Interested in receiving your IAI via email?
Go to www.bluecrossma.com/subscribe today.

IAI

IMPORTANT ADMINISTRATIVE INFORMATION

MASSACHUSETTS

MARCH 2009

Statutory Requirements Regarding Nurse Practitioners as Primary Care Providers

A new Massachusetts statute requires insurers to allow their members to select a plan participating nurse practitioner (NP) as a primary care provider (PCP), and to include participating NPs in all paper and electronic provider directories.

In response to the new requirements, Blue Cross Blue Shield of Massachusetts is implementing a process to enable members to choose an NP as their primary care provider. Blue Cross Blue Shield of Massachusetts already includes NPs in our online and paper directories and has contracted with NPs for all products since 2001. We are collaborating with the Massachusetts Coalition of Nurse Practitioners regarding credentialing for NPs. We will continue to update accounts and members as the implementation of this statute proceeds.

Minimum Creditable Coverage Changes

As we explained in the December issue of *IAI*, the Commonwealth Connector Health Insurance Authority (the Connector) passed an amendment to Minimum Creditable Coverage (MCC) on October 17, 2008 that will have a minimal impact in 2009, but a more significant effect in 2010. To review the revised MCC regulations, please visit the Connector website at **www.mass.gov/connector**. Click on **About Us**, **Board Meetings and Minutes**, **Connector Board Meeting October 17, 2008**, then **Revised MCC Regulations**.

2009 MCC Plan Compliance Update

MCC remains largely unchanged in 2009, and all Blue Cross Blue Shield of Massachusetts products that have been deemed MCC compliant for 2009 remain so. The elements that have been added to MCC for 2009 are intended to increase flexibility so that accounts may demonstrate that their Blue Cross Blue Shield of Massachusetts products are compliant.

To this end, the Connector has created a review process whereby it may determine that a plan meets MCC by demonstrating that the actuarial value of the plan's health benefits is comparable to the value of Bronze-level products sold through the Connector, provided that the plan includes a broad range of medical benefits as defined by the Connector. A plan will not be approved by the Connector under the actuarial equivalence test if it does not include the broad range of medical benefits. Therefore, if a plan failed to meet MCC because it does not meet the definition of having a broad range of medical benefits, then it does not meet the criteria to apply the actuarial value test. Below is a list of some of the reasons for MCC failure. Failing for any of these reasons would preclude the plan from meeting the criteria for the test:

- Emergency service coverage excluded
- Inpatient hospital coverage excluded
- Mental health care coverage excluded
- Outpatient medical care coverage excluded
- Outpatient surgery coverage excluded
- Pharmacy coverage excluded

Continued …

The Connector has finalized the process by which carriers and/or employers may apply for MCC approval status under the actuarial equivalence test when their plan's benefits include the broad range of medical benefits and are comparable to that of a Bronze-level plan. Blue Cross Blue Shield of Massachusetts has completed an internal review of any applicable products that we previously determined would not meet MCC for 2009. We have assessed whether they meet the actuarial value test and, for those that do, have submitted an application to the Connector for review and certification. As a next step, if these products that previously did not meet MCC are approved, we will notify accounts and affected members about the products' change in status.

2010 MCC Plan Compliance Update

Beginning January 1, 2010, two important changes to MCC will take effect:

1. All health benefit plans must contain a newly expanded broad range of medical benefits. This expanded list includes:
   - Ambulatory patient services, including outpatient, day surgery, and related anesthesia
   - Diagnostic imaging and screening procedures, including X-rays
   - Emergency services
   - Hospitalization (including, at a minimum, inpatient acute care services, which are generally provided by an acute care hospital for covered benefits in accordance with the member's subscriber certificate or plan description)
   - Maternity and newborn care
   - Medical/surgical care, including preventive and primary care
   - Mental health and substance abuse services
   - Prescription drugs
   - Radiation therapy and chemotherapy
2. Federally qualified high-deductible health plans (HDHP) (i.e., Health Savings Account [HSA] compatible) must also meet MCC standards. An HSA-compliant plan with deductibles exceeding $2,000 individual/$4,000 family and/or out-of-pocket maximums for in-network covered services exceeding $5,000 individual/$10,000 family will meet MCC as long as:
   - The underlying health benefits include "a broad range of medical benefits," as listed above, and pre-deductible preventive care requirements.
   - Plan sponsors or carriers provide individuals enrolled in these plans with access to an HSA. Individuals may decide whether or not to open or fund the HSA.

