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# IAI

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MASSACHUSETTS

# HEALTH CARE REFORM UPDATES

## ]] Children's Health Insurance Program Reauthorization Act

On February 4, 2009, the Children's Health Insurance Program Reauthorization Act of 2009 was signed into law. It expands federal laws governing state Children's Health Insurance Program (known as CHIP programs).

The new legislation includes special enrollment rights for individuals to enroll in an available employer group health plan either: (1) when they become eligible for premium assistance through a state Medicaid or CHIP program; or (2) when they lose coverage under a state Medicaid or CHIP program.

### Key Requirements Related to Special Enrollment Rights

- Individuals must request the special enrollment from their employer not later than 60 days of either (1) the date the individual becomes eligible for premium assistance through the state Medicaid or CHIP program; or (2) the date the individual loses coverage under the state Medicaid or CHIP program.
- Employers are required to provide written notice to their employees of their rights under these new provisions and to disclose certain health plan information to the state upon request.

### What Blue Cross Blue Shield of Massachusetts Is Doing to Support This Change

As of April 1, 2009, Blue Cross Blue Shield of Massachusetts began honoring account requests to enroll members who are entitled to special enrollment rights under this new federal law.

- Accounts should submit enrollment requests for these special enrollment situations using the current process for enrolling new members.
- Enrollment requests should include written documentation confirming the date the individual becomes eligible for premium assistance or loses coverage under a state Medicaid or CHIP program.
- Requests to add members as a result of these qualifying events must be received within 90 days of the qualifying event (or within other time frames as permitted by the employer's account agreement or member's benefit design).
- Subscriber certificates and benefit descriptions will include language about these new special enrollment rights as of the employer's account renewal date, beginning on or after October 1, 2009.
- For individuals covered by a group health plan and a Medicaid or CHIP program, Blue Cross Blue Shield of Massachusetts will continue to make the group health plan the primary payer.

We will share additional information with you as it becomes available.

**Please note:** This article is for informational purposes and does not contain legal advice. Employers may wish to speak with their own legal counsel to ensure their compliance with requirements under this new law.



## ][ Health Insurance Responsibility Disclosure Amendments

As you may be aware, the Massachusetts Executive Office of Health and Human Services (EOHHS) has made several changes to the Health Insurance Responsibility Disclosure (HIRD) form, effective April 1, 2009. The HIRD form has been updated to eliminate information that the Division of Health Care Finance and Policy deemed unnecessary and added new questions regarding employer disclosures. Below is a brief summary of the changes to the HIRD requirements:

- Employer HIRD forms are now due at the same time as the Fair Share Contribution filings. For some employers this means that they are limited to submitting one employer HIRD report per year.
- In designating whether an employer has 11 or more full-time employees, the determination is now based on quarterly payroll hours rather than annual payroll hours.
- Employers are required to report new information, including details about the employer's full-time criteria and whether the employer collects employee HIRD forms from employees who decline to participate in the group health plan or Section 125 plan.
- Employers are required to collect signed employee HIRD forms if they have either 5,500 payroll hours in any quarter or 22,000 payroll hours in a year.

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

## ][ Quality = Affordability

At Blue Cross Blue Shield of Massachusetts, we believe the most promising way to slow rising health care costs is to improve the quality, safety, and effectiveness of the health care our members receive. It's an approach we've summarized in a simple equation: Quality = Affordability. We believe that better care will lead to more affordable care, and we are working on a number of initiatives designed to reach that solution. We view this work as essential to fulfilling the promise we've made to our members: to always put their health first.

### Our Quality = Affordability Strategy

Our efforts to improve the quality and affordability of health care focus on four key areas: payment reform, improving the quality and effectiveness of care, empowering our members, and investing in the community.

#### Payment Reform

We believe improving the quality of care must begin with changes in the way insurers reimburse doctors and hospitals. The current fee-for-service reimbursement system is not working. It creates incentives for doctors and hospitals to use more services than appropriate, but does not offer providers the right incentives to strive for the best clinical outcomes. The Alternative Quality Contract, Blue Cross Blue Shield of Massachusetts' new contract model, offers doctors and hospitals the opportunity to earn significantly higher payments based on health care quality, while at the same time moderating cost increases for employers and members. In 2009, several physician groups and hospitals have partnered with us under this innovative new contract, which is designed to improve the quality of care our members receive while cutting current medical cost trends.

