

New Blue Website Targets Hispanic Consumers



Hispanic Floridians can now experience the benefits of Blue through our new website www.FloridaSaludable.com.

Launched in early December, the site name translates to “Healthy Florida.”

The purpose of our new targeted website is to deliver health/wellness, health care education, community and product information to Hispanics

in a culturally relevant way that meets the needs and values of the Hispanic community.

With complete content in Spanish, the website offers these unique features:

- Simple navigation with easy-to-understand information
- Current and culturally relevant articles and imagery
- The ability to email articles to friends and family from the Health/Wellness, Product, Community, and Education sections of the website
- Links to other useful information such as a Hispanic Online Provider Directory, Find an Agent, MyBlueServiceSM, and consumer web sales (Spanish version)
- Frequently asked questions and answers, and the ability to register to our new e-Magazine, “Notas Saludables”
- A searchable glossary of health care terms (i.e., copayment, coinsurance, etc.)
- A feedback survey—to help us measure customer service satisfaction and ongoing user experiences
- Share Your Experience and Submit an Event features
- Rate an article feature
- Animated videos about health topics

Be sure to go and visit the new website at www.FloridaSaludable.com and see what a great tool it will be for Hispanics!

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BlueCross BlueShield of Florida

An Independent Licensee of the Blue Cross and Blue Shield Association

Cover Florida Health Care

We've introduced you to the Cover Florida Health Care Access Act and the two plans that we began offering January 1st. With an emphasis on preventive health care, inpatient hospital, urgent and emergency services, these plans give nearly four million of Florida's uninsured better access to health care they can afford.



Plan 1, Cover Florida *Non-Catastrophic* Coverage, is an upgraded service patterned after our GoBlue product.

Plan 2, Cover Florida *Catastrophic* Coverage combines hospital/surgical and indemnity coverage, and may be a primary source for individuals with existing health conditions.

To be eligible, members must be:

- between 19 and 64 years old;
- uninsured for six months (unless certain conditions are met);
- ineligible for government programs; and
- not covered by a private policy.

These plans may be an alternative option for individuals that have been declined by normal underwriting channels. Details of all Cover Florida plans are on our website, www.bcbsfl.com, and <http://coverfloridahealthcare.com>. Other sales channels include agents who currently sell our individual policies, FloridaBlue stores or by calling **1-877-872-6580**.

Our limited benefit health plans under Cover Florida offer a new solution to Floridians looking for affordable health coverage.

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CDHP: You Should Know...

ACS|Mellon Bank will be sending out tax forms for HSA plan members.

HSA plan members are encouraged to follow all IRS recommendations or consult a tax professional to ensure compliance with the tax laws. Members will be receiving:

- Form 1099SA that notifies the IRS of distributions made from your HSA during the tax year
- Form 5498-SA that notifies the IRS of contributions made to your HSA during the tax year

For information on tax penalties, above the line tax deductions, distributions, reporting tax distributions etc., please visit <https://hsamember.com/>.

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BlueSelect Offers More Options for Uninsured

BlueSelect® is now available for small groups and individuals under 65 in Hillsborough and Pinellas counties. This product is designed for the working uninsured, underinsured and those about to become uninsured. It is not intended for use as a lower-cost product in general or for those qualifying for subsidized health care.

BlueSelect health benefit plans offer support services, personalized care and preventive programs that utilize a community-focused network without reducing benefits. The network covers all medical specialties but consists of a smaller number of providers compared to other networks. This makes it especially important that members check to see if their doctor or hospital is part of the BlueSelect network. The network is a combination of PPO (Preferred Provider Organization) and EPO (Exclusive Provider Organization). It is not an extension of BlueOptions®.

