

# NewsfromBlue

IMPORTANT UPDATES FOR BENEFIT ADMINISTRATORS

September 2008

## Thanks to you—Blue Wins Back-to-Back!

For the second time, we've earned the rating of "Highest Member Satisfaction with Commercial Health Plans in Florida" from J.D. Power and Associates 2008 National Health Insurance Plan Satisfaction Study<sup>SM</sup>. The J.D. Power and Associates study identifies coverage and benefits, choice of doctors, hospitals and pharmacies, and information and communication as the most important factors in defining service and driving member satisfaction. Additional factors examined included approval processes, insurance statements, customer service and claims processing.



*Blue Cross and Blue Shield of Florida received the highest numerical score among large commercial health plans in Florida in the proprietary J.D. Power and Associates 2008 National Health Insurance Plan Study<sup>SM</sup>. Study based on 37,060 total member responses, measuring 5 plans in Florida (excludes Medicare and Medicaid). Proprietary study results are based on experiences and perceptions of members surveyed November-December 2007. Your experiences may vary. [jdpower.com](http://jdpower.com).*

## New Benefit Administrator Website

BlueBiz<sup>SM</sup>, our new Benefit Administrator (BA) website, provides a single gateway to several self-service applications and features specifically for BAs. Like MyBlueService<sup>SM</sup> and accessBlue, BlueBiz gives external users access to self-service tools and capabilities that will make doing business with us even easier!

BlueBiz is available to all registered users beginning **October, 2008**.

Initial BlueBiz Features At-A-Glance:

- Single sign-on to use BluesEnroll<sup>SM</sup> and View and Pay Invoice (currently have separate user IDs and pass codes)
- **Print Temporary ID Cards (Hot Feature!)**
- Order Replacement ID Cards

All groups are eligible to use BlueBiz, and groups who use BluesEnroll or View and Pay Invoice will find it more convenient to login through BlueBiz. This new website will serve in the future as a single source for online communications, reporting, online research of enrollment and claims, and more!

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Please contact your Blue Cross and Blue Shield of Florida representative if you have any questions.



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Sign-up Your Group Now!

If you are interested in enrolling in this new tool, complete the Benefit Administrator Authorization Form that can be found on our website at [www.bcbsfl.com](http://www.bcbsfl.com) under *Quick Links*, then clicking *BA Forms*. Or [click here](#) to access the form. Completed forms should be faxed to the number listed on the form.

Future functionality and capabilities are being planned for BlueBiz. Stay tuned for details!

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## Groups Benefit from using BluesEnroll

BluesEnroll<sup>SM</sup> is our new online enrollment and maintenance tool that lets you manage your employees' benefits online.

BluesEnroll takes into account a group's plan rules and provisions, and gives a quick and easy way to process new employee applications, terminations, and life change events. Plus, BluesEnroll gives access to over three dozen customizable reports.

Advantages to moving to BluesEnroll include:

1. Replacing a time-consuming paper process with an online solution
2. Gain control over data accuracy and benefit management in a secured environment
3. Access to additional features through BlueBiz
  - View and Pay Invoices online
  - Benefit changes appear more quickly, resulting in more accurate bills
  - Print Temporary ID cards or order replacement cards for employees

Contact your BCBSF sales representative or authorized agent to find out how to get started.

With BluesEnroll, you can:

- Enroll new hires
- Terminate coverage
- Perform year-round maintenance, including qualifying life events
- Generate canned reports, or create your own
- Track history
- And much, much more!

## Recent Florida Legislation Summary

[Click here](#) to access a summary of some of the recently passed legislation for your use when you receive inquiries as to how we will respond to this new legislation.

This summary does not include all legislation and is intended as a high-level summary only. When applicable, endorsements will be sent as notification for the changes required by the new laws.

Legislation	Topic
House Bill 535	Bone Marrow Transplant Coverage Identification Cards
Senate Bill 1012	Assignment of Benefits Overpayment and Underpayment Recovery Requests
Senate Bill 2534	Uninsured Coverage Alternatives Dependent Eligibility Change
Senate Bill 2654	Autism Spectrum Disorders Window of Opportunity Act Steven A. Geller Autism Coverage Act

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## 2007 Report to the Community Now Available

Blue Cross and Blue Shield of Florida and The Blue Foundation for a Healthy Florida are pleased to share the 2007 Reports to the Community. To access these reports, [click here](#).

Available in English and Spanish, these reports highlight our efforts to increase access to affordable health care, while providing members with more choices and the tools necessary to make informed health care decisions. The reports also highlight our community investments and work of The Blue Foundation, grant recipients and Sapphire Award winners.

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## CDHP: You Should Know...

*The following references to domestic partner as it relates to health coverage apply only if the employer health plan provides domestic partner coverage.*

Because family coverage is defined as High Deductible Health Plans (HDHP) for one HSA-eligible individual and at least one other individual, employees with Domestic Partner Coverage (it must be offered by their employer) with a HDHP can contribute the family maximum to their HSA bank account.

