

IAI | IMPORTANT ADMINISTRATIVE INFORMATION



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March 2021



MASSACHUSETTS

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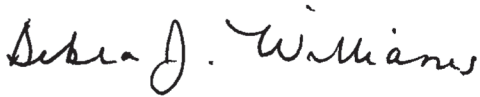
Dear Valued Customer:

Welcome to our *Important Administrative Information* March 2021 newsletter, with the latest health care industry news that affects you. This edition's topics are:

- Annual Report Now Available
- Go Paperless Campaign Launch
- Employees Should Make a Plan to Get Their Flu Shot
- Announcing Upcoming Webinars
- Streamlined Authorization Management Tool for Providers
- Updates to Preventive Dental Benefits
- Well Connection Is Coming to MyBlue
- 1099-HC Tax Form Is Now Available on MyBlue
- Quality Care Cancer Program Launching July 1, 2021
- New Cost-Share Assistance Program Can Save Self-Insured Accounts and Their Members Money on Eligible Brand-Name Specialty Medications
- Effective July 1, 2021, New Opioid Safety Review to Be Implemented at Pharmacies
- Effective July 1, 2021, Upcoming Changes to the Blue Cross Blue Shield of Massachusetts Formulary
- Upcoming Coverage Changes for Certain Medications Moving from Our Medical to Pharmacy Benefit
- Coverage for Certain Infused Oncology Medications Moving to the Medical Benefit
- New Prior Authorization Requirements for Select Medications Under the Medical Benefit

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

Sincerely,



Debra J. Williams
Senior Vice President, Chief Sales Officer

[IAI March 2021]

Annual Report Now Available

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

As we face a once-in-a-century pandemic, we're proud to stand with you. Today, we share the story of how we've mobilized our business to meet unprecedented challenges.

We've made sure our members don't have to pay for COVID-19 testing, treatment or vaccination. We've expanded our multifaceted approach to mental health and substance use disorder to meet our new needs during a perfect storm of social isolation, economic uncertainty, and stress.

At the same time, we've continued to develop innovative partnerships, products and services that improve health outcomes, reduce waste, and improve the overall value of our members' health care.



Read more at bluecrossma.org/about-us/annual-report/2020.

Go Paperless Campaign Launched in February 2021

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

We've launched a Go Paperless campaign, targeting members who have a medical, dental, or Medex® plan, and haven't already selected a communication preference. Starting in February 2021, these members received a postcard and email (for those members that have provided an email) saying that they'll no longer receive claim summary statements (Summary of Health Plan Payments, Explanation of Benefits, and Dental Predetermination of Benefits) in the mail unless they take action. They've been prompted to:

- Sign in to MyBlue, and go to Communication Preferences.
- Choose email or text if they want to go paperless, and receive a notification when they have a statement ready to view on MyBlue.
- Choose paper if they want to continue receiving their statements in the mail.



If members don't select a preference, they'll receive a postcard in the mail when they have a statement to view on MyBlue.

Employees Should Make a Plan to Get Their Flu Shot

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

Flu season can last through the end of May, and with COVID-19, it's more important than ever for your employees to get their flu shot. It will keep them, their family, and community from getting sick during this crucial time. They can get their flu shot at no additional cost* from in-network providers like pharmacies, limited service clinics, and their doctor if they have an upcoming appointment.

Employees should follow these steps, so they can plan out the easiest and safest way to get vaccinated:

1. Find a location near them using **vaccinefinder.org**.
2. Verify the location is in their network by signing in to MyBlue and visiting Find a Doctor & Estimate Costs.
3. Make an appointment ahead of time, if possible. If not, they can ask when there are slower times during the week.



For more information, talk to your account executive, or visit **bluecrossma.org/flu**.

*CDC-recommended flu vaccines are covered in full when administered by an in-network provider. Exceptions may apply. Members can check plan their materials for details.

Announcing Upcoming Webinars

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

We're excited to announce upcoming webinars in our account webinar series. These webinars allow your organization's leadership and human resources teams to learn more about your health plan benefits from our subject matter experts, so you can make the best possible decisions on behalf of your employees. Spring 2021 topics include:

- Plan Sponsor Manual and Eligibility Requirements
- Care/Case Management
- Planning for Medicare – Countdown to 65
- Total Benefits Solutions – Life Sciences

Presentations last approximately one hour. You can submit your own questions either when you register, or during the webinar. You'll receive additional details in our monthly webinar emails.



