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IAI | IMPORTANT ADMINISTRATIVE INFORMATION



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October 2020



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* October 2020 newsletter, with the latest health care industry news that affects you. This edition's topics are:

- Health Plan Updates for 2021
- Important Disclaimer Added to ID Cards for HMO Blue New England Plan Members
- Member Months Coverage Report Available for ASC Accounts at No Cost
- No-Cost Online Behavioral Health Seminars
- Quality Care Cancer Program Launching in 2021
- Upcoming Prior Authorization Changes for Medications Covered Under the PPO and EPO Medical Benefit
- Changes to Our Specialty Pharmacy Network for Fertility Medications
- Important Employer Surveys: Medical Loss Ratios and Employer Group Size
- How to Help Transition Eligible Employees to a Medicare Plan
- Upcoming Changes to the Blue Cross Blue Shield of Massachusetts Formulary, Effective January 1, 2021
- Blue Cross Blue Shield of Massachusetts Surpasses 2019's Medical Loss Ratio Requirements

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

Sincerely,



Debbie Williams
Senior Vice President, Sales and Account Service

[IAI October 2020]

Health Plan Updates for 2021

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

Effective January 1, 2021, and upon renewal, we're making changes to our portfolio of health plans to ensure that we're continuing to provide the high-quality, affordable coverage you and your employees expect from Blue Cross.

In 2021, we'll offer:

- New plan designs
- Lower costs for certain insulin medications
- Certain classes of medications at zero copay

To see how these and our other updates will affect you, please review the enclosed 2021 Product and Benefit Updates brochure. You can also find plan documents and compare plan information at bluecrossma.com/plan-comparison.

Questions?



If you have questions, please contact your account executive.

Important Disclaimer Added to ID Cards for HMO Blue New England Plan Members

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

We've added new language to the back of member ID cards, informing HMO New England plan members about the limited availability of benefits outside of New England. We started sending new cards to all current members on June 1, 2020. Going forward, all new HMO New England plan members will receive the updated cards.

Questions?



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

Member Months Coverage Report Available for ASC Accounts at No Cost

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

We're offering a Member Months Coverage Report to our ASC accounts for the 2020 tax year at no cost. This information is required by the Internal Revenue Service (IRS) under the Affordable Care Act (ACA). Accounts are responsible for sending the report file to their tax vendor, and filing the data with the IRS.

The Member Months Coverage Report will be delivered using Secure File Transfer Protocol (SFTP), and posted in January 2021. This security measure enhances our ability to safeguard the personal information that's included in these reports.

To request a Member Months Coverage Report, please inform your account executive before **November 1, 2020**.

For more information, read the full article on Employer Central. Visit employer.bluecrossma.com, select **What's New** from the drop-down navigation, and then choose **Special Announcements**.

No-Cost Online Behavioral Health Seminars

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

We're offering live, online seminars each month, at no additional cost, to help our members cope with feelings of stress, anxiety, and grief, as well as other behavioral health issues, during these unprecedented times.

Blue Cross Blue Shield of Massachusetts Senior Medical Director Dr. Ken Duckworth, and psychologist and member of the Blue Cross Physician/Psychologist Review Unit Dr. Alan Cusher, will lead each seminar and share resources available to support our members and their families. Presentations will focus on topics like grief and loss, dealing with anxiety about going back to school, and others. Members will be able to submit questions before and during the seminar.

To view upcoming seminars, and learn how our members can register, visit bluecrossma.com/bhseminar.

Questions?



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

Quality Care Cancer Program Launching in 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's 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 team 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.

Questions?



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

Upcoming Prior Authorization Changes for Medications Covered Under the PPO and EPO Medical Benefit

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

Beginning January 1, 2021, we're adding Prior Authorization requirements for our members with PPO and EPO plans for certain medications when covered under the medical benefit. Members currently using these medications, and those newly prescribed on or after January 1, 2021, will need an approved authorization to receive coverage. Their doctor can request prior authorization for these medications.

Prior authorization is required for these medications when administered:

- In a clinician's or physician's office
- By a home health care provider
- By a home infusion therapy provider
- In an outpatient hospital or dialysis setting

This change doesn't affect medications received in inpatient, surgical day care, urgent care, and emergency department settings. It also doesn't apply to members of the following:

- Federal Employee Program
- Medex®
- Managed Blue for Seniors
- Medicare*
- Indemnity

*Some Medicare plans have Prior Authorization requirements for medications. Please see the plan benefits for more details.

For more information, and to see the full list of medications that will require prior authorization, read the full article at bluecrossma.com/employer in the **Plan Updates** section, under **What's New**.



Questions?

