

Tiered Networks at Work

Did you know that there are cost differences for the same service at different providers? Our Blue Options tiered network plans recognize this, assigning Massachusetts hospitals and primary care provider (PCP) groups to one of three benefits tiers based on how they scored on cost and nationally recognized quality benchmarks.

- **Enhanced Benefits Tier**—Includes Massachusetts hospitals and PCPs that meet the standards for quality and low cost relative to our benchmark.
- **Standard Benefits Tier**—Includes Massachusetts hospitals and PCPs that meet the standards for quality and are moderate cost relative to our benchmark and hospitals that don't meet the standards for quality but are low or moderate cost relative to our benchmark. Also includes providers without sufficient data for measurement on one or both benchmarks. To ensure members have provider access in certain geographic areas, the Standard Benefits Tier includes some providers whose scores would otherwise put them in the Basic Benefits Tier.
- **Basic Benefits Tier**—Includes Massachusetts hospitals that are high cost relative to our benchmark and PCPs that don't meet the standards for quality and/or are high cost relative to our benchmark.

This gives members tangible incentives to choose lower cost, higher quality providers, transparent health care data, and the tools to make it easy.

Blue Options: Sample Average Hospital Costs Within Provider Network Tiers

The chart below shows a sample of average hospital costs for select services among providers who met our quality benchmarks. The differences in average costs for these services shows how members and employers can save when members choose providers from the Enhanced Benefits Tier.¹

Inpatient Care		Average Hospital Cost			Estimated Percent Difference Enhanced vs. Basic Benefits Tier
Service	Region	Enhanced Benefit Tier	Standard Benefit Tier ²	Basic Benefit Tier ³	
Hip Replacement	East	\$26,000	\$29,000	\$34,000	30%
	Central	\$21,000	\$21,000	\$26,000	25%
Hysterectomy	East	\$9,000	\$14,000	\$16,000	75%
	Central	\$7,000	\$9,000	\$12,000	70%
Obesity Surgery	East	\$18,000	\$26,000	\$28,000	55%
	Central	\$15,000	\$17,000	\$19,000	25%

This document gives general information about our tiered network plan designs. There are currently three tiered provider networks called HMO Blue Options v.5, HMO Blue New England Options v.5, and Preferred Blue PPO® Options v.5. In our tiered plans, members pay different levels of cost share (copayments, co-insurance, and/or deductibles) depending on the benefits tier of the provider furnishing the services. A provider's benefits tier may change. Overall changes to the benefits tiers of providers will happen no more than once each calendar year. For help in finding the benefits tier of a provider, visit the online provider search tool at bluecrossma.com and search for the appropriate network.

Outpatient Care		Average Hospital Cost			Estimated Percent Difference Enhanced vs. Basic Benefits Tier
Service	Region	Enhanced Benefit Tier	Standard Benefit Tier ²	Basic Benefit Tier ³	
Cardiac Catheterization	East	\$3,000	\$3,000	\$5,000	70%
	Central	\$2,000	\$2,000	\$3,000	50%
Knee Arthroscopy	East	\$3,000	\$3,500	\$4,500	50%
	Central	\$2,500	\$2,500	\$3,000	20%
MRI	East	\$1,100	\$1,200	\$1,900	75%
	Central	\$800	\$1,200	Insufficient Data ⁴	NA
	West	\$1,000	\$1,300	\$1,500	50%
Upper GI Endoscopy	East	\$1,200	\$1,500	\$1,800	50%
	Central	\$1,000	\$1,100	\$1,100	10%
	West	\$1,000	\$1,000	\$1,100	10%

Note: PCPs were measured based on their HMO patients as part of their provider group, and hospitals were measured based on their individual facility's performance. Provider groups can be composed of an individual provider or a number of providers who practice together. Tier placement is based on cost and quality benchmarks where measurable data is available. Providers without sufficient data for either cost or quality are placed in the Standard Benefits Tier. PCPs that don't meet benchmarks for quality or moderate cost and hospitals that don't meet benchmarks for moderate cost or that use nonstandard reimbursement are placed in the Basic Benefits Tier.

1. Many factors play a role in the actual cost a member pays out of pocket, including the plan's benefits, the providers he or she sees, and the services received for a given claim.
2. A small number of network hospitals were added to the Standard Benefits Tier to give members adequate access. Because those hospitals don't necessarily meet the guidelines for the Standard Benefits Tier, they were removed from the analysis above.
3. Hospitals that failed to meet the quality benchmarks are excluded from these examples.
4. Estimates are unavailable due to insufficient data.

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).



MASSACHUSETTS