We are currently reviewing our standard and custom employer group HSA plans to validate that they meet MCC under the guidelines for 2010. In cases in which the plan does not meet MCC, we will advise the accounts and their brokers or consultants so that they may work to bring the plan into MCC compliance, if they choose to do so. If you have any questions, please contact your account executive.

][Keeping Health Care Affordable: Quality=Affordability

The rising cost of health care is an unsustainable burden on families and businesses across the Commonwealth. At Blue Cross Blue Shield of Massachusetts, we believe the most promising way to moderate the cost of health care is by improving the quality of care. It's the reason we are fundamentally changing the way we pay for the care our members receive. Right now, doctors and hospitals mostly get paid based on the quantity—not the quality of their services. We believe that paying and rewarding doctors and hospitals based on the quality and clinical outcome of the care they provide to our members will result in higher quality, more affordable care for all.

Alternative Quality Contract

As part of these efforts, we have introduced a revolutionary new provider agreement structure that we call the Alternative Quality Contract. The Alternative Quality Contract combines two forms of payment: a global, or fixed, payment per patient adjusted for health status that increases annually with inflation; and substantial performance incentives tied to the latest nationally accepted measures of quality, effectiveness, and patient experience of care.

In the past two months, we were excited to announce the first physician and hospital groups that have chosen to partner with us on this new contract model. The groups include Mount Auburn Hospital and the affiliated Mount Auburn Cambridge Independent Practice Association, Hampden County Physician Associates, and Tufts Medical Center and its affiliated physicians. We will be sure to keep you up to date as other physician and hospital groups join the Quality movement over the coming months.

Limited Services Clinics

Limited services clinics (LSCs), such as MinuteClinics®´ and Take Care Clinics,℠´ offer Blue Cross Blue Shield of Massachusetts members an option for obtaining non-urgent medical care without an appointment for a limited set of services. Members who need minor medical treatment, such as care for colds and flu shots, will likely find these clinics to be a more efficient setting for non-urgent care than a hospital emergency room. LSCs also offer more convenient access than most doctors' offices because they are open during evening and weekend hours. The member copayment or cost is the same that a member would pay for similar covered services at a primary care provider. Referrals and prior authorizations are not required for any member to receive treatment from these providers.

MinuteClinic℠ (CVS/pharmacy®´)

Blue Cross Blue Shield of Massachusetts is currently contracted with the MinuteClinic LSCs located at select CVS pharmacies. To date, there are 13 MinuteClinic locations in Massachusetts, and CVS plans to open 15 additional locations in 2009. MinuteClinics participate in all Blue Cross Blue Shield of Massachusetts products except Medicare Advantage. Effective April 1, 2009, MinuteClinic will also be part of the Medicare HMO Blue℠ and Medicare PPO Blue℠ networks and will be able to treat Blue Cross Blue Shield of Massachusetts Medicare Advantage members.

Take Care Clinics (Walgreens)

Blue Cross Blue Shield of Massachusetts is currently in negotiations to begin covering health care services at Take Care Clinics at select Walgreens pharmacies later this year.

Participating Clinic Locations

We expect that there will be approximately 50 LSC locations across Massachusetts by year-end. As new locations are opened and added to our network, this information will be updated on our Find a Doctor website. Members can find LSCs via Find a Doctor by visiting **www.bluecrossma.com/membercentral**; selecting **Find a Doctor**; **Find Other Medical Services/Supplies**; then **Clinics, Limited Services**. Members can also call the Member Service number on their member ID card to find a participating location. National account members are permitted to obtain treatment at LSC locations outside of Massachusetts if the location is contracted with the local Blue Cross and Blue Shield plan.

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

Changes to Coverage for Biologically Based Mental Conditions

Under all of our products, mental conditions are classified as either biologically based conditions or non-biologically based conditions. Effective July 1, 2009, four categories of non-biological conditions are being reclassified as biologically based conditions. These categories are substance abuse, eating disorders, post-traumatic stress disorder (PTSD), and autism.