#### Improving the Quality and Effectiveness of Care

We are working with doctors and hospitals to address the overuse, underuse, and misuse of health care services that don't improve the quality of a patient's care, but do add significant unnecessary cost to the system.

##### Overuse

We are expanding the reach and impact of our evidence-based utilization management (UM) programs to address the overuse of procedures, such as knee arthroscopies, back surgeries, and joint replacements. To encourage the use of less expensive generics over brand-name drugs, we are enhancing our pharmacy formulary and step-therapy programs. We are also sharing information about practice pattern variation to help providers identify areas for improvement. Additionally, we have created a number of network, member education, and 24-hour clinical access programs to reduce the volume of non-urgent emergency room visits.

##### Underuse

Using health care services infrequently can jeopardize members' health. To mitigate the risk of underuse, Blue Cross Blue Shield of Massachusetts is enhancing our care management programs to help members better manage chronic illnesses, improve their health, and navigate the health care system. We are removing barriers to care, thereby increasing the likelihood that diseases are diagnosed early when treatment is most effective and least costly. And we have a range of programs that promote behaviors aimed at reducing the onset of diseases that are exacerbated by unhealthy lifestyle habits.



### Misuse

To moderate the misuse of health care services, we are communicating with members and providers to increase the use of generic medications when there is no proven added clinical benefit to their more expensive brand-name counterparts. We are also developing programs to incent members to get clinically equivalent services in the most appropriate location. And we are providing members with access to convenient, high-quality urgent care services as an alternative to expensive emergency room visits.

### Empowering Our Members

The single most important thing members can do to ensure that they receive safe and effective care is to take an active role in their health and wellbeing. We provide our members with innovative tools, products, and resources that help them find high-quality, safe, and cost-effective health care. Using this information to guide decision-making may help members stay healthier and recover more quickly when they become sick. Our tiered-network plans are designed to promote member engagement, offering significant financial incentives when members seek care from a doctor or hospital that delivers high-quality care at the lowest cost.

### Investing in the Community

We continue to invest in community-based initiatives focused on improving the quality, safety, and effectiveness of health care services. These investments have ranged from financial incentives for hospitals and physicians, to contributions to the Massachusetts eHealth Collaborative and the eRx Collaborative, and funding of the Partnership for Healthcare Excellence, among others.

### A Changing Blue Cross Blue Shield of Massachusetts

As we strive to realize our goal of a high-quality, affordable health care system, Blue Cross Blue Shield of Massachusetts is doing its part to find new efficiencies in the way we run our business. This includes restructuring departments, implementing process improvements, and adopting and deploying advanced technology and information systems.

### Quality = Affordability Now

Quality = Affordability offers the greatest hope of delivering on the promise of safe, effective, affordable health care. Together, with the help of employers, brokers, members, and government, we can transform the way health care is delivered and paid for.

## ][ MyBlueHealth<sup>SM</sup>—Embrace Change

Blue Cross Blue Shield of Massachusetts recently unveiled an enhanced version of MyBlueHealth, our comprehensive wellness solution, which includes an expanded suite of easy-to-access online programs available at [www.mybluehealthma.com](http://www.mybluehealthma.com). MyBlueHealth delivers a robust platform with a wide array of support services to help your employees set and reach their personal wellness goals and help you manage health care costs, improve productivity, and lead your employees to healthier decisions.

Through a combination of in-house consultative expertise<sup>†</sup> and tools designed in collaboration with respected partners, we can work together to engage your workforce and help deliver outcomes worth celebrating.



The MyBlueHealth enhancements include an expanded suite of online programs, including a new Health Assessment, interactive exercise demonstrations to ensure proper technique and form, and health coaching. MyBlueHealth also features customized fitness, nutrition, and health improvement plans, telephonic coaching, social networking communities, tracking tools, reporting capabilities, onsite wellness activities, offline solutions, and wellness program promotion and engagement strategies—all designed to help your employees adopt healthier behaviors and support your corporate health and wellness goals.

