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IAI | IMPORTANT ADMINISTRATIVE INFORMATION



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March 2019



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

Dear Valued Customer:

Welcome to our *Important Administrative Information* March 2019 newsletter.

We provide the latest health care industry news that affects you. This edition's topics include:

- Flu Shot Program Changes
- Expanded Coverage for Osteoporosis Screening in Women
- Upcoming Changes to Our Pharmacy Program
- Updates to Our Prior Authorization Requirements
- Enrollment Kits and Benefits@Blue Changes for Small Group Accounts
- Reminder: Account Toolkit for Split-Level Cost Sharing for Diagnostic Tests and Imaging Services
- New Orthodontic Payment Schedule

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

Sincerely,



Debbie Williams
Senior Vice President, Sales and Account Service

[IAI March 2019]

Flu Shot Program Changes

- ✔ Large (100 or more enrolled)
- ✔ Municipal
- ✔ MIIA

Our greatest priorities are to assist our members in accessing affordable, quality care, and to provide them with the best consumer experience possible. In support of these priorities, we regularly review our programs and services to ensure that they are still meeting the needs of our account partners and members.

With that in mind, we are announcing a change to our offering. Effective immediately, Blue Cross will no longer coordinate worksite influenza immunization (“flu clinic”) services. As the retail landscape changes—and flu shot accessibility increases—worksite flu clinics are no longer the most flexible, convenient option available to members.

Although we will no longer coordinate flu clinic services, we still strongly recommend that everyone gets their annual flu immunization. Virtually every retail pharmacy offers flu shots, and most members are within reasonable distance of a location that offers this service. Blue Cross members can also receive their flu vaccination from a wide variety of approved medical providers, including their own provider’s office or a limited service clinic (for example, CVS Minute Clinic). Members can find a list of available retail clinics on the MyBlue app. In most cases, there will be no cost for members to get their flu shot; however, we encourage members to verify their coverage with our Member Service team before receiving their vaccination.



If you have any questions about this change, please contact your account executive or Health Engagement Strategist.

Expanded Coverage for Osteoporosis Screening in Women

- ✔ Small accounts (50 or fewer enrolled)
- ✔ Mid-size (51–99 enrolled)
- ✔ Large (100 or more enrolled)
- ✔ Municipal
- ✔ MIIA

As of June 1, 2019, we're expanding our commercial plan coverage to provide osteoporosis screenings for women under 65 years old who are at increased risk. This reflects the recent change in the U.S. Preventive Services Task Force screening recommendations.

This expanded coverage will be available at \$0 cost-share for fully insured and self-insured non-grandfathered plans, as well as grandfathered accounts that have adopted the Affordable Care Act's Preventive Services benefits. Specific plan network requirements apply.

Upcoming Changes to Our Pharmacy Program

- ✔ Small accounts (50 or fewer enrolled)
- ✔ Mid-size (51–99 enrolled)
- ✔ Large (100 or more enrolled)
- ✔ Municipal
- ✔ MIIA

Beginning July 1, 2019, we're making changes to our list of covered medications for medical plans with pharmacy benefits, as well as Medex[®] plans with a three-tier pharmacy benefit. We'll notify impacted members by June 1, 2019. As part of these updates, certain medications may:

- No longer be covered
- Switch cost tiers
- Be excluded from pharmacy benefit coverage due to over-the-counter availability
- Require prior authorization

❖ Please visit bluecrossma.com/employer for details about these changes. Go to the Plan Updates section under What's New.

Updates to Our Prior Authorization Requirements

- ✔ Small accounts (50 or fewer enrolled)
- ✔ Mid-size (51–99 enrolled)
- ✔ Large (100 or more enrolled)
- ✔ Municipal
- ✔ MIIA

Beginning July 1, 2019, our prior authorization requirements for the medications listed below are changing for members with our HMO, Access Blue, and Blue Choice[®] plans:

| Medication Name | | Administration |
|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Berinert • Cinqair • Fasenra • Firazyr • Haegarda | <ul style="list-style-type: none"> • Kalbitor • Neulasta • Neupogen • Nucala • Ruconest | Prior authorization is required for these medications when administered: <ul style="list-style-type: none"> • In a clinician's or physician's office • By a home health care provider • By a home infusion therapy provider • In an outpatient hospital and dialysis setting |

This change doesn't affect these medications when administered in inpatient care, surgical day care, urgent care centers, and emergency room settings.

Enrollment Kits and Benefits@Blue Changes for Small Group Accounts

- ✔ Small accounts (50 or fewer enrolled)

Starting January 14, 2019, electronic enrollment kits (eKits) and our customized Benefits@Blue websites will be generated automatically for small group accounts in the Inside Sales and Small Groups — 25–50 segments. Broker agencies will no longer need to request these items.

Shortly after each account's renewal date, we'll send a link to a personalized eKit and a link to the Benefits@Blue website to the account's primary contact on file. With these tools, accounts will have 24/7 access to helpful plan education and information, such as plan summaries, SBCs, fact sheets, and links to other resources that align with a specific account's plan.

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

Reminder: Account Toolkit for Split-Level Cost Sharing for Diagnostic Tests and Imaging

- ✓ Small accounts (50 or fewer enrolled)

As communicated in our 2019 Product and Benefit Updates brochure for small employers, effective January 1, 2019, upon renewal, we'll apply two cost-share levels for outpatient Diagnostic Tests and Imaging Services on certain Merged Market medical plans. This change will not apply to Blue Options plans, Blue Select® plans, Connector plans, and plans with Hospital Choice Cost Sharing.

If your plan will include this benefit update on renewal, please help your enrolled employees learn about this important benefit change.

Download and distribute these educational member support materials:

Email template – Boost awareness with copy you can email to your employees.

Fact Sheet – Empower your employees to save money, with a PDF you can print and distribute.

Poster – Promote “Why Pay More” with this poster you can display in high-traffic areas.

Webpage – Drive engagement by linking to bluecrossma.com/whypaymore.

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

New Orthodontic Payment Schedule

- ✓ Small accounts (50 or fewer enrolled)
- ✓ Mid-size (51–99 enrolled)
- ✓ Large (100 or more enrolled)
- ✓ Municipal
- ✓ MIIA

For all comprehensive orthodontic claims, with dates of service on or after January 1, 2019, payment will now be processed on a monthly schedule. This is a change from the previous arrangement, when these benefits were administered in two payments, six months apart.

What's New?

Under the new payment schedule, an initial payment will be made for half of the member's orthodontic benefit maximum for covered services, minus any member cost share (deductible, co-insurance). We'll pay the remaining benefits in monthly installments, until the treatment plan is complete, or benefits are exhausted.

Claims in 2018

Our Dental Claims Team is reviewing comprehensive cases that are on active six-month payment schedules, for claims submitted prior to December 31, 2018. We'll process these in full, up to the member's benefit limit for claims received through December 31, 2018, ensuring a seamless transition to the new schedule in 2019.

We have informed dental care providers of this change, in a News Alert in October.