How This Affects Accounts

Effective July 1, 2009, the benefits that are provided for these four conditions will be the same as benefits provided for biologically based conditions.

For example, under an insured plan, a benefit limit such as the 24 outpatient visit limit would no longer apply for substance abuse, eating disorders, PTSD, or autism.

For administrative service contract (ASC) plans, the benefits that an account provides for biologically based conditions will now apply to these four conditions. For example, if there is not a benefit limit on clinical depression, there will be no benefit limit on substance abuse, eating disorders, PTSD, or autism. Or, if an ASC account has an overall benefit limit for all mental conditions, regardless of biological classification, the benefit limit would still apply. Thus, the benefit level is not being changed; only certain classifications are changing.

Upcoming Federal Mental Health Parity Changes

These changes in classification come in advance of an important change regarding mental health coverage that will be effective in October 2009 because of the new federal Mental Health Parity Act. More detailed information regarding the effect of the federal Mental Health Parity Act will be forthcoming in the June issue of *IAI*.

Centers for Medicare and Medicaid Services Policy Update

It is advised that all employers, regardless of whether they have current Medicare-eligible employees, be aware of the effect that Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA) has on the mandatory reporting of Social Security numbers of their employees. This new federal law adds new mandatory reporting requirements for group health plans. These regulations and their subsequent reporting components will become effective on a phased basis beginning in 2009 and will affect all employers.

In order to comply with these new requirements, Blue Cross Blue Shield of Massachusetts is now mandated to report member Social Security number information to the Centers for Medicare and Medicaid Services (CMS) on a quarterly basis.

While Blue Cross Blue Shield of Massachusetts, through its previous voluntary collection and reporting efforts with CMS, has Social Security number information for many of its members, we do not have it for our entire member population. In order to meet the additional mandatory reporting requirements, Blue Cross Blue Shield of Massachusetts plans to reach out to members who meet the reporting criteria for whom we do not have the required information on file. For some members, we will be conducting a survey to acquire this information. This approach will be used on an interim basis until an ongoing data collection strategy has been developed and implemented.

Continued …

Should your employees receive a communication requesting this information, they will be advised that they must return this information within a specified timeframe. Consistent with our existing data security policies, all information will be handled securely and with the utmost care. It is imperative that employees respond to the communication in order to comply with the federal law. Blue Cross Blue Shield of Massachusetts appreciates your support in communicating this message to your employees and in assisting us in capturing the required data.

In the future, we will advise you of our approach to collecting the additional MMSEA group health plan data reporting requirements. This includes reporting of Taxpayer Identification Numbers (TINs) for all groups that meet the requirements set forth in the regulation. These data need to be reported on a quarterly basis to CMS, beginning January 1, 2010.

Blue Cross Blue Shield of Massachusetts is evaluating whether changes to our existing account agreements will be necessary. Please contact your account executive if you have any questions about this new regulation.

For additional information regarding this new federal law, please visit the CMS website at **www.cms.hhs.gov/MandatoryInsRep**.

][Personal Savings Account Vendor Options

Blue Cross Blue Shield of Massachusetts is dedicated to providing employers with the flexibility to choose the right consumer-directed health plan solution for their employees. To this end, we have developed relationships with several experienced, high-performing Personal Savings Account (PSA) administrators.

Bank of America

You can now take advantage of special pricing on Health Savings Accounts (HSAs) from Bank of America when you choose a Blue Cross Blue Shield of Massachusetts HSA-compliant plan.

This solution gives members access to reliable service and support, debit cards, online enrollment, and traditional online banking functions, such as bill pay, electronic transfer, and scheduled contributions.

If you would like more information about Bank of America's HSA solution, call your account executive.

Wells Fargo

With Wells Fargo, you can offer an HSA with coordinated service and support at competitive rates when offered with one of our HSA-compliant, "Saver" products. In addition, you can also take advantage of online enrollment and debit cards.

This solution gives members access to comprehensive support, investments and other plan management tools, as well as quarterly plan reporting.

