. More information may be found at www.partnershipforhealthcare.org.

The Partnership, supported by seed funding from Blue Cross Blue Shield of Massachusetts, is a broad-based statewide coalition uniquely focused on helping patients play a greater role in improving the quality of their health care. The Partnership believes that patients who are educated, proactive, and engaged help to improve the safety and effectiveness of health care for everyone.

]] Effective on July 1, 2009, certain Blue Cross and Blue Shield of Massachusetts Utilization Review Requirements will Change

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

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

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

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

If you have any questions about the changes to our Utilization Review Requirements, please contact your broker or Account Executive.



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

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

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

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

]] Licensed Marriage and Family Therapists

As previously communicated in the March 2008 IAI, Blue Cross Blue Shield of Massachusetts has been working with the Massachusetts Association for Marriage and Family Therapy to develop a plan to add Licensed Marriage and Family Therapists (LMFTs) to our behavioral health networks in Massachusetts. Effective for dates of service on or after May 1, 2008, covered services rendered by LMFTs in Blue Cross Blue Shield of Massachusetts’ behavioral health networks will be included under the Mental Health Benefit.

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

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

]] Limited Services Clinics

Blue Cross Blue Shield of Massachusetts Contracts with Licensed Limited Services Clinics

Limited Service Clinics are a new type of health care provider that will be available to members starting on September 1, 2008. These clinics, which are being offered in retail and other non-traditional settings, offer members increased access to care by enabling them to obtain treatment for minor ailments (such as coughs, colds, and aches) and vaccines in a location that’s convenient for them. These clinics also increase access to care by letting doctors offices focus on more intensive treatment of more serious or chronic conditions. Coverage is limited to certain approved health care services delivered at limited service clinics. The cost share that members will pay for these covered services is the same cost share that they would pay for similar services provided by a primary care provider or physician of choice. No referral or prior authorization is required. No patients under two years of age will be cared for and no preventive services or tests will be provided.

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

To find out if a specific service or clinic is covered, members can call the customer service phone number on their Blue Cross Blue Shield of Massachusetts ID card.

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

]] Chronic Care/Long-Term Care

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

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

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

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

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

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

Based on customer feedback and to provide employer groups more flexibility in adopting lower cost plans, the standard version of the following fully insured HMO Blue deductible plans and self-insured Network Blue[®] plans will change to a plan-year deductible for new sales. This change is effective September 1, 2008, and applies to the following products:

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

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

If you have questions please contact your broker or Account Executive.

Updated Tiered Network Plans Available July 1, 2008

An updated version of our Blue OptionsSM/Blue PrecisionSM family of tiered network HMO and PPO plans featuring robust cost and quality provider tiering will be available July 1, 2008, for employers with over 50 employees and beginning August 1, 2008, for employer groups with 50 or fewer employees.

This second-generation of tiered network plans offers a range of benefits and cost savings for both members and employers. Not only can they help control costs, but they also work to inform and engage employees in their health care and choice of providers. Other advantages are:

- Offers lower premiums for comparable benefits when members use preferred tier providers
- Provides benefit incentives for members to consider cost and quality of providers at the point of care
- Includes information and tools to support members in making informed decisions about providers
- Helps control costs over the long term as members utilize preferred providers
- Enables employers to offer a consolidated plan with multiple levels of benefits which can reduce administration of multiple plans for employers

Updated Network has Three Tiers

The updated tiered network plans, which initially launched last year with a two-tier structure, will have three benefit 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 Tier.

- **Enhanced Benefits Tier**—Lowest member cost sharing—Includes Massachusetts PCPs and hospitals that met our quality benchmark and our benchmark for lowest cost.
- **Standard Benefits Tier**—Mid-level member cost sharing—Includes Massachusetts PCPs and hospitals that met 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 to 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 robust tiering structure provides cost sharing incentives for members to receive care from lower cost/high quality providers.

Breakdown of providers by tier		
Tier	PCPs	Hospitals
Enhanced Benefits Tier (lowest member cost sharing)	17%	27%
Standard Benefits Tier (mid-level member cost sharing)	73%	49%
Basic Benefits Tier (highest member cost sharing)	10%	24%

*Note: For the cost benchmark, 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.

]] Psychiatric Nurse Practitioners

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

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

We will provide an update in an upcoming IAI as to the effective date of the availability of these new providers in our networks.

]] Medicare Advantage and Part D programs

As required each year, Blue Cross Blue Shield of Massachusetts has recently filed with the Centers for Medicare & Medicaid Services (CMS) to continue to offer its suite of Medicare Advantage plans and its stand-alone Part D prescription drug plan, Blue MedicareRx,SM in 2009. The Medicare Advantage plans include Medicare HMO Blue,[®] Medicare PPO Blue,SM and Blue Medicare PFFS.SM CMS approvals of our proposed rates and benefits for 2009 are expected by September. However, you may contact your Account Executive regarding information about 2009 plan options at any time.

