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# IAI

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MASSACHUSETTS

# HEALTH CARE REFORM UPDATES

## ][ Nurse Practitioners Contracted as Primary Care Providers, Effective March 1, 2010

Blue Cross Blue Shield of Massachusetts is now inviting nurse practitioners licensed in Massachusetts and accredited in primary care interested in becoming primary care providers (PCPs) to credential and contract with us as NPPCPs for effective dates beginning March 1, 2010.

Once credentialed, nurse practitioners who become NPPCPs will be contracted to participate in our HMO managed care, PPO, indemnity, and Medicare Advantage products. This means that:

- Members who belong to our HMO and Medicare HMO Blue<sup>SM</sup> networks will be able to choose an NPPCP as their PCP
- Members of our Medicare PPO Blue<sup>SM</sup> network will be able to choose an NPPCP as their provider of choice
- Our printed provider directories and online provider-search tool, **Find a Doctor**, will include the names and addresses of nurse practitioners credentialed as NPPCPs

If you have any questions about nurse practitioners credentialing as NPPCPs, please call your account executive.

## ][ Reducing Racial and Ethnic Disparities in Health Care

Research has demonstrated measurable differences in the care provided to people in Massachusetts based on their race and ethnicity. In the September *IAI*, we informed you of a statewide initiative, led by the Massachusetts Health Care Quality and Cost Council (HCQCC), aimed at understanding this trend.

As a representative on the HCQCC advisory committee, Blue Cross Blue Shield of Massachusetts has helped develop the regulations requiring health plans to collect race, ethnicity, and language-preference data from at least two percent of their in-state members by July 2010.

We believe that coming to a greater understanding of the racial, ethnic, and linguistic makeup of our members is an important contribution to our efforts to better serve our members. The insights generated by this survey will help shape new programs and services, and enhance our understanding of our members' need for materials translated into other languages.

We are currently conducting this survey at [www.bluecrossma.com/myinfo](http://www.bluecrossma.com/myinfo), which is also accessible through Member Central at [www.bluecrossma.com/membercentral](http://www.bluecrossma.com/membercentral).

The survey may generate questions from members. If you or your employees have any concerns about this request for this information, please rest assured that:

- Sharing this information is completely voluntary
- We will not share any information that could identify members or their families
- Keeping members' personal information confidential is protected by law
- The decision to share this racial, ethnic, or language information will have no effect on the coverage members receive from Blue Cross Blue Shield of Massachusetts
- In accordance with the law protecting patient confidentiality, data will be delivered a way such that no individually identifiable information will be shared

If you have further questions about this survey, please contact your account executive.



## ][ Recent Legislation

### The HITECH Act

The Health Information Technology for Economic and Clinical Health Act (HITECH Act) was signed into law by President Obama in February 2009 as part of the American Recovery and Reinvestment Act of 2009. The HITECH Act significantly revises existing Health Insurance Portability and Accountability Act (HIPAA) regulations. Many of the revisions do not go into effect until February 2010, but the breach notification and reporting requirements are in effect now, although they will not be enforced until February 2010. These changes impact Blue Cross Blue Shield of Massachusetts and our accounts in their respective capacities as Covered Entities and/or Business Associates under HIPAA. Please note as of the date of this statement some of the issued regulations may be in a comment period, which means they are subject to further revision, while other regulations implementing HITECH requirements are forthcoming.

In response to these changes, most notably the breach notification and minimum necessary rules, we have amended our business associate agreements with accounts and vendors. If you are an account that has a business associate agreement with Blue Cross Blue Shield of Massachusetts you should receive your revised agreement shortly for your review and execution.

We are also reviewing and revising, as necessary, our privacy and security incident response policies and procedures to ensure compliance with applicable requirements. We will continue to actively monitor the regulatory landscape for further guidance and regulations that may impact our security and privacy practices to ensure timely compliance.

### Update on the Massachusetts Data Security Law (M.G.L. c. 93H)

In August 2009, the Massachusetts Office of Consumer Affairs and Business Regulation (OCABR) revised, for the second time, the Massachusetts data security law, implementing regulations and extended the compliance deadline, for the third time, to March 1, 2010. The law requires a company that owns or licenses personal information about a Massachusetts resident to notify the attorney general, the director of consumer affairs and business regulation, and the affected resident if it knows or has reason to know of (1) a breach of security, or (2) that the personal information of a resident was acquired or used by an unauthorized person or used for an unauthorized purpose. Personal information (PI) is defined as a resident's first name and last name or first initial and last name in combination with any one or more of the following: (1) Social Security number; (2) driver's license number or state-issued identification card number; or (3) financial account number, or credit or debit card number, with or without any required security code, access code, personal identification number, or password, that would permit access to a resident's financial account.