For more information on the Wells Fargo solution, contact your account executive.

Continued …

Benefit Concepts

Our partnership with Benefit Concepts delivers claims and enrollment data integration and coordinated customer support for Health Reimbursement Arrangements (HRAs) and Flexible Spending Accounts (FSAs), making it easier to implement and use a consumer-directed health plan. A preferred level of support includes a specially trained member service team and joint client support teams that are always ready to resolve employer issues. For more information on the Benefit Concepts solution, contact your account executive.

Third-Party Administrators

You can also work directly with one of our PSA administrators. Our preferred vendors are: Choice Care Card,™ ConnnectYourCare, and Benefit Strategies. These administrators take advantage of weekly medical, dental, and pharmacy claims feeds from Blue Cross Blue Shield of Massachusetts to facilitate the timely and accurate processing of claims and reimbursements from HRAs and FSAs. To learn more about any of these PSA administrators, their fees, and their implementation processes, or to learn about high-deductible plan options available through Blue Cross Blue Shield of Massachusetts, please contact your account executive.

Beyond COBRA

Important information for employees whose employer-sponsored coverage is ending.

Blue Cross Blue Shield of Massachusetts has plan options to fit most budgets and lifestyles. To find out more or to enroll in one of our direct-pay (non-group) plans, individuals should call us at one of the toll-free numbers below, weekdays, 8:00 a.m. to 5:00 p.m. ET, or visit **www.getbluema.com**.

Members under age 65: **1-800-422-3545 (TTY: 1-800-522-1254)**

Members over age 65: **1-800-678-2265 (TTY: 1-800-522-1254)**

Changes to COBRA Coverage

The recently passed American Recovery and Reinvestment Act includes important changes to COBRA benefits. To learn more, visit **www.bluecrossma.com/employer** or **www.bluecrossma.com/broker**.

Medicare Part D Late Enrollment Penalties Update

In the September 2008 issue of *IAI*, we informed you of the late enrollment penalty (LEP) members with Medicare may be assessed who do not have "creditable" Medicare prescription drug coverage. Creditable coverage means that a Medicare prescription plan meets Medicare's minimum coverage standards for prescription benefits. These assessments are now appearing in the premium invoices for your Part D programs, as applicable per member.

As part of the LEP requirement, we will send letters to these members informing them of their LEP amount. Since the letter must reflect what the member will actually be responsible for, we will be sending out a survey to determine which employers or unions will be paying this amount on their members' behalf. The LEP letter to the member will inform them whether their employer is paying the LEP on their behalf.

Continued …

Employers and unions are under no obligation to pay the LEP on behalf of their employees. It is a choice left up to the employer or union. We sent these surveys in mid-February with a return request of March 1, 2009. The survey will request a simple "yes" or "no" response and can be completed via our website. Instructions will be included. If web access is not available to you, a paper copy may be mailed to you.

The survey will only be for our Part D programs under the Medicare Advantage plans, Medicare HMO Blue, Medicare PPO Blue, Blue Medicare PFFS[SM] and our stand-alone Part D plan, Blue MedicareRx.[SM]

Questions? Please contact your account executive or your customer financial management representative.

Members may call Member Service at **1-800-200-4255**, Monday through Friday, 8:00 a.m. to 8:00 p.m. (**TTY: 1-800-522-1254** until 6:00 p.m.). Information is also available at **www.medicare.gov** or by calling **1-800-MEDICARE** (**1-800-633-4227**) (**TTY: 1-877-486-2048**).

Non-Group Enrollment Policy Modification

Blue Cross Blue Shield of Massachusetts is modifying its policy for enrollment effective dates for individuals. The current policy allows individual coverage to become effective any day of the month (including the same day as they submit their application). Beginning March 7, 2009, coverage for individuals who apply for enrollment directly with Blue Cross Blue Shield of Massachusetts will become effective on either the 1st or the 15th of the month, depending on the date they apply.

For example, individuals will be allowed to purchase a plan that will be effective April 1st, up until the end of the day on March 15th. Individuals will be allowed to purchase a plan that will be effective April 15th up until the end of the day on April 1st.

