

**BlueLinks... eNews for Brokers and Consultants**

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[Sold Case Calendar](#) [Archives](#) [Feedback](#)

SITES

[BROKERCENTRAL](#)[BlueLinks...  
for Employers](#)

## Welcome

Dear Business Partner:

First, we want to thank you for your hard work and continued efforts on behalf of your Blue Cross Blue Shield of Massachusetts' clients—2005 was a tremendous year in terms of both new business and retention for us. The results validate our value proposition that is repeatedly and effectively interpreted by you and your agencies in the work you do for your clients.

As our year closes, we want to thank you all for your hard work and continued strong relationship with us. This past year has been full of change in the health care landscape, particularly in the form of Medicare Modernization and its impact, but we count on your advocacy and input in order to maintain the highest possible quality of service and value to your clients.

We have several year-end initiatives to share with you, including enhancements to our dental products, online tools to help members manage their care and costs of care, and updates to the group retiree Medicare Part D prescription benefit. We look forward to offering you more innovation and dedicated service during 2006.

In closing, we would like to encourage you to have your clients review some critical information we've communicated in previous issues—the [HMO Blue®](#) network update to our relationship with Parkland Medical Center in Southern New Hampshire, and our [new plan designs](#) effective beginning January 1, 2006.

As always, we value our relationship with you, and we plan to continue to meet and exceed your expectations in the new year. We wish you and your family a wonderful holiday season, and a healthy and productive new year.

Sincerely,

Tim O'Brien  
Senior Vice President  
Sales Division

and

Carlos Cubia  
Vice President  
Sales Division

## In the December 2005 issue of BlueLinks eNews:

- [Updates to Medicare Modernization Act](#)
- [Tools for Plan Management: Subimo Coverage Advisor and the National Treatment Cost Estimator](#)
- [Dental Provider Utilization Review Update and Dental Network Expansion Update](#)

Note: If the above links do not work, scroll down to read the articles.

## Updates to Medicare Modernization Act

The Centers for Medicare & Medicaid Services (CMS) require that all employer or union groups that will be enrolling Medicare beneficiaries into a regional prescription drug plan (PDP) (such as Blue MedicareRx<sup>SM</sup>, available from Blue Cross Blue Shield of Massachusetts) must provide a notice 30 days prior to the enrollment date that will explain:

- All beneficiaries must be notified that the group intends to enroll them in a PDP that the group is offering; and
- That the beneficiary may affirmatively opt out of such enrollment; how to accomplish that; and any consequences to group benefit opting out would bring; and
- This notice must be provided not less than 30 calendar days prior to the effective date of the beneficiary's enrollment in the group sponsored PDP

There is additional information that must accompany the letter which includes: a Summary of Benefits (Benefits Summary) offered under the group sponsored PDP, an explanation of how to get more information about the PDP, an explanation on how to contact Medicare for information on other Part D options that might be available to the beneficiaries. Additionally, the information must disclose some member responsibilities and information about rules pertaining to the service area, inform members that the plan that is being offered is a Medicare drug plan and is in addition to coverage under Medicare, and the member will need to keep their Medicare Coverage.

The Blue Cross and Blue Shield Plans in Connecticut, Massachusetts, Rhode Island, and Vermont have jointly entered into a contract with CMS to offer a Medicare Part D prescription drug plan, Blue MedicareRx, in Region 2 which is serviced by the four Blue plans. Please be aware that the four plans have contracted with Anthem Prescription Management to be the Pharmacy Benefit Manager for Blue MedicareRx.

We are including a copy of the [letter](#) (PDF, 28 kb) we're making available to your clients for their use, and urge you to contact your Account Executive for specific information regarding Part D group retiree benefits.

[Back to Top](#)

## Tools for Plan Management: Subimo Coverage Advisor and The National Treatment Cost Estimator

Helping your clients' employees become engaged, active participants in managing their care is one of our top priorities. We've partnered with the Blue Cross Blue Shield Association and Subimo to offer two easy-to-use online tools that assist our members with understanding the costs and benefits of their coverage and certain treatment options.