With a BlueSelect health benefit plan, the following services are covered if within the BlueSelect network:

- ER visits and all related services
- Maternity, mammograms, colonoscopies and well-child care visits, including checkups and immunizations
- All diabetic equipment and supplies
- Office visits, inpatient and outpatient services

There are certain services, facilities and supplies that are covered ONLY under the Exclusive Providers within the BlueSelect network:

- Clinical lab tests
- Behavioral health care and substance dependency services
- Durable medical equipment and medical supplies
- Home health care services

Be sure to read the [BlueSelect details](#) and the [pharmacy details](#) that are specific to BlueSelect. The BlueSelect Medication Guide is available on www.bcbsfl.com. Please review the [ID card](#) and the [Business Decision Maker Brochure](#) and the [Enrollment Guide](#), too. Remember, we will be expanding BlueSelect into additional counties this year. So stay tuned.

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Member Health Statement Online Update

In November, we introduced you to our new Member Health Statements that replaced our Explanation of Benefits statement. Last month, we added new content to help you further understand your benefits, including:

- Incorporating health plan savings-to-date for medical and pharmacy claims activity
- Online viewing in MyBlueServiceSM
- Drug names displayed for pharmacy claims, except for identified sensitive drug codes (i.e., mental, cancer, HIV, depression, etc.)

These changes were made to be more consumer-focused and engage members in their health care decisions. For additional information regarding the Member Health Statement, [click here](#). To see a sample of the Member Health Statement, [click here](#).

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NCQA Rates BlueCare HMO 'Excellent'

The National Committee for Quality Assurance (NCQA) has awarded the status of "Excellent" to our commercial BlueCare[®] plan. This is NCQA's highest accreditation given to plans that meet or exceed their rigorous requirements for consumer protection and quality improvement.

The accreditation is based on three scores:

- Management of its clinical and administrative systems in areas including quality improvement, consumer protection and service
- Healthcare Effectiveness Data and Information Set (HEDIS) which measures performance on important dimensions of care and service
- Consumer Assessment of Healthcare Providers and Systems survey (CAHPS), which evaluates member care satisfaction

BlueCare for large employer groups is an HMO product offered by Health Options, Inc. (HOI), a subsidiary of Blue Cross and Blue Shield of Florida. BlueCare offers:

- A full range of benefits for hospital, physician and other medical services
- Preventive care, such as routine physical exams, well-child care, immunizations and health care screenings
- Predictable costs through pre-determined copayments for most covered health care services

We strive to deliver a superior experience at point-of-care for our members, as indicated by this high NCQA rating.

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Generic Medication Substitution Required

Effective April 1, substituting generic equivalent drugs when filling prescriptions will be required and will apply to the following products:

- BlueScript[®] (BlueOptions[®] and BlueChoice[®] health plans)
- MediScript (BlueChoice health plans)
- BlueCare RxSM (BlueCare[®] HMO plans)

If a member chooses a brand drug when a generic equivalent is available, they will be responsible for paying the cost difference as well as their copayment difference (not to exceed the cost of the medication). Mandatory generic substitution does not apply if the prescriber requests the brand drug. In order for the member to fill the brand-name prescription without paying the cost difference the prescribing physician must indicate "Medically Necessary" on the prescription.

Mandatory Generic Substitution is a standard benefit for all new groups with an April 1, 2009 effective date or thereafter. If you are an existing group business that is renewing with us, this enhancement will begin with April 1, 2009 renewals and forward. Pharmacy endorsements will be mailed to members starting this month.

More than 94% of our members already use generic equivalents. This change allows us to reduce benefit costs and help our pharmacy products remain competitive. Our goal is to continue to provide Floridians with affordable health care choices and to address the increasing costs of health care coverage.

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Blue Receives More Recognition and High Rating

The latest 2008 scores are out. As a two-year winner of the J.D. Power Associates Award, we're adding leader in disease management programs and physician satisfaction to our list!

Disease Management Purchasing Consortium Recognizes Blue Programs

We have been recognized recently as providing one of the "Most Effective Health Plan Disease Management Programs: Statewide Health Plans, 2008" by the Disease Management Purchasing Consortium. The award identifies our innovative health plan strategy of utilizing interactive print and voice technologies to continue to focus on behavioral change, cultural competency and prevention of racial disparity.

