NewsfromBlue

IMPORTANT UPDATES FOR AGENTS, BROKERS AND CONSULTANTS

March 2005

e-Medicine

Consistent with our goal of working with the provider community to facilitate access to members, BCBSF is pleased to be the first health plan in Florida to offer members access to RelayHealth webVisit®. RelayHealth is a secure online communication service that enables members to schedule appointments, request lab results or ask for prescription refills. They also may consult with their doctors about non-urgent issues, at about the same cost as an office visit. All of this is done securely, quickly and conveniently through the Internet.

These e-Medicine services can save members time and offer a convenient method to communicate with their physicians. No more waiting for a return call, sitting on hold or waiting for the doctor's office to open to ask a simple question or request an appointment. Research shows that 90% of patients who regularly use the Internet want online access to their physician.

To find out more, **[click here]** then scroll down to *Also Available* or simply **[click here]** to see a demo.

Blue Cross and Blue Shield of Florida, Inc. (BCBSF) has entered into a vendor arrangement with RelayHealth® whereby RelayHealth has agreed to provide BCBSF secure communication between BCBSF, its members and participating physicians. BCBSF has entered into this arrangement to provide a value-added service to its members and participating physicians. BCBSF cannot guarantee or be held responsible for the quality of services provided by RelayHealth.

Access Authorization Form Required for Member Information

An access authorization form must be on file or available prior to releasing a member's protected health information (PHI) to you, our sales partners. The form allows a member to identify individuals, such as a relative, friend or agent, to call BCBSF about claims, benefits or information related to an explanation of benefits the member has received.

The form can be found in the Forms Center link of the Sales Partner section on our website. To obtain a form, **[click here].**

Quick Links

e-Medicine

Access Authorization Form Required for Member Information

NetworkBlue Update

COBRA Services through Ceridian

BlueOptions Q&A

Personal Health Report

Online Provider Directory

Multiple Employer Welfare Arrangements

Providers, Pharmacists Need to see New ID Cards

NewsfromBlue For Benefit Administrators

To obtain a version of this e-newsletter with topics pertinent to Benefit Administrators, **[click here].**

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

BlueCross BlueShield of Florida

An Independent Licensee of the Blue Cross and Blue Shield Association

NewsfromBlue is published by Blue Cross and Blue Shield of Florida with sales offices throughout Florida. Visit our website at *www.bcbsfl.com* or *www.newfromfloridablue.com*

NetworkBlue Update

Welcome the following facilities to NetworkBlue:

Acute Care Hospitals: Effective 3/1/05

- Lee Memorial Health Systems in Lee County (including satellite facilities HealthPark Medical Center and Cape Coral Hospital)
- Jackson South Community Hospital in Miami-Dade County

Independent Diagnostic Testing Facilities (IDTF): Effective 3/1/05

- Open MRI of Naples in Collier County
- Regional Diagnostics LLC in Broward County
- Open MRI of Tallahassee in Leon County
- Regional Diagnostics LLC in Palm Beach County

Urgent Care Center: Effective 3/1/05

- North Naples Medical Center in Collier County

Durable Medical Equipment: Effective 3/1/05

- Dania Medical Equipment in Broward County
- Jay Home Medical in Duval County
- Newair Home Care in Lake County
- First Response Medical in Miami-Dade County
- Key Diabetes Supply in Orange County
- Airway Management in Lee County

[Back To Quick Links]

Important Reminder: COBRA Services through Ceridian

Recently there has been some misunderstanding about the services offered through Ceridian relating to the General Notice of COBRA Rights and Obligations. The employer is liable for providing these notices. Ceridian will send the General Notices of COBRA Rights and Obligations only to newly hired employees and newly covered spouses (i.e. employees hired after the group's implementation on Ceridian or spouses who are added after the group's implementation on Ceridian).

If the employer wants Ceridian to send the General Notice of COBRA Rights and Obligations to all of their employees, this service is available for a fee. The employer should contact Ceridian at 1-800-377-4990 for fees and applicable charges.

[Back To Quick Links]

BlueOptions Q&A

Can a member be balance billed for charges related to a mammogram if the provider is out-of-network?