**If the domestic partner of the employee is not a tax dependent:** The domestic partner of the employee who is a dependent on their domestic partner's health policy, is eligible to open and contribute to their own HSA account as long as the domestic partner is not a "tax dependent" under Section 151 or 152 of the Internal Revenue Code.

**If the domestic partner of the employee is a tax dependent:** Employees can receive reimbursements for domestic partners from their HSA account if the domestic partner clearly qualifies as a tax dependent. Otherwise, employees should not utilize their HSA bank account funds for non-tax dependent domestic partner expenses.

All expenses incurred by an employee and their domestic partner count toward meeting the minimum deductible and the applicable out-of-pocket maximum.

*NOTE: BCBSF offers only the high-deductible health plan to be used in conjunction with the Health Savings Account (HSA). For more information on the tax advantages and implications of an HSA, contact your legal or tax advisor.*

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## NetworkBlue Update

[Click here](#) to view a listing of providers that have recently joined NetworkBlue<sup>SM</sup>.

Earlier this year, we began a NetworkBlue Primary Care, OB/GYN and Chiropractic contracting expansion strategy to support the growing BlueOptions<sup>®</sup> membership. We are pleased to report that year-to-date, over 1,500 new physicians have been added to NetworkBlue!

In addition, St. Luke's Hospital and St. Vincent's Pathology Associates in Duval County have joined NetworkBlue and other BCBSF networks.

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## Pharmacy Updates

### MyRxHealth Enhancements

In July, MyRxHealth received enhancements to the following features:

- My Account
  - Member contact preferences can be adjusted in the Contact Information tab
  - Members will be asked to list any herbal, over-the-counter or prescription medications not filled by PrimeMail<sup>®</sup> in an effort to help identify medication interaction concerns
- Homepage Additions
  - A PrimeMail flash presentation will outline our commitment to pharmacy mail order standards as well as demonstrate how to save time and money by using PrimeMail
  - A link to the Consumer Reports website for more information on prescription drugs
  - The Seal from the Verified Internet Pharmacy Practice Sites<sup>™</sup> (VIPPS), which identifies to the public those online pharmacy practice sites that are appropriately licensed, are legitimately operating via the Internet and that have successfully completed a rigorous criteria review and inspection

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## Pharmacy Updates (continued)

### Responsible Steps

A generic first step therapy program has been implemented on the following brand statins— Advicor, Altoprev, Crestor, Lescol & Lescol XL, Lipitor, Mevacor, Pravachol, Simcor, Vytorin and Zocor. Members that are currently on a brand statin will be granted a limited “grandfathering” period to allow time to discuss their therapy and options with their physician. Current users will not be impacted by the generic first requirement until January 1, 2009.

### Formulary Changes

Effective July 1, cholesterol lowering prescription medication Crestor® has been added to the Preferred Medication List and Lipitor® and Vytorin® have been removed.

As a result, members with a three-tier pharmacy benefit will require the highest copay or coinsurance level (Tier 3) for Lipitor and Vytorin; whereas Crestor will be Tier 2. All generic medications in the cholesterol-lowering class (simvastatin, pravastatin and lovastatin) are Tier 1.

To help keep health care costs down and to continue offering competitive rates, we regularly monitor the costs of prescription drugs. This formulary change is due to more affordable brand name and generic alternative drugs being available for cholesterol management. Members should contact their physician or pharmacist to discuss those alternatives. This formulary change applies to BlueCare®, BlueChoice® and BlueOptions® products. Remember to view the Medication Guide Update in our Resource section!

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## Hurricane Season Provider Care Planning

With hurricane season blowing through, we are reminding our network providers to accept ID cards from our members, even if they are unable to communicate with us during an emergency or natural disaster.

Through various channels, we are educating providers on guidelines of how to “Accept the Card” should they be unable to adhere to our standard business procedures.

In addition, beginning in June (the start of Florida’s official hurricane season), access to the Availity® Care Profile<sup>SM</sup> capability will be given to approximately 63,000 Availity® users in our provider offices, bypassing the normal registration process for the Care Profile. This program is designed to assist providers with business continuity planning and preparations during hurricane season.

Members are also being informed about Availity Care Profile in their Explanation of Benefits. A “hurricane preparedness” flyer is being sent to members so they will know that in the event of an emergency, an evacuation or an accident, their medical claims history is accessible by authorized providers statewide—helping ensure uninterrupted, quality care by a treating physician.

### Prescription for Emergency Preparedness

In the event of evacuation, members should make note of prescription numbers.

We will waive time restrictions on prescription refills and authorize payment to pharmacies for at least a 30-day supply of any prescription drug(s) if the member lives in a county that:

- Is under a hurricane warning issued by the National Weather Service.
- Is declared to be under a state of emergency by the Governor
- Has activated its emergency operations center and its emergency management plan.

Other restrictions apply as issued by the Office of Insurance Regulation.

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