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

Changes to Our Specialty Pharmacy Network for Fertility Medications

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

Effective August 31, 2020, AcariaHealth™ Fertility has left our specialty pharmacy network for fertility medications. This change applies to plans with the Blue Cross Blue Shield of Massachusetts formulary, and the National Preferred Formulary (NPF).

Members will be able to complete their current course of treatment with AcariaHealth Fertility; however, specialty fertility medications purchased through AcariaHealth Fertility after August 31, 2020, will no longer be covered. We've contacted members who fill their prescriptions at AcariaHealth Fertility to let them know that the pharmacy has left our specialty fertility network, and help them transition to another in-network specialty pharmacy for fertility medications. This change only applies to AcariaHealth Fertility and our specialty fertility network. AcariaHealth Fertility's parent company, AcariaHealth, will remain in our specialty pharmacy network.

Specialty pharmacies provide specialty medications that are used to treat certain complex health conditions. For more information about specialty medications, use our Medication Lookup tool at bluecrossma.com/medications.

Questions?



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

Important Employer Surveys: Medical Loss Ratios and Employer Group Size

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

In July, employers with a fully insured, premium financial arrangement with Blue Cross Blue Shield of Massachusetts received at least one of the following two surveys in the mail. This year, we've emphasized to our accounts that a timely response to both surveys is essential for two reasons. First, it helps us determine if the company is eligible to receive a rebate for 2020 (if any are required to be issued in 2021). Second, it ensures that employees are enrolled correctly, and their claims are properly adjudicated along Medicare Secondary Payer (MSP) guidelines. We appreciate your support as you encourage your accounts to respond promptly.

About the PPACA survey

The Patient Protection and Affordable Care Act (PPACA) survey allows us to accurately calculate **medical loss ratios** for the small- and large-employer group segments. If medical loss ratio standards are not met, premium rebates would be issued to the applicable market segment(s). We use this data, along with other components, to determine if we'll need to issue rebates.

About the MSP survey

The federal Medicare Secondary Payer (MSP) survey allows us to annually track the **number of employees** each company has. This includes all employees, and is not limited to those associated with employers' Blue Cross Blue Shield of Massachusetts accounts. This will help us determine whether Medicare or an employer group health plan pays for an employee's health claims first.

Questions?



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

How to Help Transition Eligible Employees to a Medicare Plan


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

You can customize your own Medicare handout by simply adding your company's logo. This professionally designed flyer will inform both upcoming and late retirees about getting started, so they can decide which plan is right for them.

You can also direct them to learn more by visiting our Medicare Options website at bluecrossma.com/medicare. They'll be able to review their plan options, sign up for a Medicare seminar, or download a free Medicare Guidebook. They can also talk to one of our Medicare experts by calling **1-800-678-2265** (TTY: **711**), 8:00 a.m.–8:00 p.m. ET; April 1 through October 30: Monday through Friday, or October 1 through March 31: seven days a week.



To learn more or to request your own personalized handout, talk to your account executive.



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We've Got Your Retirement Covered

Congratulations on your retirement! Regardless of your age, we've got you covered for this new chapter of your life. Here are your options:

If You're Under 65

We invite you to join one of our comprehensive, high-quality health plans. We're here to provide the coverage that's right for you and your family.

To learn more about our plans, visit bluecrossma.com/get-blue-ma and select "Buy Online for You and Your Family," or call us at **1-800-422-3545**.

If You're 65 or Older

You're eligible for Medicare. With our suite of plan options, we'll help you find the one that fits your needs in retirement.

To learn more about our Medicare plans, visit bluecrossma.com/medicare or call us at **1-800-678-2265**.

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

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: **711**).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: **711**).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: **711**).

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

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

Beginning January 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)
- Be excluded from coverage (exceptions won't be granted)
- Switch tiers
- Have new quantity or dosing limits
- Require prior authorization and/or step therapy

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

Complete details about these changes will be available by October 14, 2020, on bluecrossma.com/employer in the **Plan Updates** section, under **What's New**.

Blue Cross Blue Shield of Massachusetts Surpasses 2019's Medical Loss Ratio Requirements

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

In 2019, Blue Cross Blue Shield of Massachusetts exceeded the federal and state medical loss ratio (MLR) requirements for all market segments. As a result, we don't need to issue account rebates for 2019.

Each year, the Patient Protection and Affordable Care Act (PPACA) requires insurers to meet certain MLR standards. Insurers who don't meet these requirements must issue rebates to eligible accounts. We're proud to have surpassed these requirements for 2019.

Questions?



If you have questions, please contact your account executive, or visit healthcare.gov or mass.gov to learn more about MLR.