PHARMACY UPDATES

]] September 1, 2008, Pharmacy Formulary Changes

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

1. Some medications are moving from the formulary to the over-the-counter benefit exclusion list as they no longer require a prescription
2. Institution of step therapy for certain drugs
3. Expansion of prior authorization for certain drugs
4. Some multi-source brand medications are moving to non-covered within the BlueValue RxSM formulary
5. Some medications are moving from tier 3 to tier 2

1. Medications moving to the over-the-counter benefit exclusion list

Blue Cross Blue Shield of Massachusetts excludes from coverage all prescription medications that have over-the-counter (OTC) equivalents available. These medications are available in an OTC strength, are obtainable without a prescription, and are not eligible for coverage by the plan. The following medications are being added to this list of medications and therefore benefits will no longer be available through the plan.

Affected Medications	OTC Equivalent Examples
Zaditor [®] eye drops	Alaway [™] Refresh [®] eye itch relief Zaditor [®]
Ketotifen fumarate eye drops	Alaway [™] Refresh [®] eye itch relief Zaditor [®]
GlycoLAX [®] powder and packets	MiraLAX [®] powder
MiraLAX [®] powder	MiraLAX [®] powder
Polyethylene glycol 3350 powder	MiraLAX [®] powder
VSL #3 [®] DS packet	VSL #3 [®] packet
Loperamide 2mg capsule	Immodium A-D [®] 2mg tablet Loperamide 2mg (various store brands)
Xenical 120mg capsule	Alli [®] 60mg capsule

Continued ...

2. New step therapy requirements Drugs for the Treatment Of Osteoporosis

Step:	To write a prescription for:	Prior Authorization will be granted if the member has:
Step 1	Alendronate Fosamax [®] oral solution	No prior authorization required. This medication will pay at the point of sale.
Step 2	Actonel [®]	<p>Either evidence of a Blue Cross and Blue Shield of Massachusetts paid claim or physician statement attesting that the member tried and failed treatment with:</p> <p>A Step 1 medication within the previous 180 days</p> <p>Request for Prior Authorization is not required if the member meets these requirements.</p> <p>Requests based exclusively on the use of samples will not be approved. The provider will need to submit clinical documentation explaining why the higher step drug is necessary.</p>
Step 3	Fosamax [®] tablets	<p>Either evidence of a Blue Cross and Blue Shield of Massachusetts paid claim or physician statement attesting that the member tried and failed treatment with:</p> <p>A Step 1 medication within the previous 180 days</p> <p style="text-align: center;">AND</p> <p>A Step 2 medication within the previous 180 days</p> <p>Request for Prior Authorization is not required if the member meets these requirements.</p> <p>Requests based exclusively on the use of samples will not be approved. The provider will need to submit clinical documentation explaining why the higher step drug is necessary.</p>
Step 4	Boniva [®]	<p>Either evidence of a Blue Cross and Blue Shield of Massachusetts paid claim or physician statement attesting that the member had tried and failed treatment with:</p> <p>A Step 1 medication within the previous 180 days</p> <p style="text-align: center;">AND</p> <p>A Step 2 medication within the previous 180 days</p> <p style="text-align: center;">AND</p> <p>A Step 3 medication within the previous 180 days</p> <p style="text-align: center;">OR</p> <p>A Step 4 medication within the previous 180 days</p> <p>Request for prior authorization is not required if the member meets these requirements.</p> <p>Requests based exclusively on the use of samples will not be approved. The provider will need to submit clinical documentation explaining why the higher step drug is necessary.</p>

3. New prior authorization requirements

Pregabalin (Lyrica®) #057

Medical Policy	Affected Medication	Prior Authorization Requirements
Pregabalin (Lyrica®) #057	Lyrica®	<p>Pregabalin (Lyrica) will be covered as a Tier 3 medication when it is prescribed for a diagnosis of fibromyalgia. Currently this medication is non-covered.</p> <p>Pregabalin (Lyrica) will be covered as a Tier 3 medication for other applicable diagnoses once you have demonstrated treatment failure using gabapentin. Providers will have individual consideration for instances in which gabapentin is not appropriate for treatment. Please refer to the medical policy for more information about individual consideration.</p>

4. Branded medications will periodically move to the non-covered list within the Blue Value Rx formulary as FDA approved generic versions become available.