To learn more about MyBlueHealth, contact your account executive or visit [www.mybluehealthma.com](http://www.mybluehealthma.com).

For an additional fee, employers may arrange for employees who are not Blue Cross Blue Shield of Massachusetts members to have access to [www.mybluehealthma.com](http://www.mybluehealthma.com), so that all employees can participate in getting and staying healthy.

† Wellness consulting available for employers with 51 or more subscribers.

## ][ Medication List: A Daughter's Story

As the Partnership for Healthcare Excellence enters its second year of a campaign to educate and engage consumers in improving the safety and effectiveness of their health care, they are releasing a series of videos that speak to the critical importance of patient engagement.

The first video, *Medication List*, features Blue Cross Blue Shield of Massachusetts Senior Vice President Dana Safran. In the video, Dana explains how her mother began carrying a list of medications with her long before anyone was talking about the importance of patient involvement in health care. Being “way ahead of her time” proved critical when Dana’s mother suffered a stroke. Dana’s mother’s list of medications—along with information on frequency of dosages—helped doctors provide her with proper health care when she needed it most.

Other videos that are being released on the Partnership’s website and on YouTube™ feature patients sharing stories about how they helped to improve the safety and effectiveness of their care by taking simple, tangible steps. Physicians talk about the importance of asking questions and explain how to best prepare for a doctor’s visit or surgery (one video on this topic is also available in Spanish) and in another video, a CVS pharmacist discusses the key points of medication safety.

These videos are designed to underscore the importance of individuals taking an active role in their health care and partnering with their provider, which can be achieved through simple steps. To watch the videos or learn more, visit [www.partnershipforhealthcare.org](http://www.partnershipforhealthcare.org) or [www.youtube.com/user/healthcareexcellence](http://www.youtube.com/user/healthcareexcellence).

The Partnership for Healthcare Excellence, supported in part by 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 educating patients to be informed, active, and engaged is one of the best ways to improve the safety and effectiveness of health care for everyone, which will in turn help to slow rising health care costs.



## ][ Federal Mental Health Parity Law Update

The federal Emergency Economic Stabilization Act of 2008, which included the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (Mental Health Parity Act), was signed into law in October 2008. This Act requires that group health plans and group health insurers that provide both physical and mental health/substance abuse benefits ensure that financial requirements and treatment limitations applicable to mental health/substance abuse disorder benefits are no more restrictive than the predominant financial requirements and treatment limitations placed on physical benefits. In general, this law applies to employers with more than 50 employees, regardless of financial arrangement.

- **Coverage of these mental health benefits will be updated upon renewal**, starting with October 1, 2009 renewals.
- **Benefit changes apply to insured and administrative service contract (ASC) group health plans, except group accounts with 50 or fewer employees**, dental and vision plans, non-group plans, and student health plans offered by schools.
- **Deductibles, co-insurance, copays, and out-of-pocket expenses** for mental health and substance abuse disorder benefits will be no more restrictive than those for medical/surgical benefits.
- **Treatment limits**, such as frequency and number-of-visit limits, and coverage days will be no more restrictive than those for medical/surgical services.
- **Plans that provide out-of-network benefits** for medical and surgical services will also provide out-of-network benefits for mental health and substance abuse disorders.
- **Medical management processes will continue.**

## ][ Employer-Sponsored Enrollment Clarification

The Centers for Medicare and Medicaid Services (CMS) has issued guidance clarifying its policy on employer-sponsored enrollments in employer group Part D plans. The clarification states that employer group plans offered through a stand-alone Part D plan may only enroll Part D eligible retirees. Those Medicare beneficiaries that are actively working are precluded from enrolling in a stand-alone employer-sponsored Part D plan.

As you may be aware, Blue Cross Blue Shield of Massachusetts currently requires all groups with fewer than 20 employees to enroll working members over age 65, who are eligible for Medicare, in an employer group Medicare plan. Effective July 1, 2009, eligible beneficiaries in these groups will still be required to enroll in a Medicare plan, but any actively working beneficiaries will not be able to enroll in an employer-sponsored stand-alone Part D plan.