As currently written, the data security regulations require companies that own or license PI to (1) maintain a comprehensive information security program that complies with the regulations; and (2) take all reasonable steps to verify that any third-party vendors with access to such PI are capable of maintaining appropriate security measures to protect the data, consistent with the regulations and applicable federal regulations. The regulations do not require a specific certification or separate agreement to address the Massachusetts data security law, provided that the parties have an agreement prior to March 1, 2010, which addresses protective data security measures.

Under the Massachusetts data security law, Blue Cross Blue Shield of Massachusetts is a third-party service provider for Administrative Services Contract (ASC) accounts. We want to assure our accounts and other



business partners that as currently written and as of the effective date of the regulations (1) we have implemented a privacy and security program that complies with Massachusetts data security law; and (2) we are capable of maintaining appropriate security measures to protect the data consistent with the regulations and applicable federal regulations.

Blue Cross Blue Shield of Massachusetts has a long-standing commitment to maintaining the privacy and security of personal health information. We have invested, and will continue to invest, in the resources necessary to meet our obligations under federal and state laws.

## ][ Blue Cross Blue of Massachusetts Will Mail 2009 1099-HC Forms to Subscribers by January 31, 2010

Massachusetts health care reform law requires most residents age 18 and older to have health coverage that meets minimum creditable coverage (MCC) standards set by the Commonwealth Health Insurance Connector Authority.

By January 31, 2010, Blue Cross Blue Shield of Massachusetts will issue 2009 1099-HC forms to qualifying subscribers residing in Massachusetts who were enrolled in a Blue Cross Blue Shield of Massachusetts product at any time during the 2009 calendar year.

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 fewer than 12 months, only those months that the subscriber or a dependent on the policy had fifteen (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 receive a separate 1099-HC form from that carrier. If a subscriber has a health plan that does not meet MCC standards they will receive a 1099-HC form with the “no” box checked. If a subscriber has a health plan that does not meet MCC standards they will receive a 1099-HC form with the “no” box checked.

Individuals will be required to transcribe the information from their the 2009 1099-HC form to their annual state income tax filing statement, provided by the Massachusetts Department of Revenue (DOR). Any dependents who will be filing a separate 2009 state tax return will also need this information to complete their filing. The 2009 1099-HC may be photocopied. Subscribers do not need to contact Blue Cross Blue Shield of Massachusetts to request additional forms. Please refer to the 2009 Massachusetts DOR filing instructions or visit [www.mass.gov/dor](http://www.mass.gov/dor) for specific instructions on how to transfer this information to the 2009 1099-HC form.

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

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

Members who have questions may visit [www.bluecrossma.com/1099hc](http://www.bluecrossma.com/1099hc) or call Member Service at the toll-free number on the front of their member ID card.

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



## ][ Blue Cross Blue Shield of Massachusetts Presents Third Annual Health Care Excellence Award

Blue Cross Blue Shield of Massachusetts has named Health & Education Services, Inc., (HES) the winner of the third annual Health Care Excellence Award for its Health Access and Integration Program (HAIP).

HES, a large community-based behavioral health care network in northeastern Massachusetts, has spearheaded groundbreaking work in the integration of primary and behavioral health care since 2002. By integrating a nurse practitioner (NP) in the mental health outpatient setting, HES's initiative reduces the health disparities facing people with a serious mental illness and increases access to routine primary care for this population by 70 percent.

The award to HES carries a \$100,000 prize. HES plans to use the money to expand its initiative in several different service models, including outpatient clinics, day treatment programs, community support centers, and a planned assisted-living complex for older adults with serious mental illness.

### Finalists Recognized

Blue Cross Blue Shield of Massachusetts also recognized two other applicants as finalists this year:

**EMC Corporation**, the employer finalist, is one of the world's top 10 product technology companies, so it knew it had the power to address its rising health care costs. Through its health management program, Driving Partnership in Health, EMC engaged its U.S. workforce and their families in how individual behaviors, choices, and attitudes influence health care expenditures, waste, and overall outcomes. In doing so, EMC has gone beyond what is normally considered the core competency of employers by using data, incentives, and education to reduce health care expenses, rather than pushing those costs on to its employees.

**The Visiting Nurse Association of Middlesex-East**, the provider finalist, was recognized for reducing its rates of rehospitalization from 29 percent to 17 percent—the lowest in the state. The reduction was achieved through a combination of patient education, an increase in clinician visits to patients with chronic diseases, and the deployment of home monitoring solutions for these patients.