Disease Management includes over 30 illnesses and conditions such as depression, asthma, diabetes, multiple sclerosis and cystic fibrosis. Members have access to information, telephone and online support to help them monitor their disease and understand treatment options in order to make better-informed decisions and follow the prescribed care.

"Blue Cross and Blue Shield of Florida's retail health program provides integrated care management programs and services that offer meaningful care interventions across a member's health spectrum—from wellness to condition management."

— Dr. Richard Cassidy,
BCBSF Vice President of Medical Management

Physicians Rate NetworkBlue Higher Than Competitors

NetworkBlueSM was rated 60 percent in physician satisfaction, which is a 15 percent point lead over our competitors. The survey was completed with an independent online panel of more than 300 physicians who also participate in our competitors' networks. Why does this matter? According to experts, health care happens between a patient and their physician, and whichever health plan gets that right will be successful.

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Member Feedback Results in MyBlueService Enhancements

In response to member feedback, MyBlueServiceSM has a new look and easier navigation. We've also partnered with some of the best online health and wellness resources to provide members value-added interactive tools and features.

One user-friendly feature includes prescription shopping by pharmacy. This new prescription shopping tool compares drug prices from selected pharmacies and helps manage member's prescription drug costs. Members can now:

- Compare drug prices at their favorite pharmacies
- Find generic alternatives and see how much money they can save
- Save time and refill their mail-order prescriptions online

Other enhancements include:

- A redesigned home page displaying quick links to help members find a doctor or hospital, check claim status, request a new ID card and more
- Customer service capabilities that allow telephone representatives to log in to MyBlueService, and in real-time see exactly what the member sees
- Search functionality
- A site map
- Frequently asked questions

The enhancements to MyBlueService will also promote resources to help members seek appropriate care for conditions and illnesses, understand their benefits more fully and maintain overall good health.

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NetworkBlue Update

[Click here](#) to view a listing of providers that have recently joined NetworkBlueSM.

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Treatment Center Confusion?

Helping members find the best care at the most affordable cost is important. But in today's health care market, there are hundreds of physician walk-in centers, convenient care centers and urgent care centers. It's important that members understand that their coverage is subject to wellness benefits, medical necessity and the terms of their specific contracted benefit plan.

To help clarify the differences between providers, here's a brief description of each:

Physician Walk-In Centers are typically doctor's offices that accept new patients and have extended office evening and weekend hours available; as such, they are licensed and contracted under the physician or group practice.

Convenient Care Centers such as The Little Clinic, LLC, and Minute Clinic with many locations across Florida, are listed under the "other" provider type on our online provider directory. Nurse practitioners and physician assistants staff these walk-in centers. The centers usually have a menu of

charges for minor ailments and needs such as flu and allergy shots, ear infection, colds, pink eye, strep throat, skin rashes, bladder infection, sun exposure or sinus infections. According to Time Magazine, convenient care centers cost half as much as visits to physicians' offices for similar conditions.

Urgent Care Centers provide walk-in, extended hour access for acute illness and injury care that is either beyond the scope or availability of a typical primary care practice or convenient care clinic (complicated minor alignments, cuts, sprains or fractures, burns, and sports physicals). Urgent care centers provide physician medical attention for many acute care services in a more cost effective and efficient way than a typical emergency room. Most centers have some limited laboratory and radiological diagnostic services on site.

Helping members understand their coverage benefits and the differences among care centers will help ensure a better health care experience.

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FCL Corner

View and Pay Invoice

In the *NewsfromBlue* November 2008 issue, you were introduced to a new feature—View and Pay Invoice (VPI). With VPI, you or your group can save time by making electronic payments, eliminating paperwork, reducing the amount of lost checks and invoices, and cutting postage and check production costs.

FCL customers who have group Prepaid Dental and/or FCL billed Life/Disability have the ability to view their invoices utilizing the VPI tool. This means groups with health, BCBSF-billed life, FCL billed life/disability and Prepaid Dental products may view and pay their invoices online.

Interested Benefit Administrators (BAs) should be directed to complete the BA Authorization Form that can be accessed at www.bcbsfl.com under *Employers & Benefit Administrators section*, then click on *BA Forms*.

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