The following changes will take place due to the CMS guidance:

1. As of July 1, 2009, groups with fewer than 20 employees will no longer be able to enroll actively working Medicare beneficiaries in an employer-sponsored Blue MedicareRx<sup>SM</sup> plan, our Medicare prescription drug plan. This guidance only applies to Blue MedicareRx employer-sponsored plans; other employer group Medicare plans are not affected. This does not apply to any Medicare beneficiary in our direct-pay prescription drug plans who does not receive employer contributions for his or her prescription plan.

2. On August 1, 2009, Blue Cross Blue Shield of Massachusetts will be required to have transitioned all existing Medicare beneficiaries who are actively working and enrolled in an employer-sponsored Blue MedicareRx plan to a new plan.

This guidance and the proposed changes above are subject to change based on additional CMS clarification to Part D plan sponsors.

For more details on the CMS ruling, please visit the CMS website at [www.cms.hhs.gov/manuals](http://www.cms.hhs.gov/manuals). For information on alternative prescription drug plan options, please contact your account executive.

## ][ Enhanced Subscriber Submit Claim Form

In an effort to simplify claim submissions for our members, we have created a new Subscriber Submit Claim Form. Changes to the form include:

- Simplified instructions
- Fewer fields for members to complete (no need to transcribe receipt information onto the form)
- A clean, easy-to-read design
- An example of required information from the provider (itemized bill)

We are confident that this new form will make the claims process more efficient and easier for our members. To view the enhanced Subscriber Submit Claim Form, visit the **Forms & Brochures** section of [www.bluecrossma.com/employer](http://www.bluecrossma.com/employer) and select **Employee Administration**.

## ][ Claims Investigation Changes

As part of Blue Cross Blue Shield of Massachusetts' Project Affordability initiative, our Other Party Liability (OPL) team will be changing the way it investigates health claims, beginning in late summer 2009.

OPL investigates claims through letters of inquiry sent by its vendors, Accent and Healthcare Recoveries.<sup>®</sup> Currently, if a member does not respond to any of the letters, the claim stands as paid. Under the new OPL workflow, if a member does not respond to any of our inquiries, OPL will rescind payment on the claim in question. Once a member responds with the requested information, the claim will be processed according to the subscriber's certificate.

This change to the way OPL investigates claims will ensure that Blue Cross Blue Shield of Massachusetts is paying claims correctly and not paying claims that are the responsibility of another insurer. If you have any questions or comments regarding this change in process, please email [BCRadvantage@bcbsma.com](mailto:BCRadvantage@bcbsma.com).

## ][ Michelle's Law

As a result of the passage of federal bill HR 2851, Michelle's Law, Blue Cross Blue Shield of Massachusetts is making changes to our eligibility provisions for our fully insured and self-insured accounts, effective October 1, 2009.

Beginning October 9, 2009, a student who qualifies as an eligible dependent under a subscriber's policy who takes a leave of absence from a post-secondary school for a medical reason, may be eligible to remain enrolled under the subscriber's group contract. This continued coverage will be provided only when the student takes





a medically necessary leave of absence (or he or she experiences any other change in enrollment status that would impact his or her eligibility for coverage) due to a serious illness or injury. The attending physician must certify this in writing. In this case, the child will continue to be covered until one year from the date the leave of absence begins or until the date on which the coverage would otherwise end, whichever comes first.

Employers will continue to be responsible for validating all dependent coverage status changes, including medically necessary leaves. For administrative service contract (ASC) accounts that currently participate in the annual student recertification program, Blue Cross Blue Shield of Massachusetts will incorporate the requirements of this law into the current process.

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

## PRODUCT/NETWORK UPDATES

### ]] Product Portfolio and Benefit Design Updates, Effective October 1, 2009

As part of our ongoing effort to improve the quality and affordability of the health care that our members receive, effective October 1, 2009 we are instituting several changes to our standard plan designs and have introduced one new plan option. Please review the enclosed Product Portfolio and Benefit Design Updates brochure and the Standard Plan Design Changes chart for a detailed overview of the changes.

If you have any questions about the plan changes or new plan option, please contact your account executive.

