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March 2012



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

IAI | LETTER

Dear Valued Customer:

Welcome. This issue of the Important Administrative Information (IAI) newsletter includes the most recent guidelines for women's preventive health services, a new opioid management program, and information on our latest plans for large group accounts, including voluntary dental, plus other noteworthy news.

Visit www.bluecrossma.com/employer/iai to learn more about any of the topics in this edition.

As always, if you have any questions, please contact your account executive.

Sincerely,



Timothy J. O'Brien
Senior Vice President
Sales Division

[IAI March 2012]

Update: Find a Doctor Tool

We've incorporated updated quality results into the Find a Doctor tool on Member Central. Now members can see how a specific doctor compares to others on a range of care measures including adult, women's care, pediatric measures, and more. Primary care providers are ranked using a star grading format.

→ Discover how quality scores can help your employees receive quality care at www.bluecrossma.com/employer/iai.

As more information becomes available, we will share updates with you on BlueLinks for Employers at www.bluecrossma.com/employer.

Expanded Prevention Coverage for Women's Health and Wellbeing

The U.S. Department of Health and Human Services has issued new guidelines that require health plans to cover the recommended women's preventive health services below without charging a copayment, co-insurance, or deductible:

- Well-women visits
- Screening for gestational diabetes
- Human papillomavirus (HPV) testing
- Counseling for sexually transmitted infections
- Counseling and screening for human immunodeficiency virus (HIV)
- Contraceptive methods and counseling
- Breastfeeding support, supplies, and counseling
- Screening and counseling for interpersonal and domestic violence

Our health plans already provide in-network coverage, without copayment, co-insurance, or deductible, for the majority of the recommended preventive health services. Effective on renewals beginning on and after August 1, 2012, health plan changes will be made to include in-network coverage, without copayment, co-insurance, or deductible, for those recommended women's preventive health services not already covered with no cost share. Coverage for all recommended preventive health services is subject to the health plan's network requirements and provisions.

Religious Institutions: Certain religious employers are exempt from covering contraceptive services. BCBSMA will administer the exemption provisions as defined by the federal government.

→ Learn more about these guidelines at www.bluecrossma.com/employer/iai.

New Health Plans for Large Group Accounts

Beginning April 1, 2012, we will be offering two new large group plan designs to complement our Access BlueSM family of plans: Access Blue New England Basic with a \$2,000 deductible, and Access Blue New England Basic Saver, a Health Savings Account (HSA) compliant plan.

These plans have been available for individual and small group sales since January and will be available to large group accounts (51+) in April.

→ For more information, contact your account executive or visit www.bluecrossma.com/employer/iai.

Essential Health Benefits Guidelines to Ensure Adequate Coverage

In December of 2011, the Center for Consumer Information and Insurance Oversight released an Essential Health Benefits (EHB) Bulletin on how to define EHB under the Affordable Care Act. The Affordable Care Act ensures that customers have access to sufficient coverage in ten basic categories.

In addition, the U.S. Department of Health and Human Services intends to propose that EHB would be defined using a benchmark approach with each state defining its own EHB.

→ For benefit categories and proposed benchmarks details, visit www.bluecrossma.com/employer/iai.

CVS MinuteClinics®: Quick, Convenient Care

We've partnered with CVS to give Blue Cross Blue Shield of Massachusetts members access to a range of simple medical treatments at CVS MinuteClinics. Members can get care at these limited services clinics, usually for the same copayment as their primary care provider and without the need for a referral.

MinuteClinics are available 7 days a week at more than 30 eastern Massachusetts CVS locations. In addition to being convenient, MinuteClinics can help reduce costly visits to the emergency room.

Access in Massachusetts

Although we have agreements with many MinuteClinic locations, some clinics and health plans may not participate yet. Before members go for services, they should:

- Visit the Find a Doctor tool at www.bluecrossma.com/findadoctor, select Find a Hospital/Facility, and choose Clinics, Limited Service for the specialty to find a participating location
- Verify that their health plan is covered at the MinuteClinic location they choose to visit (for example, participation contracts for Medicare products take longer than for other commercial products)

Access Out-of-State

Members who wish to receive covered services at an limited services clinic outside Massachusetts may only do so if the Blue Cross Blue Shield plan in that state has a contract with the clinic.