Register for an upcoming webinar at employer.bluecrossma.com. If you have any questions, please contact your account executive.

Streamlined Authorization Management Tool for Providers

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

We recently launched the next phase of a tool called Authorization Manager, which allows providers to manage their authorizations and referrals for all of our members. Providers can use the tool to submit and view the status of all of their authorization requests, and to view the status of their referral submissions.

Now, more than ever, it's important that we offer our providers digital tools that support both them and our members. This online tool is available 24/7, from the office or when working remotely, and gives providers easier access to the member information they need.

The tool, offered through MHK, an independent company, builds on the authorization management system we launched in February 2020 for our Medicare Advantage members. The system has been expanded to include commercial, indemnity, Federal Employee Program, and Medex® plans.



You don't need to take any action as a result of this change.

Updates to Preventive Dental Benefits

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

On June 1, 2020, as part of our effort to support members during COVID-19, we relaxed the limits on the following preventive dental benefits: routine cleanings, periodic exams, and fluoride treatment. The changes allow members greater flexibility with access to these benefits twice in a calendar year rather than once every six months.

Beginning April 1, 2021, upon account renewal, the changes listed above will become standard benefits.

In addition, bitewing X-rays and certain benefits included in our Total Health Solution will be updated. The updated benefits are as follows:

- Bitewing X-rays twice per calendar year
- Total Health Solution Enhanced Dental Benefits:
 - » Routine and/or Periodontal Maintenance Cleanings four times per calendar year
 - » Oral Cancer Screening twice per calendar year
 - » Fluoride Treatment four times per calendar year

These changes apply to Commercial Group Dental Plans 51+



For more information or for self-insured accounts that want to pursue a non-standard benefit frequency, please contact your account executive.

Well Connection Is Coming to MyBlue

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

Coming soon: Well Connection will be integrated into MyBlue. Members will be able to simply sign in to their MyBlue account to use Well Connection for their medical and mental health needs. This change streamlines the member experience by eliminating the need to download multiple apps and create separate accounts.

Well Connection offers members convenient access to medical care 24/7, and mental health care by appointment. Integrating Well Connection into the MyBlue experience will make it even easier for members to have video visits with licensed providers, therapists, and psychiatrists.

1099-HC Tax Form Is Now Available on MyBlue

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

Subscribers can now view, download, and print their 1099-HC tax form for their 2020 taxes through MyBlue.* After signing in to MyBlue, they need to click on My Inbox and then My Documents. In the My Documents folder, they'll see their 1099-HC tax form for tax years 2019 and 2020.

Only the plan subscriber can access their 1099-HC tax form through MyBlue. However, the form includes information on their dependent(s) along with the month(s) covered. The 2019 form is only available to those who were subscribed during that year.

We'll be communicating this update to subscribers in February 2021 through an SMS message, website content, Facebook posts, and email.



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

*Subscribers will also receive their 2020 form by mail.

Quality Care Cancer Program Launching July 1, 2021

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

We're launching our new Quality Care Cancer Program on July 1, 2021, to help ensure that our members receive cancer care that is appropriate and safe, based on clinical guidelines. Through the Quality Care Cancer Program, board-certified oncologists and oncology-trained nurses will be available to discuss covered treatment options with our members' doctors.

Our Quality Care Cancer Program applies to all commercial and Medicare Advantage plan members seeking outpatient medical oncology treatment (chemotherapy, immunotherapy, and supportive medications), or outpatient radiation oncology treatment. Doctors who order these types of treatments for our members will request prior authorization through AIM Specialty Health[®] (AIM), an independent company that will administer this program.

When a member's oncology care team submits a treatment plan for prior authorization that meets evidence-based clinical criteria for the cancer being treated, the member's doctor will get real-time approval. If the requested treatment doesn't meet evidence-based criteria, the member's doctor can request a peer-to-peer consultation with an AIM oncologist to discuss the covered, evidence-based treatments that are best for the member.

