

## Dental services discount begins for plan type 2 and 3 members

The Plan has arranged with Doral Dental USA, our dental services manager, to offer **Commonwealth Care plan type 2 and 3** members a 25% discount, effective July 1, 2009, on certain services. Only Commonwealth Care plan type 1 covers dental services; types 2 and 3 do not cover dental care, so the discount program offers special value to these members. Plan type 2 and 3 members are directly responsible for any charges and the Plan has clearly communicated this to all members.

We believe the discount will encourage these members to seek dental care that they might avoid without the discount as an incentive. For more details on the discount program, see the Commonwealth Care member page at [bmchp.org](http://bmchp.org).



## Submitting an appeal or corrected claim? Here's how to avoid confusion

When should you submit a corrected claim, and when an administrative appeal? Knowing the difference can save time and avoid extra work.

An **administrative appeal** is a written request to reconsider a *denied claim*. You might submit an appeal, for example, if we denied a claim due to claims received outside the timely filing limit. To submit an appeal, complete the Administrative Appeal Request form found in section 15.1 in the Provider Manual.

A **corrected claim** is *any previously submitted, paid or denied claim* that you resubmit with *changed or corrected* information. We must receive all corrected claims **within 300 calendar days from the date of service**. The following are examples of information that require you to submit a corrected claim:

- Incorrect provider name
- Incorrect member name or member ID number
- Incorrect line item details (e.g., procedures, modifier, units or charges)
- Incorrect place of service



See section 2 of our Provider Manual, *Claim Submission and Reimbursement*, for rules about corrected claims.

### Updated Provider Manual now available online

BMC HealthNet Plan's revised Provider Manual, which has been restructured for easier use, is now available on the Provider page at [bmchp.org](http://bmchp.org). The online manual is always the most up-to-date version, allowing you to search for any word or phrase you specify. It includes the information from all of our Network Notifications effective prior to May 3, 2009.

You may also request a CD of the manual by calling your provider relations representative.

# Formulary Update

The following changes to the Plan's formulary are effective December 1, 2009.

## Products added to the step-therapy program:

- *Brand name triptans* (Amerge<sup>®</sup>, Zomig<sup>®</sup>, Zomig ZMT<sup>®</sup>, Maxalt<sup>®</sup>, Maxalt MLT<sup>®</sup>, Frova<sup>®</sup>, Relpax<sup>®</sup>)

## Products requiring prior authorization:

- Aplenzin<sup>®</sup>
- Arcalyst<sup>®</sup>
- Cinryze<sup>®</sup>
- Dysport<sup>®</sup>
- Embeda<sup>®</sup>
- Fanapt<sup>®</sup>
- Hyalurans  
(Euflexxa<sup>®</sup>, Hyalgan<sup>®</sup>, Orthovisc<sup>®</sup>,
- Supartz<sup>®</sup>, Synvisc<sup>®</sup>, Synvisc-One<sup>™</sup>)
- Kapidex<sup>®</sup>
- Nucynta<sup>®</sup>
- Onsolis<sup>®</sup>
- Ryzolt<sup>®</sup>
- Uloric<sup>®</sup>

## Viscosupplements for Osteoarthritis of the Knee – Preferred Product

Effective December 1, 2009, Euflexxa<sup>®</sup> will be the preferred viscosupplement for members meeting new coverage criteria for viscosupplementation. Coverage of non-preferred viscosupplements (Hyalgan<sup>®</sup>, Orthovisc<sup>®</sup>, Supartz<sup>®</sup>, Synvisc<sup>®</sup>, Synvisc-One<sup>™</sup>) will not be approved unless the member has had a documented treatment failure with Euflexxa<sup>®</sup>.

## Medications added to the Quantity Limitation program:

Effective **December 1, 2009**, antiviral medications used for preventing and treating influenza (Tamiflu<sup>®</sup> and Relenza<sup>®</sup>) will be subject to the following quantity limitations (see table below).

Antiviral Medication	Quantity Limitation	
Tamiflu (oseltamivir) 30 mg	20 capsules/month	40 capsules/year
Tamiflu (oseltamivir) 45 mg, 75 mg	10 capsules/month	20 capsules/year
Tamiflu (oseltamivir) Suspension	75 mL/month	150 mL/year
Relenza (zanamavir)	20 inhalations/month	40 inhalations/year

## Disease management program update for PCPs

The Plan has ended its contract with Health Integrated (HI), including HI's Synergy<sup>®</sup> program for Plan members who required care/disease management services. All members previously managed by HI have been offered enrollment in BMC HealthNet Plan's own care management/disease management services.

