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IAI | IMPORTANT ADMINISTRATIVE INFORMATION



Prefer to receive the IAI via email?

Contact your Account Service Consultant and update your email and communication preference. We will then send the next edition to your email.

October 2021



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

Dear Valued Customer:

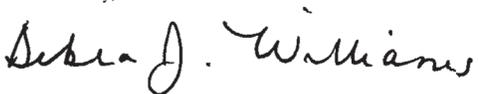
Welcome to our *Important Administrative Information* October 2021 newsletter, with the latest health care industry news that affects you. This edition's topics are:

- Announcing Upcoming Webinars
- Health Plan Updates for 2022
- Upcoming Changes to the Blue Cross Blue Shield of Massachusetts Formulary, Effective January 1, 2022
- Sunsetting Identity Protection Services
- HMO Blue Select Network Update
- Three New Personal Spending Account Vendors Offer Choice and Flexibility
- Prior Authorization Change for Outpatient Services for EPO and PPO Plan Members
- We're Expanding Site-of-Care Coverage for Delivery and Maternity Care
- We're Making Telehealth Services More Accessible
- Expanded Coverage for Treatment of PANDAS/PANS
- Blue Cross Blue Shield of Massachusetts Surpassed 2020 Medical Loss Ratio Requirements
- Transparency in Coverage Rule (TCR) and the Consolidated Appropriations Act (CAA)

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

Thank you for your continued partnership.

Sincerely,



Debra J. Williams
Senior Vice President and Chief Sales & Marketing Officer

[IAI October 2021]

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. Upcoming topics include:

- Telehealth Modernization
- Countdown to 65
- Mental Health
- End-of-Life Care

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/whats-new/account-webinars.

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

Health Plan Updates for 2022

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

Effective January 1, 2022, and upon renewal, we're making changes to our health plans to ensure that we continue to meet the ongoing requirements of health care reform, while providing the high-quality, affordable coverage you and your employees expect from Blue Cross.

In 2022, we'll offer:

- BlueFit: the next-generation, proactive health plan
- Telehealth updates
- Solutions that create value for our members
 - » Value care options
 - » 90-day retail medication dispensing
 - » \$0-copay medications
- Solutions supporting health and wellness
 - » Home fitness equipment reimbursement
 - » Optional Mind & Body Program
- Solutions to address affordability
 - » New merged-market plan designs
 - » Plans designed for lower premiums



To see how these and our other updates will affect you, please review the enclosed 2022 Product and Benefit Updates brochure. You can also find plan documents and compare plan information at **bluecrossma.com/plan-comparison**.

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

Upcoming Changes to the Blue Cross Blue Shield of Massachusetts Formulary, Effective January 1, 2022

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

Beginning January 1, 2022, 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)
- Switch tiers
- Have new quantity or dosing limits
- Require prior authorization and/or step therapy



Complete details about these changes are available at **bluecrossma.com/employer** in the **Plan Updates** section under **What's New**.

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

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

Sunseting Identity Protection Services

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



We'll be ending our Member Identity Protection Services offered through Experian as of November 2021. Eligible members who sign up by October 31, 2021 can receive one year of services at no cost.

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

HMO Blue Select Network Update

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

As a result of favorable improvements in the following physician groups' or hospitals' cost performance, we've added them to the HMO Blue Select limited network. This was effective as a one-day change for all HMO Blue Select plans on July 1, 2021. With this update, members will now have in-network benefits when receiving services at these providers:

Physician Groups	Hospitals
<ul style="list-style-type: none"> • Southcoast Healthcare • Reliant Medical Group • Valley Health 	<ul style="list-style-type: none"> • MetroWest Framingham • Southcoast Charlton Memorial • Southcoast St. Luke's



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

Three New Personal Spending Account Vendors Offer Choice and Flexibility

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

We're excited to announce that we have added three new vendors to our personal spending account portfolio: Fidelity Investments, London Health Administrators, and WEX (formerly Discovery Benefits, Inc.).

We've looked forward to a collaboration with Fidelity for some time, given its enormous brand reputation both locally and nationally, as well as its expertise and steady growth in the HSA field. In fact, Fidelity was recently recognized by Morningstar as the #1 HSA for both spending and investing. We'll be offering Fidelity's HSA for employers with 51-plus full-time equivalents effective 10/1/2021.

Additionally, we're very pleased to add London Health Administrators and WEX (formerly Discovery Benefits, Inc.) to the Market Basket, based on the exceptional consumer experience and market capabilities each offers, as well as compelling feedback relayed from many of our broker partners.

The Market Basket

The Market Basket is a group of vendors that supports our personal spending account products (health savings accounts, health reimbursement arrangements, and flexible spending accounts, among others). The Market Basket vendors are often attractive due to flexibility in their plan designs and related capabilities. While all Market Basket vendors receive a claims file, no integration of eligibility or enrollment is available with these partners.

HealthEquity: a fully integrated solution

For a fully integrated personal spending account solution, please keep HealthEquity in mind. HealthEquity includes integration of claims, enrollment, and technology between Blue Cross medical plans and one or more of HealthEquity's personal spending accounts.