For a member already receiving cancer treatment at the time of the Quality Care Cancer Program's launch, their doctor will need to request a prior authorization for the continuation of coverage.

If a member's treatment plan changes, their doctor will then request a new prior authorization for health plan coverage.

Because scientific and medical advances are rapidly changing cancer treatment, and there are wide variations in the way doctors treat patients with the same type of cancer, cancer care quality programs like ours are becoming necessary.

The Quality Care Cancer Program is designed to help our members receive the most appropriate and effective treatment regimen, so they can have the best possible outcome with the least number of side effects.



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

New Cost-Share Assistance Program Can Save Self-Insured Accounts and Their Members Money on Eligible Brand-Name Specialty Medications

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

Self-insured accounts and their members can see savings on eligible brand-name specialty medications,* when accounts add the Cost-Share Assistance Program to their pharmacy benefit. We recently partnered with PillarRx Consulting, an independent company, to administer this program for self-insured accounts with pharmacy coverage. Accounts can add the program at renewal at no additional cost.

Value to Accounts

On average, our book-of-business savings may range from \$5 to \$7 PMPM after risk share.** Actual savings can vary and will depend on members' specific utilization of eligible medications. Accounts can request an estimate of their savings from their account executive.

How it Works

The Cost-Share Assistance Program uses coupons from manufacturers of medication to cover most or all of a member's out-of-pocket costs for eligible medications. The program applies these coupons when a member fills a prescription, reducing their out-of-pocket cost to anywhere between \$0 and \$35, depending on the specific medication.

For more information, read the full article at bluecrossma.com/employer in the **Special Announcements** section under **What's New**.



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

*For the current list of eligible medications, contact your account executive.

**Savings are not guaranteed and will vary by account.

Effective July 1, 2021, New Opioid Safety Review to Be Implemented at Pharmacies

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

Effective July 1, 2021, pharmacists filling a member's opioid prescription will be alerted if the member may be receiving a total level of opioids that's potentially unsafe. This change applies to plans with the Blue Cross Blue Shield of Massachusetts formulary, as well as Medex[®] plans* with a three-tier pharmacy benefit and Managed Blue for Seniors plans.

Under this safety review, when a pharmacist is filling a member's opioid prescription, they'll receive a real-time alert if the member's total opioid dose across all opioid or opioid-containing prescriptions reaches or exceeds 90 morphine milligram equivalents (MME) per day. If the pharmacist determines the opioid dose is appropriate for care, they can fill the prescription. However, if they believe there could be a safety issue, they may choose not to fill the prescription.

If the pharmacist doesn't fill the prescription, the member's prescribing doctor can contact Blue Cross to request authorization for coverage. If authorized, coverage will be approved for up to one year. However, one of the following must be true for the request to be approved:

- The member has a diagnosis of cancer.
- The member is receiving opioids as part of palliative care.
- The prescriber says that the amount of opioid prescribed is necessary for adequate pain management, based on the member's clinical circumstances.

This safety review doesn't apply to prescriptions written by in-network oncologists, palliative care providers, and pain management specialists.

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

*This doesn't include Medex 2 plans with Blue MedicareRx (PDP) prescription drug coverage.

Effective July 1, 2021, Upcoming Changes to the Blue Cross Blue Shield of Massachusetts Formulary

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

Beginning July 1, 2021, we're updating our formulary (list of covered medications) for medical plans with pharmacy benefits, as well as Medex[®] plans* with a three-tier pharmacy benefit. As part of this update, certain medications may:

- No longer be covered (exceptions may be granted)
- Have new quantity or dosing limits
- Require prior authorization

➤ Complete details about these changes will be available by March 16, 2021, on bluecrossma.com/employer in the **Plan Updates** section under **What's New**.

*This doesn't include Medex 2 plans with Blue MedicareRx (PDP) prescription drug coverage.

Upcoming Coverage Changes for Certain Medications Moving from Our Medical to Pharmacy Benefit

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

Effective July 1, 2021, coverage for the following medications will move out of our medical benefit and only be included under our pharmacy benefit.

