Plan’s Commonwealth Care Leads in Member Selection

Since we began offering Commonwealth Care health insurance to the state’s residents without coverage last fall, BMC HealthNet Plan has emerged as the leading managed care organization (MCO) in member selection. BMC HealthNet Plan Commonwealth Care membership stands at more than 18,000.

“As we continue to expand our statewide network, more members are choosing BMC HealthNet Plan over other MCOs,” said John Cragin, the Plan’s senior director for Commonwealth Care. “We now have members enrolled in all four Commonwealth Care plan types.”

The state’s initiative to move uncompensated care pool users whose incomes are below 100% of the federal poverty level into fully subsidized Commonwealth Care plan type I concluded in January.

Member satisfaction

New members, sharing their personal stories, have praised the Plan for providing them with quality services. A mother of an

BMC HealthNet Plan offers a comprehensive package of personal health programs to ensure member’s well-being. These programs are only a phone call – or a mouse click – away.

“These programs are staffed by experienced, caring professionals. We encourage providers to tell members and their families that expert health coaching, advice and support services are available free of charge,” said Jean Haynes, executive director.

Providers can find a list of personal health programs by clicking on the Personal Health Program links found on the member pages of the Plan’s Web site.

Personal Health Programs for members at a glance:

• Nurse Advice Line from BMC HealthNet Plan: Free access to medical advice on the phone – 24 hours a day, 7 days a week. 1-800-973-6273 (MassHealth) 1-800-765-7344 (Commonwealth Care)

• Audio Health Library: Connects members to a phone library of information on over 1,000 health topics including aging, allergies, behavioral health, and more.

• Member Services Call Center: 1-888-566-0010 (MassHealth) 1-888-566-0012 (MassHealth, Spanish) 1-877-957-5300 (Commonwealth Care) Helps members find a doctor or connect to other services.

• Personal Health Coaching: Individualized support for members with asthma, congestive heart failure, diabetes, and other health issues.

• Community Resources: Identifies sources for a variety of issues, including housing, furniture, food, clothing, and more.
Behavioral health initiatives – We need providers’ help

BMC HealthNet Plan is introducing two behavioral health initiatives. We need your help to work with members to ensure their success with each initiative.

The **Alternative Daily Dosing Initiative** aims to improve the medication adherence of members taking atypical antipsychotic medications by reducing the daily pill burden. Over 60 percent of Plan members stop taking these medications within the first three months. The Plan encourages working with members on developing schedules that consolidate the total number of tablets needed to be taken each day.

The **Anti-depressant Medication Monitoring Initiative** aims to improve mental health outcomes by increasing the number of prescribing-provider visits by members who are on these medicines. These visits are crucial for scrutinizing member response to therapy and for discerning potential concerns and risks. The Plan strongly recommends that providers work with members to follow the HEDIS recommendation and schedule at least three follow-up visits - one of which must be with their prescribing practitioner - within the first three months of taking the drug. In an effort to assist you, the Plan has mailed educational materials and seven-day pillboxes to non-compliant members to help enforce this message. The Plan is also calling members to help them set up appointments. Members who attend follow-up visits will be automatically entered into a drawing for a gift card.

**Web site pharmacy pages enhanced**

Questions about a member’s pharmacy benefits? Need access to forms? BMC HealthNet Plan’s pharmacy Web pages now include:

- a page summarizing pharmacy benefits and management programs
- pre-authorization forms
- updated drug formularies for both MassHealth and Commonwealth Care pharmacy benefits
- frequently asked questions (FAQs) with answers about pharmacy policies, benefits, and contacts

**Member satisfaction**

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Quality services. A mother of an ill 21 year-old son recently told us that when she was informed she had real health insurance that could help her care for her son, she cried, saying, “Now he’ll live longer.” A 54-year old woman, who said she had been “surviving” on medicine samples from her doctor, told the Plan “this is the first time I will have prescription coverage.”