For the client, this integration enables:

- Easy enrollment
- Reduced paperwork, and ultimately
- Access to on-demand reporting through an employer portal

For the member, key advantages include:

- Single sign-on from MyBlue to HealthEquity's online member portal
- Option to call Blue Cross or HealthEquity for support, with live phone transfers between them
- Industry-leading products with several convenient reimbursement options
- Easy access to accounts
- A diverse portfolio of mutual funds for investing health savings account dollars
- An intuitive member platform

With our portfolio of vendors and various integration options, we can offer you is to offer you easy, world-class solutions to manage employee benefits while helping our members meet their health and financial goals.



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

Prior Authorization Change for Outpatient Services for EPO and PPO Plan Members

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

We're adding prior authorization requirements for certain outpatient services for EPO and PPO plan members, effective January 1, 2022. This requirement helps ensure that members are receiving safe, effective, and medically necessary services. Services include, but are not limited to:*

- Continuous glucose monitors
- Cosmetic procedures
- Nasal sprays or injections to treat depression
- Spine surgeries (except for Medicare PPO plan members)
- Stem cell transplants

Providers—both in-network and out-of-network**—will need to request authorization for members receiving ongoing treatment, and for members who begin treatment on or after the effective date. We'll review requests according to our medical necessity criteria.



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

* Members should check their plan details for the full list of services, or call Member Service.

** This only applies to in-network providers of Medicare Advantage PPO plan members.

We're Expanding Site-of-Care Coverage for Delivery and Maternity Care

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



On January 1, 2022, we'll expand our coverage of routine deliveries and maternity care to include standalone birthing centers that aren't affiliated with or attached to a hospital. Covered services will include maternity care, outpatient delivery, and well-newborn care.

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

We're Making Telehealth Services More Accessible

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

During the COVID-19 pandemic, we expanded access to telehealth services so our members could safely receive medical and mental health care. Effective January 1, 2022, we're making the following changes* to ensure that our members can continue to access the care they need:

- Telehealth will be included as a covered method of care delivery.
- Members can choose telehealth visits with their doctors and providers when available and appropriate.
- Telehealth visits will cost the same as in-person visits unless specified by your plan (some plans may charge less for a telehealth visit).

Our telehealth platform, Well Connection, which gives members access to confidential, convenient medical and mental health care through a network of highly experienced telehealth providers, will be included for fully insured accounts. ASC accounts can add this benefit for a fee.



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

*These changes don't apply to Medicare Advantage, Federal Employee Program (FEP), and Medex[®] plans.

Expanded Coverage for Treatment of PANDAS/PANS

- ✔ Small accounts (50 or fewer enrolled)
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As of January 1, 2022, we'll expand coverage for the treatment of pediatric autoimmune neuropsychiatric disorders and pediatric acute-onset neuropsychiatric syndromes (PANDAS/PANS). This includes, but it is not limited to, intravenous immunoglobulin (IVIG) therapy.

Pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections (PANDAS) and pediatric acute-onset neuropsychiatric syndromes (PANS) can be triggered by a strep infection and occur suddenly in previously healthy children ages of 2–12. Symptoms can include obsessions and compulsions, extreme anxiety, trouble sleeping, difficulty with schoolwork, bodily tics, and other ailments.

This treatment coverage applies to all members except Medicare Advantage and Federal Employee Program (FEP) members.



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

Blue Cross Blue Shield of Massachusetts Surpassed 2020 Medical Loss Ratio Requirement

- ✔ Small accounts (50 or fewer enrolled)
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In 2020, Blue Cross Blue Shield of Massachusetts exceeded the state and federal medical loss ratio (MLR) requirements for all market segments. As a result, we won't issue account rebates for 2020.

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 2020.

We issued voluntary refunds in 2020 as medical service utilization dropped. The MLR rebates calculation is a three-year average from 2018 to 2020, and the previous years had higher ratios than just the 2020 benefit year.



Learn more about MLR by visiting [healthcare.gov](https://www.healthcare.gov) or [mass.gov](https://www.mass.gov).

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

Transparency in Coverage Rule (TCR) and the Consolidated Appropriations Act (CAA)

- ✔ Small accounts (50 or fewer enrolled)
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We're actively planning our support of, and compliance with the required capabilities for applicable provisions within both the Transparency in Coverage Rule (TCR), and the Consolidated Appropriations Act (CAA). However, significant legislation and regulations like these are accompanied by a process of continued guidance and rulemaking by government agencies that will clarify matters.

On August 20, 2021, the Departments of Labor (DOL), Health and Human Services (HHS), and the Treasury jointly released guidance in the form of Frequently Asked Questions (FAQs) to clarify the requirements and timelines for implementation of certain provisions within the TCR and CAA. We'll continue to update our customers about any changes to previously announced approaches and paths to compliance.

In general, the recently released federal FAQs delay enforcement of certain provisions of the TCR and CAA, and takes a good-faith compliance approach to other provisions. This is a positive update by the federal government, as it will allow health plans and issuers more flexibility in implementing key aspects of the requirements.



Complete details about these updates are available at [bluecrossma.com/employer](https://www.bluecrossma.com/employer) in the **Regulatory Updates** section under **What's New**.