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

Blue Health Coach[SM] Medication Adherence Program Enhancement

On April 1, 2009, Blue Cross Blue Shield of Massachusetts will be expanding our Blue Health Coach medication adherence program to include chronic medications associated with diabetes, cardiac disease, high cholesterol, and asthma. This program is available to eligible members enrolled in our commercial health products.

The medication adherence program offers a multifaceted approach. If a member has one or more of the chronic conditions listed above, has been prescribed medication to help manage and control any of these conditions, and may be having difficulty adhering to a medication treatment plan, the member may be eligible.

Reminder calls will be delivered that encourage members to follow their prescribed medication regimens. Members are provided education about their condition(s) and the importance and benefits of taking medications as prescribed. The opportunity for coaching by phone with a Blue Health Coach nurse is also available. The coaches provide support, motivation, and education to help members make healthier lifestyle choices. In addition, there are educational mailings that may go out to members during the course of their coaching.

][April 1, 2009 Product and Benefit Updates

At Blue Cross Blue Shield of Massachusetts, our comprehensive product portfolio provides many options to meet the varied health coverage and budget needs of individuals and employer groups in Massachusetts. We also continue to enhance our portfolio to meet changing customer needs. Therefore, as of April 1, 2009, we are introducing two new products and making some changes to our product portfolio.

HMO Blue® Premier Value with Co-insurance

This plan offers the same benefits as HMO Blue Premier Value while incorporating co-insurance and deductible features. HMO Blue Premier Value with Co-insurance offers groups and individuals a lower premium than HMO Blue Premier Value, in addition to coverage for primary care and specialist office visits at low copayments. This plan is being made available to the individual and small group markets, effective April 1, 2009.

Benefits Overview

Network	HMO Blue
Deductible	$1,000 individual plan year deductible $2,500 family plan year deductible Applies to inpatient admissions only
Out-of-Pocket Maximum	$2,000 individual plan year OOP max $4,000 family Includes medical deductibles, co-insurance, and copays > $100
Emergency Room	$150 per visit, no deductible
Inpatient Care	$1,000 individual plan year deductible per admission $2,500 family plan year deductible per admission
Outpatient Day Surgery	35% co-insurance per visit, no deductible
Primary Care Physician Office Visit	$25 per visit, no deductible
Specialist Office Visit (including chiropractic services)	$40 per visit, no deductible
Preventive Care Office Visit	$15 per visit, no deductible
Diagnostic Labs and X-rays	35% co-insurance, no deductible
CT, MRI, and PET Scans	35% co-insurance, no deductible
Pharmacy	Retail—$15/$30/$50 Mail Service—$30/$60/$150

Continued …

HMO Blue New England℠ Premier Value with Co-insurance

This plan offers the same benefits as our HMO Blue New England Premier Value plan while incorporating co-insurance and deductible features. HMO Blue New England Premier Value with Co-insurance offers groups and individuals a lower premium than HMO Blue New England Premier Value, in addition to coverage for primary care and specialist office visits at low copayments. The plan gives members the flexibility to access providers throughout New England. This plan is being made available to the individual and small group markets as of April 1, 2009.

Benefits Overview

Network	HMO Blue New England
Deductible	$1,000 individual plan year deductible $2,500 family plan year deductible Applies to inpatient admissions only
Out-of-Pocket Maximum	$2,000 individual plan year OOP max $4,000 family Includes medical deductibles, co-insurance, and copays > $100
Emergency Room	$150 per visit, no deductible
Inpatient Care	$1,000 individual plan year deductible per admission $2,500 family plan year deductible per admission
Outpatient Day Surgery	35% co-insurance per visit, no deductible
Primary Care Physician Office Visit	$25 per visit, no deductible
Specialist Office Visit (including chiropractic services*)	$40 per visit, no deductible
Preventive Care Office Visit	$15 per visit, no deductible
Diagnostic Labs and X-rays	35% co-insurance, no deductible
CT, MRI, and PET Scans	35% co-insurance, no deductible
Pharmacy	Retail–$15/$30/$50 Mail Service–$30/$60/$150

*Note: Chiropractic services have a $40 copay except in Maine, where members pay a $25 copay.