Yes, as with other services, if the out-of-network provider is not a Traditional provider, members can be billed the difference between our negotiated amount (the Allowed Amount) and what the provider charges. Traditional program providers have agreed to charge no more than the Allowed Amount for covered services.

Is there a lifetime or calendar year maximum on durable medical equipment (DME)?

No, there is no lifetime or calendar year benefit maximum for DME on most BlueOptions plans. However, there is a $1,000 calendar year benefit maximum for DME on the low premium BlueOptions group plans 1803 and 1903 and the low premium BlueOptions individual plans 50 and 51. Additional low premium BlueOptions group plans will be added in the near future that will also have a $1,000 calendar year benefit maximum for DME.

[Back To Quick Links]

Personal Health Report

We are very excited to introduce our first Personal Health Report card for BlueOptions members.

In order to create a stronger brand that delights our members and potential customers, we have been working hard to learn more about ways to keep customers better informed. We have created a new, value-added service that provides another opportunity for us to demonstrate our commitment to "How can Blue help you?"

On March 31, we will release a free quarterly health report for BlueOptions members with group and individual under 65 coverage. The report will enable members and their families to have personal health information at their fingertips. Some of the report's unique features include:

- Detailed physician, hospital and pharmaceutical costs for members and their families
- A summary of expenses paid compared to what they would have paid without health insurance
- Preventive health services based on age and gender
- Relevant health tips for daily living

The initial mailing is scheduled for March 31 and will be sent to those members who enrolled in BlueOptions in 2004 and have an active contract in 2005. It will show medical services during the reporting period of January 2004 to December 2004.

The second mailing will occur on April 5 and will report medical services from January 2005 to March 2005. Only members who have received medical services during the actual reporting period in which claims were filed will be mailed a report.

As we continue to learn more about our members' needs, values, and expectations, subsequent releases of the report will be even more customized.

[Back To Quick Links]

Online Provider Directory

We have upgraded our online provider directory (OPD) to provide a more complete and accurate picture of our relationship with providers, allowing members to search more effectively for providers who meet their needs.

The new OPD offers an advanced search page, assisted search, a custom directory option and several new search fields like gender, office hours and age ranges. You will be able to create custom versions by adding text to the cover of the standard directory and selecting certain content to be displayed.

BlueCare, BlueChoice and BlueOptions directories will be generated nightly – as opposed to monthly – so that the very latest information is represented in .pdf versions of those directories. PPC, HMO, Medicare and More, Medicare Supplement, NetworkBlue, CIMR dental, Traditional, and Healthy Kids information is updated nightly for up to date search results.

For detailed instructions on printing a custom directory, **[click here].**

[Back To Quick Links]

Multiple Employer Welfare Arrangements

Multiple Employer Welfare Arrangements (MEWAs) are a health plan option that brings groups of two or more small businesses together to provide health care coverage for their employees. They may either self-insure or purchase health care coverage from an insurer or health plan. Associated Health Plans (AHPs) are essentially an expansion of MEWAs in that they are plans sponsored by a group or association of employers to provide health care coverage to those members or employees.

BCBSF believes that small employers should not be prevented from banding together with other small employers to acquire more affordable health coverage. State, rather than federal, regulation would offer a more reasonable approach to fostering this type of coverage. For the small group market to operate effectively, all of these groups, including MEWAs and AHPs, must be made to comply with the laws and regulations of the state in which their members reside and must purchase insurance directly through a licensed insurer or health plan. MEWAs and AHPs in all states must ensure shared liability and solvency of the health plan, and also guarantee that there will be no underwriting or engaging in differential pricing of individuals based on health status. Premium rates and underwriting are based on the group as a whole. In addition, these groups must offer the standard and basic plans used by all other small employers in the state.

[Back To Quick Links]

Providers, Pharmacists Need To See New ID Cards

We are issuing members new health plan identification numbers when their policies renew. The new number, called a Health Care Contract Identifier (HCCID), is unique and replaces the Social Security number on member ID cards. All numbers will be replaced by December 31, 2005.

Members should show their physicians, pharmacies or other providers their new member ID cards, since the Social Security number will no longer be used to verify benefits or process claims.

Newly enrolled members automatically receive an HCCID number. If members are seeking medical or pharmacy services before their ID card arrives, please have them contact Customer Service to obtain their new member number.

[Back To Quick Links]