### ]] PPO Out-of-Network Reimbursement Update

Effective October 1, 2009, out-of-network coverage for non-preferred physicians and other covered non-preferred professional providers for our Blue Care Elect<sup>SM</sup> and Preferred Blue PPO<sup>SM</sup> plans will change. This change will affect new sales and existing PPO customers on renewal dates on and after October 1, 2009.

This change will include the application of a usual and customary fee schedule for providers in Massachusetts. The fee schedule will apply when a member in one of these plans receives services from a Massachusetts provider that is not part of our PPO network. Beginning October 1, 2009, claim payments for most non-preferred physicians and other covered non-preferred professional providers in Massachusetts will be calculated based on Blue Cross Blue Shield of Massachusetts' standard indemnity fee schedule or the provider's actual charge if it is less than the fee schedule. In instances in which a provider's charges are greater than the standard indemnity fee schedule, the member will be responsible for the difference, plus any applicable cost-sharing amount.

This change will not affect claim payments for services received outside of Massachusetts. If a member receives services from a provider outside of Massachusetts who does not participate with the local Blue Cross Blue Shield plan, Blue Cross Blue Shield of Massachusetts will make claim payments based on the provider's charges.



## ][ Online Billing

Blue Cross Blue Shield of Massachusetts has started enrolling insured accounts into eBill, our secure online billing tool. eBill can help you to dramatically reduce the paperwork associated with health, dental, and other insurance invoices and allows you to:

- Make online payments at no charge
- Set up recurring debits from your bank
- Sort and export invoices as Excel and/or PDF files
- Access reporting tools as well as an 18-month archive of your invoices and payments
- View and manage multiple invoices
- Manage/limit user permissions and access, and offer simultaneous multi-user access
- Stop your paper invoices and “go green”

Getting started couldn't be easier. Just send an email to [paymentinquiry@bcbsma.com](mailto:paymentinquiry@bcbsma.com) that includes the following information:

- Your name
- Phone number
- Email address
- Account name
- Group number(s)
- Billing address

You will receive a username and password to access the site within two business days.

To learn more about eBill and see a short demo, visit [www.bluecrossma.com/employer](http://www.bluecrossma.com/employer) and select **Online Billing** from the left side of the page.

## ][ Member Enrollment/Change Form Now Editable

To make it easier for members to enroll, we have developed an editable version of the Member Enrollment/Change form. Previously, members were required to write their information by hand, making the forms difficult to read. The editable form allows members to type in their information online, print two copies, and send one copy to their employer for approval as they normally would. The form can be found in the **Forms & Brochures** section of BlueLinks for Employers, and in the **Resource Library** of BlueLinks for Brokers.

Visit [www.bluecrossma.com/employer](http://www.bluecrossma.com/employer) to take advantage of tools and resources for simple online plan administration.



## ][ BlueLinks for Employers Enhancements

In early August 2009, BlueLinks for Employers will be enhanced to make it easier to find benefit changes as they are released, particularly the October 1, 2009 changes mentioned in this issue of *IAI*. Visit BlueLinks for Employers at [www.bluecrossma.com/employer](http://www.bluecrossma.com/employer) today to learn about the latest benefit changes and the tools and information that simplify employer/employee wellness communications.



## PROACTIVE HEALTH MANAGEMENT

### ][ Asthma Program Transition

As part of our continued effort to provide effective disease management programs for our members, Blue Cross Blue Shield of Massachusetts will assume the administration of the Blue Care Connection<sup>®</sup> asthma program from Healthways, Inc. The program, offered by Blue Cross Blue Shield of Massachusetts, will continue to provide education and support to members and will also include enhanced features, such as earlier identification of members and online educational materials. The Healthways program will be in place until September 1, 2009; however, Blue Cross Blue Shield of Massachusetts began the transition on May 1, 2009 by contacting newly identified high-risk members by telephone.