The following brand medications are moving to the non-covered list within the Blue Value Rx formulary:

Multi-Source Brand Medication (Not Covered)	FDA Approved Generic Version of Medication
Actiq®	Fentanyl citrate
Biotussin®	Guaifenesin/Codeine
Colazal®	Balsalazide disodium
Copegus®	Ribavirin
Coreg®	Carvedilol
DDAVP® tablet	Desmopressin acetate
Depo-Testosterone®	Testosterone cypionate
Dolorex Forte®	Hydrocodone/Acetaminophen
Inderal LA®	Propranolol ER
K Effervescent®	Potassium effervescent
Parnate®	Tranlycypromine sulfate
Proscar®	Finasteride
Prosom®	Estazolam
Retrovir®	Zidovudine
Trileptal®	Oxcarbazepine
Urocit-K®	Potassium citrate
Vasocidin®	Sulfacetamide/Prednisolone
Vesanoid®	Tretinoin
Videx EC®	Didanosine
Zantac® syrup	Ranitidine hydrochloride

5. We are changing the tier level for some medications in the proton pump inhibitors therapeutic class from Tier 3 to Tier 2. This will provide members with a Tier 2 option,.

Therapeutic Class	Affected Medication	New Tier	Additional information
Proton pump inhibitors	Prevacid [®] Prevacid [®] SoluTab [™]	Tier 2	Prevacid [®] and Prevacid [®] SoluTab [™] will also move from Step 3 to Step 2 in medical policy #030. Dosing limits have not changed.

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

PROACTIVE HEALTH MANAGEMENT

][Oncology Care Support Program Expanded

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

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

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

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

][Blue Care Connection® Program Update

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

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

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

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



]] Living Healthy Babies®

At Blue Cross Blue Shield of Massachusetts, we wanted to do something special for our members who are pregnant and for those who are starting to think about having children. That's why we initiated a process to revamp our Living Healthy Babies program. The goal: make Living Healthy Babies the absolute source for expert information and resources about pregnancy. Now we are proud to unveil the new livinghealthybabies.com. It covers everything from preconception, to babyproofing, to a timeline of cognitive development for a little one's first year.

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

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

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

]] Personal Health Record

Overview

Blue Cross Blue Shield of Massachusetts is pleased to make available to all members a confidential online personal health record (PHR), accessed easily at www.bluecrossma.com through **Member Self Service**. The PHR, developed by WebMD,® organizes claims and self-reported information according to visits, conditions, medications, allergies, surgeries, immunizations, and tests, allowing members to better manage their health care.

About the Personal Health Record (PHR)

- Members access the PHR from the **MyBlueHealth™** section of the **Member Self Service** link on our website, www.bluecrossma.com
- Medical and pharmaceutical claims filed with Blue Cross Blue Shield of Massachusetts over the last two years—including procedures, conditions, and medications—are imported into the member's PHR
- WebMD safeguards the information in the PHR against unauthorized access using security technologies including firewalls, intrusion detection systems, and secure server access. The privacy statement is available on the **MyBlueHealth** section of the member website
- All imported information is translated using the WebMD Consumer Health Thesaurus (CHT) so that a commonly used term is displayed with its corresponding clinical term. Certain sensitive diagnoses (e.g., treatment of HIV and AIDS-related diseases and behavioral health disorders) are excluded from the member's PHR
- Claims that are pending, in the process of adjudication, or in dispute may not be imported

Benefits of the PHR

A complete PHR helps members become more informed and take control of their own health and wellness. Members can print a copy or share their PHR with any provider or specialist to give them a better understanding of the member's health history. Both the member and provider can make more informed health care decisions together. By using a PHR, a Blue Cross Blue Shield of Massachusetts member can:

- **Decide** what information to store, who has access to it, and under what circumstances the information may be used, subject to the terms of the WebMD privacy statement
- **Identify** potentially harmful interactions between medications, herbs, vitamins, and allergies
- **Combine** fragmented medical information from multiple sources into one secure location
- **Track self-reported lab test results** and other measurements such as weight, blood pressure, and cholesterol levels
- **Receive** immunization reminders
- **Prepare a pre-visit questionnaire** for a visit with a health care provider that will allow the member to gather more than 30 minutes' worth of information into an average seven-minute visit

How to Access the PHR

To access their PHR, a member must:

1. Call Member Service at **1-866-822-0570** and request to activate their PHR. (It will be populated with up to two years of claims and pharmacy data. The initial claims load may take from one to three weeks, but will then be updated weekly with any new claim information.)
2. Go to **www.bluecrossma.com**. Log onto **Member Self Service** with their user ID and password or initiate a registration if not already an active user. The member must be a registered user of **Member Self Service** to access the **MyBlueHealth** website.
3. Click on **MyBlueHealth** using the left-hand navigation (with the red apple icon)
4. Click on **MyBlueHealth: Online Tools for a Healthier You** (red apple icon)
5. Click on **Continue**. Click on **Personal Health Record (PHR)**

There are multiple links on this page. WebMD will send an e-mail once the claims information is available for viewing.

If you have any questions about the Personal Health Record, please contact your Account Executive.



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