



MASSACHUSETTS

Quality Care Cancer Program

Our Quality Care Cancer Program helps ensure the cancer treatments we cover are safe and appropriate for our members, based on approved clinical guidelines. Through this initiative, board-certified oncologists and oncology-trained nurses from AIM Specialty Health® (AIM), an independent company that administers this program on behalf of Blue Cross Blue Shield of Massachusetts, are available to discuss with our members' doctors the covered, evidence-based treatments that are best for the member.

Care Designed for Better Health Outcomes

Our Quality Care Cancer Program helps ensure that our members get the most appropriate, effective cancer treatment, with minimal side effects. Scientific and medical advances are rapidly changing cancer treatment, and doctors have a variety of ways to treat patients who have the same type of cancer. Quality programs like ours are necessary to address these numerous treatment options.

How the Quality Care Cancer Program Works

Starting July 1, 2021, doctors who order outpatient medical oncology treatment (chemotherapy, immunotherapy, and supportive medications), or outpatient radiation oncology treatment, will request Prior Authorization for coverage.

When a member's doctor 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 doctor can request a peer-to-peer consultation with an oncologist to discuss covered, evidence-based treatments that are best for the member.

Members Already Receiving Cancer Treatment

For a member already receiving cancer treatment that was ordered before July 1, 2021, 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.

Understanding Prior Authorization

Doctors are responsible for submitting Prior Authorization requests, and should be familiar with this process. Members should always remind their doctor to request Prior Authorization and receive approval before moving forward with a procedure. If a Prior Authorization request isn't submitted and approved, the member may be held financially responsible for the costs of services.