Continued …

Plans Closing

The following products are being closed for new sales to employer groups with fewer than 50 employees and for individuals for effective dates on or after April 1, 2009:

- HMO Blue $10
- HMO Blue New England $10
- HMO Blue Preferences℠ $600 Plan
- Blue Care Elect Preferred℠ (100/80)

Employer groups currently enrolled in these products may continue to renew their coverage. If you have any questions about the new or closing products, please contact your account executive.

Clarifications for PPO/HMO Products Regarding Reimbursement for Non-Participating Emergency Medicine, Radiologists, Anesthesiologists, and Pathologists

The following clarification affects hospital-based radiologists, anesthesiologists, pathologists, and emergency medicine specialists who do not participate in our PPO and/or HMO networks. Effective January 1, 2009, when a member receives a covered service from a non-participating hospital-based radiologist, anesthesiologist, pathologist, or emergency medicine specialist who does not participate in the network for the member's plan, Blue Cross and Blue Shield will pay the subscriber directly for these services. It is the responsibility of the subscriber to pay the provider.

Members who wish to view the list of hospitals with non-participating hospital-based radiologists, anesthesiologists, pathologists, and emergency medicine specialists, can go to **www.bluecrossma.com/membercentral**, select **Find a Doctor**, **I am a member searching for a provider**, then **Find a Hospital/Facility**. If you have any questions, please contact your account executive.

Important Information Regarding Out-of-Network Reimbursement for PPO Products, Beginning January 1, 2009

The out-of-network coverage for services provided by non-participating physicians and other covered non-participating professional providers for members of our Blue Care Elect℠ and Preferred Blue PPO℠ products is now based on our indemnity fee schedule (also referred to as the "usual and customary" charge).*

Beginning January 1, 2009, claim payments for covered PPO services provided by most non-participating physicians and other covered non-participating providers 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 standard fee schedule. This change will affect all new and existing PPO clients on renewals beginning January 1, 2009.

In instances in which a non-participating provider's charges are more than the standard indemnity fee schedule, PPO members will be responsible for the difference, plus any applicable cost-sharing amount. (Note: This change will not affect claim payments for services received outside of Massachusetts from a provider that participates with the local Blue Cross and/or Blue Shield plan.)

This change does not apply to non-participating, hospital-based emergency medicine physicians or hospital-based anesthetists, pathologists, or radiologists. For these non-participating providers, the provider's actual charge is used to calculate a member's benefits.

Members affected by this change will be notified shortly after their annual contract renewal. If your employees would like help finding a participating PPO provider or have any questions about this change, they can contact Member Service at the number on their ID card.

* The "usual and customary" charge, also referred to as the allowed charge, is based on the standard fee schedule that Blue Cross and Blue Shield has established for its indemnity product participating physicians and other participating professional providers.

TECHNOLOGY UPDATES

Member Central

Launched in December 2008, Member Central provides members with a streamlined online gateway that allows them to quickly gain access to the important information they need to manage their health and health plan. Members can find everything on Member Central, from resources they need to find a doctor and learn about prescription medications to members-only discounts and wellness programs. Designed to provide members with easy-to-use navigation that puts key information at their fingertips, the site allows users to log in to Member Self Service, sign up for email updates, and download benefits forms with ease. Member Central can be found at **www.bluecrossma.com/membercentral**. For more information, please contact your account executive.

Member Email Communications

As part of our ongoing efforts to provide our members with timely, effective communications, we started a program to send emails to members inviting them to sign up for ongoing Blue Cross Blue Shield of Massachusetts email messages via a link on Member Central.

Contact information was suppressed for members in accounts that previously indicated that their members should not be contacted via email. Members who sign up to receive emails from us will be among the first to receive important plan updates and health news and information. In accordance with Blue Cross Blue Shield of Massachusetts privacy policy, members' email addresses are not shared with outside parties, except as permitted by law. Members may opt out of email messages at any time.

Contact your account executive if you have any questions about member email communications.

News & Updates Enhancements on BlueLinks

In an effort to make it easier for you to locate important announcements and regular communications, such as the *IAI* and BlueLinks eNews, we recently launched enhancements to the news and updates sections on the BlueLinks for Employers and BlueLinks for Brokers websites.