**Please remove all electronic flags or chart stickers related to the Synergy program.** We encourage you to refer our members to our care management programs (for example, diabetes, asthma, and complex conditions) by calling 866-853-5241. Plan members engaged with Synergy care coaches were informed that the program has changed and given the Plan's toll-free care management phone number listed above.

Once members are accepted into our care management programs, we give them educational materials to help them manage their conditions, and assign care managers to seriously ill members and those who would benefit from a care manager's support. Please call our care management line (866-853-5241) for more information.

## Free booster seat "extra" ending October 1

Effective October 1, 2009 BMC HealthNet Plan will no longer offer booster car seats as a free "extra" for members. We **will**, however, continue to offer free infant/toddler car seats to members. Note that pregnant members can get an infant/toddler car seat up to 45 days prior to the baby's delivery date.

Even though this free "extra" is ending, we urge providers to remind parents of pediatric members that Massachusetts law requires all children under age eight and less than 57 inches tall to ride in a child safety seat.

# News briefs and reminders

## Collecting data to ensure best care

The Plan is collecting demographic data (race, ethnicity, and primary spoken language) to identify and address any possible healthcare disparities in our member population. We seek to optimize the care delivered to these members by matching our care delivery system to their cultural and linguistic needs.



The Plan is working with MassHealth to address and reduce healthcare disparities in the state, and we will work with providers as further data are collected to address this initiative.

## Claims for childbirthing classes

Providers offering childbirthing classes for eligible Plan members may submit claims for reimbursement. Use the code specifications specified in Network Notification M-107, which you can view from the Providers page at [bmchp.org](http://bmchp.org) (click Provider e-Services > Network Notifications > Medical).

## Refer members to in-network specialists

When Plan members need referrals to specialists, **providers must refer them to specialists in our network.** We do not cover care from out-of-network providers except under certain circumstances outlined in the Provider Manual (section 3). To find specialists in our network, click Find a Provider at [bmchp.org](http://bmchp.org), or call your provider relations representative.

## Give us your feedback

Have you submitted a request for prior authorization, filed an appeal on behalf of a member, or had other involvement with our utilization management programs? If so, we invite you to participate in a brief survey about your experience; go to the Providers page of [bmchp.org](http://bmchp.org).

## New, healthier WIC food packages

The Massachusetts WIC (Women, Infants, and Children) nutrition program's food package now offers a new set of healthy foods. The package now includes fresh fruits and vegetables, whole-grain cereals and breads, brown rice, soft corn and wheat tortillas, soy beverages, tofu, and more. It includes less milk, juice and cheese than the previous package to fulfill obesity-reduction guidelines; WIC now offers only low-fat or non-fat milk to women and to children over age two, unless otherwise medically indicated. For more information, see [mass.gov/eohhs](http://mass.gov/eohhs) and click For Consumers > Food & Nutrition.



## 7-day behavioral health visit reminder

Inpatient behavioral health providers must ensure that members receive outpatient behavioral health services within seven days of discharge from an inpatient admission for the treatment of a mental health and/or substance abuse issue. **Seven-day aftercare is important to prevent readmissions, and for continuity of care.**

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## LOCATIONS

**Boston Area Main Office:**

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Suite 600  
Boston, MA 02116

**Western Massachusetts Regional Office:**

354 Bernie Avenue, 3rd Floor  
Springfield, MA 01107

**Southeastern Massachusetts  
Regional Office:**

Bourne Counting House  
One Merrills Wharf  
New Bedford, MA 02740

**Berkshire Regional Office:**

66 West Street, Suite 205  
Pittsfield, MA 01201

**Provider Line 1-888-566-0008**  
[www.bmchp.org](http://www.bmchp.org)

## Plan receives highest NCQA rating

We are pleased to announce that BMC HealthNet Plan was awarded a rating of “Excellent Accreditation” for our MassHealth product from the National Committee for Quality Assurance. This is the highest accreditation status that a health plan can earn from NCQA.



NCQA rigorously reviewed our policies, procedures, programs, files, and member and provider materials. The process required us to submit audited data on key clinical and service measures such as mammography screening rates, comprehensive diabetes care and member satisfaction.

Maintaining our accreditation is an ongoing process; we will continue to vigorously improve quality on all fronts.