For more information, including a video of **HES's Health Access and Integration Program**, go to [www.bluecrossma.com/employer](http://www.bluecrossma.com/employer).

“The HES Health Access and Integration Program will serve as an inspiration and model for other institutions that offer both behavioral and physical health services and will help improve the health of patients with serious mental illness while reducing the cost of caring for these patients.”

—Cleve Killingsworth, president, chairman, and CEO, Blue Cross Blue Shield of Massachusetts

# GENERAL UPDATES

## ][ Provider Pass-Through Billing Policy

To improve the quality and affordability of health care, we are working to reduce or eliminate the overuse, underuse, and misuse of health care services.

As part of this effort, we recently communicated a reminder to health care providers (i.e., hospital and ancillary groups, provider groups) that their Blue Cross Blue Shield of Massachusetts Provider Agreement prohibits them from billing for services not rendered directly by them, but instead by a third party, at their contracted rate. This billing for services a provider did not provide is commonly referred to as “pass-through billing.”

Pass-through billing defers some services to less costly settings, but bills Blue Cross Blue Shield of Massachusetts at the higher rates of reimbursement negotiated by the providers. This practice, though prohibited, is widespread and wasteful. We expect savings through this initiative by holding providers to this requirement of their Provider Agreement. This is just one of the ways that we are working to ensure that our members get the right care, for the right amount, at the right time, in the right place.

If you have any questions, please visit [www.bluecrossma.com/quality](http://www.bluecrossma.com/quality) or contact your account executive.

# PRODUCT/NETWORK UPDATES

## ][ Value-Based Benefit Riders: An Innovative New Option for Employer Groups with More Than 50 Employees

Blue Cross Blue Shield of Massachusetts is pleased to introduce our new value-based benefit riders for insured and self-insured employer groups with more than 50 employees, effective January 1, 2010.

Value-based benefit riders represent an important new option for employers to help manage costs over the long-term and help keep employees healthier. By enhancing traditional PPO and HMO plans with value-based benefit riders, which reduce or eliminate copayments for certain chronic disease medications, diabetic monitoring care, and routine care, employers can encourage their employees to take their medications as prescribed, follow treatment plans, get timely preventive care, and form stronger relationships with personal physicians, all of which are important to controlling costs over the long-term. For example, research indicates that a combination of lower prescription copays, health education, and support can result in up to 15 percent more members becoming adherent to chronic disease treatment plans (among those previously considered out of compliance) in just the first year. This lowers the risk of future complications and hospitalizations, and could reduce claims by up to \$628 in the second year and \$924 in the third year for a diabetic member who is newly compliant with a drug regimen.

To maximize member engagement, we support our value-based benefit riders with comprehensive member education, reminders, and decision-support tools. These tools help members become more informed consumers of health care, choose the best option for their situation, and make healthier decisions.



Employers with more than 100 employees can integrate value-based benefit riders into many PPO and HMO plans as part of a long-term health management strategy. For smaller employers with 51 to 99 employees, value-based benefit riders are available on PPO and HMO deductible plans.

For more information on these new options, please contact your account executive.

## ][ Benefit Enhancements to Dental Blue<sup>®</sup> Plans

Blue Cross Blue Shield of Massachusetts announces two exciting benefit enhancements to Dental Blue plans. Beginning April 1, 2010, for new groups and on anniversary for existing accounts, Dental Blue plans will offer coverage for composite resin restorations (white fillings) on all teeth and all surfaces and expand our Enhanced Dental Benefits program for members with oral cancer.

Dental Blue previously covered white fillings on front teeth and one-surface white fillings on back teeth. Multiple-surface white fillings on back teeth were paid as an alternate benefit. This new benefit will offer standard coverage for multiple-surface white fillings on any tooth.

Due to the success of our Enhanced Dental Benefits program for our Dental Blue members with diabetes, coronary artery disease, or those who are pregnant, we are expanding the program to offer outreach and additional benefits for our Dental Blue members with oral cancer. Members enrolled in the program with a diagnosis of oral cancer will be eligible to receive cleanings or periodontal maintenance and fluoride treatments every three months, and oral cancer screenings every six months.

Dental Blue is proud to offer these new benefits for the benefit of our members' health and wellbeing.