BlueLinks for Employers Enhancements

- News and updates are grouped together on the homepage, so you can quickly find out what's new
- Improved homepage news and update links
- Sign up for email communications from Blue Cross Blue Shield of Massachusetts right from your BlueLinks home page

Visit **www.bluecrossma.com/employer** or **www.bluecrossma.com/broker** to view the latest news and updates from Blue Cross Blue Shield of Massachusetts right from your BlueLinks homepage.

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 and Brochures** section of BlueLinks for Employers, and in the **Resource Library** of BlueLinks for Brokers.

PROACTIVE HEALTH MANAGEMENT

New Prior Authorization Requirements for Commercial PPO Products for July 1, 2009

As part of our ongoing effort to facilitate the delivery of high-quality, clinically appropriate care in a cost-effective manner, beginning on July 1, 2009, we will have additional prior authorization requirements for members in our commercial PPO products as follows:

- Chiropractic services will require prior authorization for medically necessary visits beyond 12. This program, administered by Healthways WholeHealth Networks, Inc. (HWHN), will require the provider or member to submit clinical information to HWHN. Authorization for subsequent treatment will be based on Blue Cross Blue Shield of Massachusetts standards for medical necessity.
- Physical and occupational therapy services will require prior authorization for medically necessary visits beyond eight. This program will require the provider or the member to submit clinical information to Blue Cross Blue Shield of Massachusetts, and authorization for subsequent medically necessary treatment will be based on InterQual® criteria.
- Most elective, non-emergency outpatient high-tech radiology services will require the provider or the member to receive pre-certification. This program is administered by American Imaging Management, Inc.
- Neuropsychological testing will require prior authorization for services. Authorization for medically necessary treatment will be based on InterQual criteria.
- Hip and knee replacement surgeries, sleep studies, and certain knee arthroscopy, spine, and hysterectomy procedures will require prior authorization for services provided in an inpatient or outpatient setting. Authorization for medically necessary treatment will be based on InterQual criteria.

Authorizations are required for both in- and out-of-network services. In the event that a PPO plan member is receiving services from an out-of-network provider, the member may be responsible for requesting prior authorization on his or her own behalf. In this case, members will be directed to call the "Pre-Authorization" number on the back of their Blue Cross Blue Shield of Massachusetts member ID card and a clinician will assist them in completing the prior authorization process. Because PPO members have not previously required prior authorizations, please be sure to inform your PPO members of these changes to their plan.

Behavioral Health Outcomes Measurement Program Discontinued

In May of 2007, we launched the Outcomes Measurement Program in conjunction with Behavioral Health Laboratories, Inc. (BHL). As part of this voluntary program, members receiving outpatient behavioral health services were periodically asked by their provider to complete an outcomes questionnaire, which was treated in accordance with Blue Cross Blue Shield of Massachusetts' policies on member privacy and personal health information. The program was designed both to improve our members' care by offering providers an objective tool to help measure patient progress and outcomes; and to facilitate the early identification of members who could benefit from case management services, thereby preventing hospitalizations.

Although approximately 30,000 Blue Cross Blue Shield of Massachusetts members participated, the program did not generate the anticipated results and, consequently, the program has been discontinued. Providers will continue to be able to refer patients directly to the Blue Cross Blue Shield of Massachusetts behavioral health case management program. We continue to collaborate with our providers in all areas, including behavioral health, to develop meaningful measures of clinical performance.

][Rhode Island HMO/POS Members to Be Included in the Chiropractic Authorization Program

As of July 1, 2009, members enrolled in our New England Managed Care products (HMO Blue New England, Network Blue® New England, Blue Choice New England,℠ and Blue Choice New England Plan 2) who reside in Rhode Island and have a Massachusetts-based primary care provider (PCP) will now be included in our chiropractic authorization program. This applies to those members who are receiving services from a Blue Cross Blue Shield of Massachusetts-contracted chiropractor. This program, administered by Healthways WholeHealth Networks, Inc., requires providers to submit clinical information to receive prior authorization for medically necessary visits beyond 12.

MASSACHUSETTS

#90520M
32-9905 (03/09) 55M