### ][ Upper Gastrointestinal Endoscopies and Shoulder Arthroscopies to Require Prior-Authorization

We are committed to improving the affordability of health care by ensuring the appropriate use of health care services. As part of these efforts, and in accordance with local and national industry standards, we will require prior authorization for the purposes of reviewing medical necessity for upper gastrointestinal (GI) endoscopies and shoulder arthroscopies. Effective October 1, 2009, Upper GI endoscopies and shoulder arthroscopies performed in an outpatient setting will require prior authorization for commercial HMO/POS products (Blue Choice<sup>®</sup> 1 and 2 members will not have this requirement when using the self-referred benefit). Decisions regarding prior authorizations are based on InterQual<sup>®</sup> criteria, which we adopted on January 1, 2008.

## ][ PPO Plans—Pre-Service Review (Prior-Authorization) Requirements for Certain Outpatient Services Delayed

In the March 2009 *IAI*, we announced that, beginning on July 1, 2009 for members enrolled in PPO plans, our utilization management programs would change to require pre-service review (prior authorization) for the following outpatient services:

- Chiropractic services after 12 visits in a year
- Physical and occupational therapy services after eight visits in a year
- Most elective advanced technology radiology services
- Neuropsychological testing
- Sleep studies
- Knee arthroscopies
- Hip and knee replacements, spine surgeries, and hysterectomies\*

**We have decided to delay the planned effective date of these new pre-service review (prior-authorization) requirements for PPO members.** This means that members enrolled in PPO plans will not be required to receive pre-service (prior-authorization) approvals for these outpatient services in order to receive coverage until further notice. We will continue to assess the best course of action for the implementation of these requirements; therefore, a notification will be sent when these plans have been finalized.

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

**Note:** Previously implemented HMO/POS pre-service (prior-authorization) requirements remain in effect.

\* Please note that while some of these procedures may be performed in an outpatient setting, they are typically performed in an inpatient setting, and these and all other inpatient admissions will continue to require pre-service (prior-authorization) approval.

## ][ Rhode Island HMO/POS Chiropractic Authorization Program Delayed

In the March 2009 *IAI*, we stated that beginning on July 1, 2009, members enrolled in our New England Managed Care products (HMO Blue New England,<sup>SM</sup> Network Blue<sup>®</sup> New England, Blue Choice New England,<sup>SM</sup> and Blue Choice New England Plan 2) who reside in Rhode Island, have a Massachusetts-based primary care provider (PCP), and are receiving services from a Blue Cross Blue Shield of Massachusetts-contracted chiropractor would be included in our chiropractic authorization program. This program requires providers to submit clinical information to receive prior authorization for medically necessary visits beyond 12. **We have decided to delay the planned inclusion of Rhode Island members until further notice.**



## ]] September 1, 2009 Pharmacy Updates

As part of our continuing effort to provide high-quality, affordable prescription medication benefits to all of our members, we have made some changes to our pharmacy program. 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. The following changes are effective September 1, 2009:

### 1. Institution of Step Therapy for Certain Medications

Step therapy is a key part of our prior-authorization program, which allows us to assist physicians with appropriate and affordable drug treatments. Before Blue Cross Blue Shield of Massachusetts will pay for certain costly Step 2 medications, the member must first try an effective, but less expensive Step 1 medication. Certain medications may require multiple steps before authorization is granted.

We are adding a step-therapy policy for certain drugs used in the treatment of Parkinson's disease. The following is a list of the medications that will be included in our step-therapy program, effective September 1, 2009:

Drugs Used in the Treatment of Parkinson's Disease
Step 1: Ropinirole
Step 2: Requip, Requip XL, Mirapex

### 2. New Prior-Authorization Requirements

For certain medications, prior authorization is required. It is generally required in cases where the patient must meet certain medical-necessity criteria in order to receive coverage.

The following is a list of medications that will have a prior-authorization requirement, effective September 1, 2009:

- Actiq
- Banzel
- Fentora
- Amitiza
- fentanyl

### 3. Pharmacy Medical Policy Updates

The following medical policies will become effective on September 1, 2009.

Medication	Medical Policy
Erbix, Vectibix	A policy describing coverage of infusions for a diagnosis of metastatic colorectal cancer and squamous cell cancer of the head or neck.
Cinryze	A policy describing coverage of infusions when provided for a diagnosis of hereditary angioedema (HAE) when the patient meets specified criteria. Also describes coverage of Cinryze infusion for short-term prophylactic treatment prior to dental or surgical procedures that increase risk of angioedema attack.