## ][ Plans Closing

The following products will be closed for new sales to employer groups with fewer than 50 eligible employees and for individuals with effective dates on or after April 1, 2010:

- Access Blue<sup>SM</sup> Enhanced Value
- Access Blue Value Plus
- Blue Care Elect<sup>SM</sup> Value Plus
- Blue Care Elect 90 with Copayment
- Comprehensive Major Medical \$500

Individuals and employer groups currently enrolled in these products may continue to renew their coverage.



## ][ Medicare Plan Changes, Effective January 1, 2010

Effective January 1, 2010, employer/union sponsors and retirees can expect significant changes to Medicare Advantage plans and minor changes to Medicare prescription drug plans. Our Medigap plan options will continue to be offered without modifications in 2010. We will work closely with employer/union sponsors to determine the appropriateness of plan renewals. Medicare plan changes include:

### Medicare Advantage Plans

- Medicare HMO Blue coverage changes and premium increases, estimated at 55% on average
- Blue Medicare PFFS<sup>SM</sup> plan cancellations, effective December 31, 2009
- New Medicare PPO Blue standard medical plan design, similar to Blue Care Elect Preferred<sup>SM</sup> 90 with Copayments

Members have begun receiving related information, as early as October 31, 2009, in accordance with federal requirements.

### Prescription Drug Plans (PDP)

- Blue MedicareRx<sup>SM</sup> coverage changes include annual updates to the standard Part D coverage gap and catastrophic coverage threshold amounts
- Plan options remain the same for 2010 except for annual updates to all tier plan options to match those plans offered in the nongroup segment

Members started to receive renewal information in late November/early December.

## TECHNOLOGY UPDATES

## ][ Get Ready for a New Personalized Online Experience—It's Never Been Easier for Your Employees

Coming soon! The new online experience at [www.bluecrossma.com](http://www.bluecrossma.com)—**Member Central**. Designed with your employees in mind, Member Central delivers personalized information and member resources in one online location.

### It's Personalized

**Your employees can put the power of Member Central to work for them.** When your employees create an account they will get immediate, secure access to their personal claims information, the tools and transactions they use most often, and information that is relevant to them.





## It's Easy

**Access to personalized information has never been so simple.** In just a few minutes, employees can create an account and start enjoying Member Central's clean, user-friendly design, which allows them to quickly find what they're looking for. It's simple to choose a primary care provider, request a new ID card, and check the status of their claims.

## It's Secure

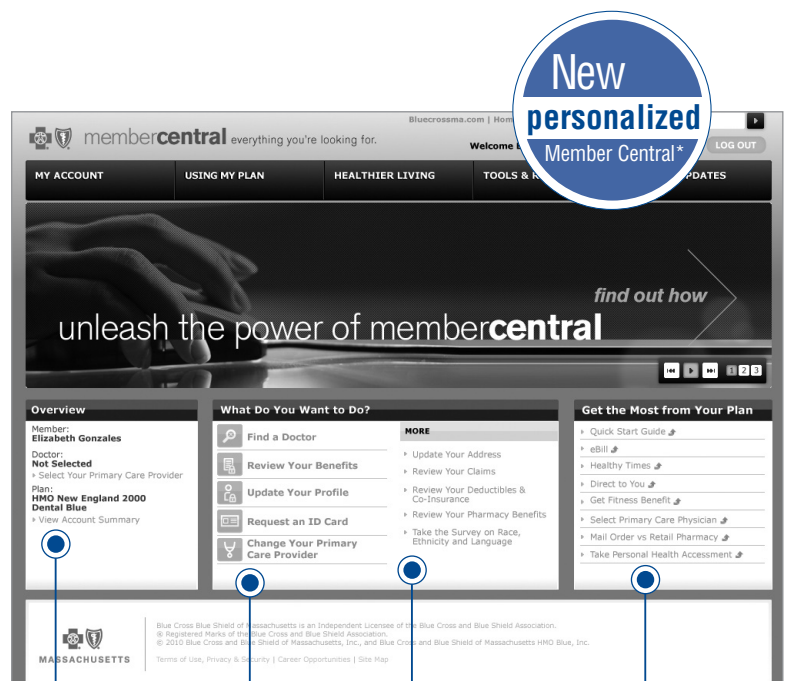
**Your employees' account and personal health information is protected.** Your employees can enjoy peace of mind knowing that their plan information is safe with our secure registration process and sophisticated online security.

## It's All in One Place

**Your employees' plan information is available anytime they need it.** Whether they want to learn more about how their coverage works, need to update their address, or are ready to explore our member wellness programs and discounts, they can quickly find what they're looking for at Member Central—whenever they need it.