For More Information

At Blue Cross Blue Shield of Massachusetts, the health of our members is our highest priority. With MinuteClinics—as well as our 24-hour Blue Care LineSM—our members now have access to faster, more convenient, and more affordable everyday healthcare than ever.

→ To view this information online visit www.bluecrossma.com/employer/iai.

Changes to Summary of Benefits and Coverage (SBC) and Uniform Glossary Rules

New rules have been released regarding SBC and Uniform Glossary under national health care reform to help consumers receive clear and consistent information about their health insurance.

We are reviewing the final regulations to ensure all requirements are met and will keep you informed as to how these changes will impact you and our members.

→ View the key provisions at www.bluecrossma.com/employer/iai.

Change to Network Chiropractor Service Cost Share in Maine

Starting August 1, 2012, certain New England products' cost share for network chiropractor services in Maine will reflect the same cost share as those services performed by chiropractors in the rest of the New England provider network. Accounts with 100 or more enrolled subscribers will have the option to keep their current benefit amount upon renewal.

→ Learn more about this change at www.bluecrossma.com/employer/iai.

New Quality and Safety Measures in Opioid Management

Prescription opioid addiction, abuse, and unintentional overdoses are growing public health concerns. Because of these serious issues, we have developed a program to promote evidence-based, safe, high quality, opioid prescribing. Effective July 1, 2012, we will introduce an opioid management program that includes the following:

- Quality opioid management policies
- A treatment plan exploring alternative therapies
- Member-informed consent regarding the risk and benefits of opioids
- Behavioral contract to ensure appropriate access to opioids
- One prescriber group and pharmacy chain
- The appropriate use of urine drug testing

Policy guidelines include provisions for members being treated for cancer and end of life care. This change applies to all commercial products, Managed Blue for Seniors,SM and Medex[®] plans with a pharmacy benefit.

→ For specific details on opioid policies and programs, visit www.bluecrossma.com/employer/iai.

Reimbursement for Out-of-Network PPO Providers

As a reminder, on January 1, 2012 (upon renewal), reimbursement changed under our standard commercial PPO plans for covered services provided by most non-PPO participating providers (professional, ancillary, and institutional providers). This change applies to our Blue Care ElectSM and Preferred Blue PPOSM plans. Please note that this change will apply only to covered services members receive from doctors, hospitals, and other health care providers who are not part of our PPO network in Massachusetts or do not have a payment agreement with another local Blue Cross and/or Blue Shield Plan.

Reimbursement for out-of-network providers will be the lesser of the provider's actual charge or Blue Cross Blue Shield of Massachusetts' established usual and customary fee schedule for the service. The usual and customary fee schedule will be based on the standard allowance that Blue Cross Blue Shield of Massachusetts has established for its indemnity products. For instances in which the provider's actual charges are greater than the usual and customary charge, the member will be responsible for the applicable cost sharing amount based on the usual and customary fee, plus the difference between the usual and customary fee and the provider's actual charges. This change does not apply to non-participating emergency rooms, hospital-based emergency medicine physicians, or hospital-based anesthesiologists, pathologists, or radiologists. For these non-participating providers, the provider's actual charge is used to calculate a member's benefits.

Members who have used non-participating providers in the past year will be notified directly. If you have questions about any of these changes, please contact your account executive.

→ Learn more about this requirement at
www.bluecrossma.com/employer/iai.

Prior Authorization Requirement Change for Infant Formula

Blue Cross Blue Shield of Massachusetts will require prior authorization before coverage will be provided for infant formula purchased from a pharmacy with a prescription for members up to 12 months of age as of August 1, 2012. This policy applies to all commercial products with a pharmacy benefit. Coverage for members 12 months and over will continue to require prior authorization.

→ Find out more about this new policy for formula at
www.bluecrossma.com/employer/iai.