Medications Moving from Our Medical to Pharmacy Benefit			
Available at Retail Pharmacies	Durolane*	Gel-One*	GelSyn-3*
	Monovisc*	Triluron*	Trivisc*
Must Be Filled at a Specialty Pharmacy	Bynfezia	Cosentyx*	Dupixent*
	Fasenra*	Kevzara*	Nucala*
	Siliq*	Strensiq	Tegsedi*
	Tremfya*		

Members who have plans with the Blue Cross Blue Shield of Massachusetts formulary, as well as Medex[®] plans** with a three-tier pharmacy benefit, or the National Preferred Formulary*** will receive coverage for these medications under their pharmacy benefit upon the effective date. Members with these plans will not experience a break in coverage as these medications move from the medical benefit to the pharmacy benefit.

We'll contact affected members about this change and help them transition their prescription to support uninterrupted coverage. Members who don't receive pharmacy coverage from Blue Cross should reach out to their pharmacy benefits manager for coverage details on these medications.

This change will apply to all medical plans, except Managed Blue for Seniors, group Medicare Advantage, group Medex[®], and Federal Employee Program plans. Group Medex plans with a three-tier benefit will include coverage for these medications under both the medical and pharmacy benefit.

This change doesn't apply when these medications are administered in inpatient, surgical day care, ambulatory surgery center, and emergency department settings.



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

*These medications require prior authorization.

**This doesn't include Medex 2 plans with Blue MedicareRx (PDP) prescription drug coverage.

***Plans with the National Preferred Formulary may have additional coverage requirements for these medications.

Coverage for Certain Infused Oncology Medications Moving to the Medical Benefit

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

Effective July 1, 2021, the infused oncology medications listed below will only be covered under our medical benefit through the Quality Care Cancer Program. Medications in this program will require prior authorization from AIM Specialty Health® (AIM), an independent company, and will no longer be included in our pharmacy benefit.

Oncology Medications That Will Be Covered Under Our Medical Benefit

Abraxane	Fusilev	Kanjinti	Opdivo
Arzerra	Gazyva	Keytruda	Poteligeo
Bavencio	Herceptin	Khapzory	Proleukin
Cyramza	Herceptin Hylecta	Ogivri	Rituxan-Hycela
Doxil/Lipodox	Herzuma	Onivyde	Tecentriq
Empliciti	Imfinzi	Ontruzant	Trazimera

The Quality Care Cancer Program, which is administered by AIM, launches July 1, 2021. This program helps ensure the cancer treatments we cover are safe and appropriate for our members, based on approved clinical guidelines.

This change only applies to plans with the Blue Cross Blue Shield of Massachusetts formulary, as well as Medex® plans* with a three-tier pharmacy benefit. This change doesn't apply to group Medicare Advantage and Federal Employee Program plans. Members who receive only medical benefits from Blue Cross can receive coverage for these medications under their medical plan, and may reach out to their pharmacy benefits manager to see if the medications are covered under their pharmacy plan.

Members of affected plans who are currently filling these medications under the pharmacy benefit will be allowed to complete their treatment course without interruption of their coverage.



If you have any questions about this change or about the Quality Care Cancer Program, please contact your account executive.

*This doesn't include Medex 2 plans with Blue MedicareRx (PDP) prescription drug coverage.

New Prior Authorization Requirements for Select Medications Under the Medical Benefit

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

Starting July 1, 2021, the medications below are being added to our utilization management program, and will require prior authorization when administered in the following outpatient settings:

- Doctor’s office
- Home health care provider
- Home infusion therapy provider (if prior authorization is in place, no additional authorization is required until the member’s existing authorization expires)
- Outpatient hospital and dialysis settings

Medications That Require Prior Authorization

Mvasi	Riabni	Ruxience	Truxima	Zirabev
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When these medications are prescribed for oncology treatment, they must be submitted through the Quality Care Cancer Program, which launches July 1, 2021. When prescribed for non-oncology use, these medications will be subject to the current prior authorization process.

This change doesn’t affect these medications in inpatient, surgical day care, urgent care centers, and emergency department settings. It also doesn’t apply to Indemnity, Managed Blue for Seniors, group Medicare Advantage, group Medex[®], and Federal Employee Program plans.*



For more information, talk to your account executive.

*Members should check their plan details for their plan’s utilization management requirements, if applicable.