## Get a Sneak Peek Today

The new Member Central will be launching in early 2010, but in the meantime, you can preview the new site and sign up for an email alert notifying you when it's available by visiting [www.bluecrossma.com/employers](http://www.bluecrossma.com/employers) today. Check it out and be among the first to take advantage of the power of the new Member Central.



View account summaries

The most common transactions are readily available

Review claims, deductible, and co-insurance status (if applicable)

Get personalized plan alerts and take the Health Assessment to start getting healthier

\* Content is for illustrative purposes only and does not represent an actual member's account.



## ]] Quality Scores Added to Find a Doctor

We are proud to announce the inclusion of quality scores into the **Find a Doctor** tool, a feature that gives your employees the opportunity to quickly see how their primary care providers compare to other PCPs based on data for services and conditions, including:

Adult Measures		
Women's Care	Diabetes Care	Asthma
<ul style="list-style-type: none"> <li>• Cervical cancer screening</li> <li>• Breast cancer screening</li> </ul>	<ul style="list-style-type: none"> <li>• Diabetic eye exam</li> <li>• Blood sugar control</li> <li>• Cholesterol level screening</li> <li>• Monitoring for diabetic nephropathy</li> </ul>	<ul style="list-style-type: none"> <li>• Adult medication management</li> </ul>
Pediatric Measures		
Well Child/Adolescent Visit	Asthma	
<ul style="list-style-type: none"> <li>• 25 months–6 years</li> <li>• 12–17 years</li> </ul>	<ul style="list-style-type: none"> <li>• Pediatric medication management</li> </ul>	

Provider quality scores are represented by 1 to 4 stars as follows:

- Excellent performance = ★ ★ ★ ★
- Very good performance = ★ ★ ★
- Good performance = ★ ★
- Fair performance = ★

By adding this functionality to **Find a Doctor**, we are empowering our members to engage in Quality = Affordability in a way that directly affects the quality of the care they receive. Experience the value of this new feature today by checking your own provider's quality scores at [www.bluecrossma.com/findadoctor](http://www.bluecrossma.com/findadoctor). To learn more about Quality = Affordability, visit [www.bluecrossma.com/quality](http://www.bluecrossma.com/quality) today.



# PHARMACY COVERAGE UPDATES

## ][ \$9 Generic Medications Now Available for 90-Day Supplies

We are excited to announce that certain generic medications now cost only \$9 for a 90-day supply when the prescription is filled through the Express Scripts mail service pharmacy. This supports our ongoing commitment of encouraging the use of the most cost-effective, high-quality care, which includes the use of generic medications whenever possible. The use of a generic medication provides savings for both employers and members. A list of the \$9 generic medications can be found at [www.bluecrossma.com/pharmacy](http://www.bluecrossma.com/pharmacy).

With this new low rate, our members will never pay more than \$9 for a 90-day supply of these medications filled by the Express Scripts mail service pharmacy, even if their pharmacy copayment is higher. When the member pays the entire cost of the medication, there is no additional cost to the employer. In the event a member's pharmacy copayment is less than \$9, the member will continue to pay the lesser amount and the plan will be responsible for the difference.

Beginning in February 2010, Express Scripts, Inc., will begin mailing letters to certain members who are taking one or more of these generic medications and can save by switching to the mail service pharmacy. This applies to health plans with pharmacy benefits, including Medex and Managed Blue for Seniors,<sup>SM</sup> but it does not apply to Medicare HMO Blue and Medicare PPO Blue plans.

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

## ][ Preferred Home Infusion Therapy Provider Network

Blue Cross Blue Shield of Massachusetts has created a preferred home infusion therapy (HIT) provider network for specific specialty pharmaceuticals and therapeutic classes. The goal of the preferred HIT network is to streamline the delivery of certain specialty drugs, related products, and nursing services in a cost-efficient manner for the treatment of the following therapeutic classes:

- Enzyme replacement therapy
- IVIG therapy
- Hemophilia replacement therapy
- Pulmonary arterial hypertension (PAH) therapy

Accredo,<sup>SM</sup> Caremark, and Coram<sup>TM</sup> have been chosen as preferred HIT providers. Use of the preferred HIT provider network is voluntary.

Blue Cross Blue Shield of Massachusetts will communicate the selection of these preferred providers to the provider network in the coming months.

## ][ New Oncology Pharmacy Provider

As of January 1, 2010, OncoMed will join the Blue Cross Blue Shield of Massachusetts designated retail specialty pharmacy network. OncoMed is an experienced oncology pharmacy provider, specializing in the coordination, dispensing and delivery of medications used in the treatment of oncology. Founded in 2003, OncoMed provides services to both physicians and members in all 50 states





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