### National Treatment Cost Estimator

In partnership with the national Blue Cross Blue Shield Association, we offer your clients' employees access to an online tool that will help them anticipate the estimated costs of their care, and assist them in budgeting and planning for these costs. This new tool is easily accessible through our Take Control web feature ([www.bluecrossma.com/takecontrol](http://www.bluecrossma.com/takecontrol)). The National Treatment Cost Estimator will:

- provide members with ranges of costs for episodes of care, which include all the treatment for a specific conditions (conditions include pregnancy, diabetes, heart conditions and others)
- allow members to review both national and statewide data on costs
- allow members to see the costs of care when they receive treatment in different types of facilities (outpatient v. inpatient for example). It also provides historical data to give members a sense of how likely members are to receive treatment at the different locations.
- provide information and explanations of the specific medical conditions

### The Subimo Coverage Advisor

We are pleased to announce a recent partnership with Subimo, a leading provider of independent health care information, to offer the Coverage Advisor<sup>TM</sup>. This unique, easy-to-use online tool helps your clients' employees quickly and easily assess the out-of-pocket costs associated with the plans your clients offer, and

can assist employees in best determining which plan option meets their individual needs.

The tool takes about 15 minutes to use and allows your clients' employees to create a customized health profile of their covered family members, and then generates an estimate of their annual health care costs.

Your clients' employees can use this decision support tool to compare both Blue Cross Blue Shield of Massachusetts' traditional managed care plans and our high-deductible, account-based compatible plans.

The Coverage Advisor tool is being offered through Subimo, a leading provider of independent health care information, and can be accessed by visiting our main website at [www.bluecrossma.com](http://www.bluecrossma.com), and clicking on the Health Plans section. The link on that page connects directly to the Coverage Advisor.

If you have any questions about the National Treatment Cost Estimator, or the Subimo Coverage Advisor, please contact your Account Executive.

[Back to Top](#)

### Reduced Turnaround Time and Streamlined Utilization Review for Dental Products

In November of 2005, we made significant improvements in the way we do business with our dental providers. As part of a continued effort to reduce the administrative burden for our provider partners, we streamlined our utilization review requirements for participating Dental Blue and Dental Blue PPO providers. This initiative saves administrative time, reduces claims processing time, and enables our providers to spend more time doing what they do best: delivering excellent dental care for our members.

This effort builds on the work that has already been done to assist our dental providers. Over the past year, we have improved the time it takes to process our dental claims by 30 percent.

### More Access to More Dental Providers

Beginning January 2006, we will offer two new payment options to accounts for non-participating dentists in Massachusetts through the BCS Life Insurance Company. Accounts with 51+ subscribers will be able to purchase non-participating provider payment options on our Dental Blue product at the 90th percentile of the Dental Prevailing Healthcare Charge file or at 100% of our Maximum Allowable Charge (MAC). This will improve access to non-participating dental providers for our members.

We currently offer a Massachusetts non-participating provider payment option via BCS Life Insurance Company that reimburses providers at the lesser of 80% of our MAC or 80% of the dentist charge.

If you have any questions about our enhancements to our dental products, please contact your Account Executive.

[Back to Top](#)

If the above links are not functioning in your email, copy and paste the URLs listed below into a browser window.

Network Update Announcement:

[http://www.bluecrossma-bluesline.com/BlueLinks\\_eNews/archives/BLinks\\_Jun05.html#story4](http://www.bluecrossma-bluesline.com/BlueLinks_eNews/archives/BLinks_Jun05.html#story4)

New Plan Designs Announcement:

[http://www.bluecrossma-bluesline.com/BlueLinks\\_eNews/archives/BLinks\\_Nov05.html#story3](http://www.bluecrossma-bluesline.com/BlueLinks_eNews/archives/BLinks_Nov05.html#story3)

Sample 30-day Notice Letter:

[http://www.bluecrossma-bluesline.com/BlueLinks\\_eNews/BlueLinks\\_1205/Sample\\_notice\\_lttr.pdf](http://www.bluecrossma-bluesline.com/BlueLinks_eNews/BlueLinks_1205/Sample_notice_lttr.pdf)

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