For more information on any of the programs mentioned above, please visit our website at [www.bluecrossma.com/pharmacy](http://www.bluecrossma.com/pharmacy).

## ][ New Prior-Authorization Requirement for Select Medications

Effective October 1, 2009, certain drugs that are provided under the medical benefit will now require prior authorization for HMO/POS plans. This change is to ensure that drug utilization is consistent with current medical policy guidelines for the safety and effectiveness of the members who take these medications.

Providers will be asked to submit requests for authorization, including demographic and relevant clinical information, prior to administering these medications. Providers will submit the necessary information for review using an Express Scripts<sup>®</sup>, Inc. web-based tool. Requests meeting Blue Cross Blue Shield of Massachusetts criteria will be approved immediately via the web, while requests requiring further clinical review will be forwarded to Blue Cross Blue Shield of Massachusetts. In addition, providers can also submit requests for other drugs that require prior authorization that are provided under the pharmacy benefit using this web-based tool.

The following is a list of the medications that are affected as part of this change:

Actimmune	Gammagard	Mozobil	ReFacto
Advate	Gammagard S/D	Myobloc	Remicade
Aldurazyme	Gamunex	Naglazyme	Rituxan
Alferon-N	Genarc	Neulasta	Roferon-A (DSC)
Alphanate	Genotropin	Neupogen	Saizen
Amevive	Genotropin MiniQuick	Norditropin	Sandoglobulin
Aralast	Helixate FS	Nutropin	Serostim
Aranesp	Hemofil M	Nutropin AQ	Somatulin Depot
Atgam	Humate-P	Nutropin Depot	Somavert
Boniva infusion	Humatrope	Octagam	Supartz
Botox	Humira	Omnitrope	Synagis
Carimmune NF	Hyalgan	Orencia	Synvisc
Ceredase	Hyate C	Orthovisc	Tev-Tropin
Cerezyme	Increlex	Panglobulin	Tysabri
Cimzia	Infergen	PegIntron	Vectibix
Cinryze	Intron A	PegIntron RediPen	Venoglobulin
Enbrel	Iplex	Pegasys	Vivaglobin
Epogen	Iveegam	Polygam S/D	Xolair
Erbitux	Kineret	Privigen	Xyntha
Euflexxa	Koate-DVI	Procrit	Zometa
Fabrazyme	Kogenate FS	Prolastin	Zorbtive
Flebogamma	Leukine	Rebetron	
Forteo	Monarc-M	Reclast	
Gamimmune	Monoclata-P	Recombinant	

## ]] Are Your Employees Receiving Important Health Plan Notices?

At Blue Cross Blue Shield of Massachusetts, we strive to keep our members aware of important changes that may affect their health coverage. To do so, we are forced to rely heavily on the accuracy of mailing addresses to communicate with our members. Unfortunately, some of our members' mailing addresses are inaccurate, and as a result, these members are not receiving the benefit updates, pharmacy changes, offers, and notifications that are vital to their overall health and health coverage.

Blue Cross Blue Shield of Massachusetts offers a number of ways for members and employers to update address and telephone information:

- **Enrollment Management**—A web-based enrollment tool administered by employers, available at [www.bluecrossma.com/employer](http://www.bluecrossma.com/employer) or [www.bluecrossma.com/broker](http://www.bluecrossma.com/broker)
- **Member Self Service**—Our online member self-service application, available at [www.bluecrossma.com/membercentral](http://www.bluecrossma.com/membercentral), allows members to update all their contact information, change their primary care provider, and more
- **Member Service**—Helpful, knowledgeable Blue Cross Blue Shield of Massachusetts associates are available to change member contact information and answer questions about health coverage at the number on members' ID cards

Please communicate to your employees the importance of having accurate mailing addresses on file with you as well as with Blue Cross Blue Shield of Massachusetts. If you submit your enrollment information to us in an electronic format, it is particularly important for your employees to have the correct address on file with you as you are updating their addresses each time you transmit your file to us.

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





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