Providers should call the provider line at 1-888-566-0008, or access the Plan Web site, for more information about Commonwealth Care.
**Provider news in brief**

**Pregnancy notification form now online**

Providers are contractually required to notify the Plan within three days after confirming a member’s pregnancy. The Plan requires this information in order to better assist that member with appropriate care management services. In an effort to expedite this notification process, we’ve added an electronic form to the provider site. Look for the member eligibility site under “Provider e-services.” After checking on a member’s eligibility status, the pregnancy notification form can be completed and either sent to us electronically or by fax where appropriate.

**Otitis media initiative launched**

The Plan encourages members (or the parents of members) who contract otitis media or tonsillitis to first turn to their primary care physician (PCP) rather than seek help from the emergency departments (ED) at their local hospitals. Members who have visited the ED will soon receive a call from the Plan’s member services department to encourage them to use the Nurse Advice Line for assistance or go directly to their PCP in determining next steps. Members who are seen with either of these two diagnoses two or more times within six months, or four or more times within a year, will be contacted by the Plan’s clinical care managers for assistance with care management.

**EDI makes claims filing easier**

Electronic data interchange (EDI) saves providers time and money, and eliminates printing costs. It cuts down on errors; paper claims no longer need to be scanned or entered into a database manually, thus eliminating the risk of entering incorrect data. By submitting claims through EDI, the Plan speeds up payments to providers.

**No fees, no hassles**

The Plan also accepts electronic claims by partnering with several clearinghouses, including MedAvant, SSI and Emdeon. We recently made our EDI services available to providers who join the New England Healthcare EDI Network (NEHEN). There are no fees to conduct EDI transactions through NEHEN, which include:

- **Claims submission** (837I/837P transactions)
- **Claims eligibility** (270/271 transactions)
- **Claims remittance advice** (835 transactions)

Participating providers can presently use the claims status search function found on our Web site’s provider page with their secure log-in. Providers can also process 270/271 lookups on the site using their secure log-in.

**Fraud and abuse guidelines posted**

Under the Deficit Reduction Act of 2005, BMC HealthNet Plan is required to inform all employees, contractors and providers about the following:

- Federal and Massachusetts False Claims Acts
- The Plan’s Fraud and Abuse policy
- The rights to protection as a whistleblower

A Network Notification outlining the specifics of each of the guidelines has been mailed to all network providers.

**Weiner, Macbeth join staff**

Jennifer Kent Weiner, senior director of network management, and Chris Macbeth, regional director for the western Massachusetts region, have joined BMC HealthNet Plan to focus on strengthening the Plan’s provider and contract management efforts.

Ms. Weiner brings extensive provider-focused experience as the Plan expands its network across the state. She previously worked for Private Healthcare Systems in Waltham, Mass., where she was responsible for developing strategies for New England providers. She held similar positions at HealthMarket, Inc. in Connecticut, and Harvard Pilgrim Health Care in Wellesley, Mass.

Ms. Macbeth, most recently the executive director of Valleyhead, Inc., in Lenox, Mass., will focus on directing the Plan’s staffs in the Springfield and Pittsfield offices. Additionally, she will help to strategically increase the Plan’s presence throughout the western Massachusetts region.
Survey Alert: Your Input Requested

BMC HealthNet Plan will conduct a provider survey in April. If contacted, please take the time to respond. Your confidential feedback will help us to better serve your needs going forward.

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**LOCATIONS**

- Boston Area Main Office:
  Two Copley Place
  Suite 600
  Boston, MA 02116

- Western Massachusetts Regional Office:
  354 Birnie 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

**NPI deadline draws near**

Time is running out for providers to obtain their National Provider Identifier (NPI) and to submit the NPI to BMC HealthNet Plan. The federally set deadline is May 23, 2007 for all providers to have an NPI. But BMC HealthNet Plan strongly urges network providers to submit their NPI to us **no later than April 16**. We need to ensure that all systems are in place and testing is complete well ahead of the May 23 federal deadline. Providers submitting NPI after April 16 risk having their claims rejected beginning May 23.

For your convenience, you may submit your NPI to the Plan through a special electronic form on our Web site. You will also find fax numbers listed if you want to submit your NPI to us that way.

Remember, a delay is costly; providers without their NPI run the risk that their claims will be rejected.

For more information, please e-mail BMC HealthNet Plan at NPI@bmchp.org.