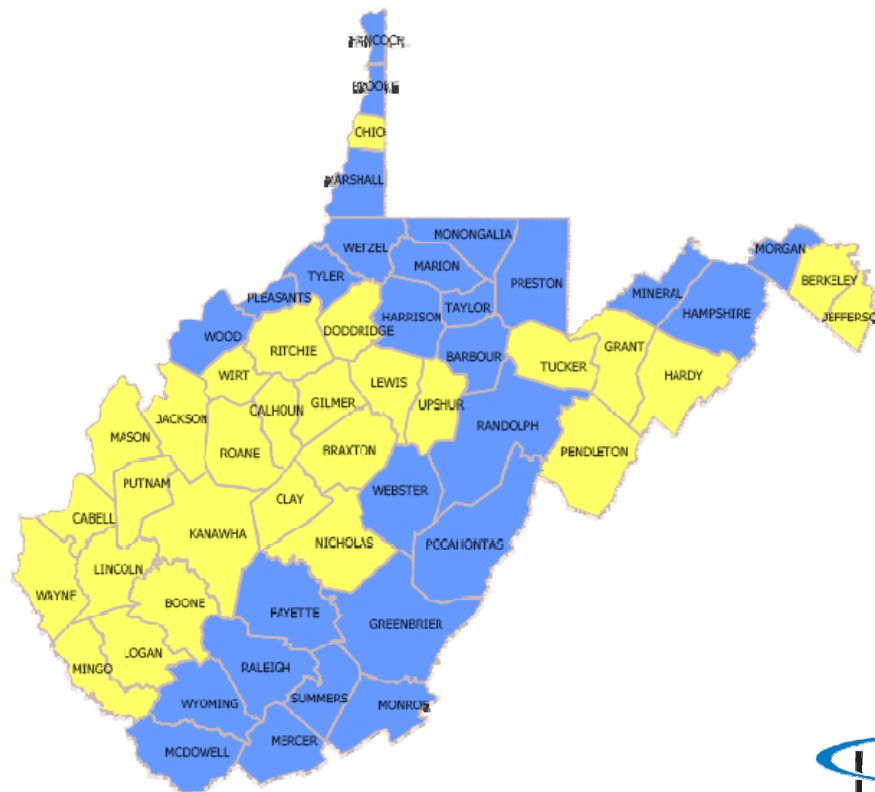


Highmark Health Insurance Company

Mountain State Blue Cross Blue Shield Provider Workshops



Presentation Topics

2010 FreedomBlue Proposed Benefit Changes

- FreedomBlue PPO
- FreedomBlue PFFS

BlueCard MA PPO Network Sharing

- Program Overview
- Claims Submission

HHIC FreedomBlue Provider Resource Center

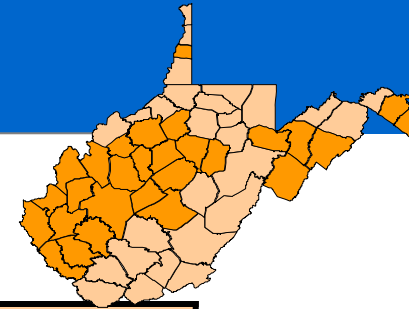
- Overview
- Timeline

Questions

2010 Product Impacts

Issue	Response
Lower CMS reimbursement leads to higher premiums and cost-sharing	<ul style="list-style-type: none">• Targeted cost-sharing to help minimize premium increases.• Continue to encourage preventive care through benefit design.
CMS requirement that plans are clearly differentiated means fewer product options	<ul style="list-style-type: none">• Eliminate FreedomBlue Blue PFFS Enhanced.
CMS requirement for network-based PFFS plans by 2011 means plans will focus more attention on their network-based products.	<ul style="list-style-type: none">• Continue to offer different levels of PPO coverage.• Where possible enhance plans with additional value added benefits.

2010 HHIC FreedomBlue PPO Plans



	2009 Benefits
PPO - Value	Higher cost-sharing No Rx
PPO - Standard	Moderate cost-sharing Standard Rx benefits \$7/\$42/\$80/33%
PPO - Deluxe	Lowest cost-sharing Enhanced Rx benefits including generic gap coverage \$6/\$40/\$80/33%

	Region 1	Region 2
	2009	2009
Value	\$0	\$40
Standard	\$24	\$59
Deluxe	\$74	\$126

*2010 Premiums Pending CMS Approval

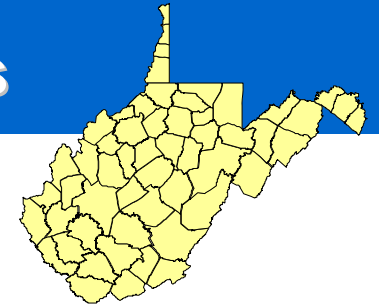
Cross Plan Changes

- Raised out-of-network deductible from \$250 to \$500.
- Split primary care physician and specialists copayments for all products.
- Expanded the copayment on Skilled Nursing Facility days to 16-55 and increased the copayment by plan.
- Raised the durable medical equipment in-network out-of-pocket maximum to \$750.
- Increased ambulance copayments.
- Switched from copayments to coinsurance for Part B drugs.

HHIC FreedomBlue PPO 2010 Benefit Comparison

	FreedomBlue PPO Value	FreedomBlue PPO Standard	FreedomBlue PPO Deluxe
Out-of-Network (deductible & coinsurance)	\$500 deductible, 30%	\$500 deductible, 30%	\$500 deductible, 20%
Physician Visit	\$15 PCP/\$35 Specialist	\$15 PCP/\$30 Specialist	\$15/\$20 Specialist
Inpatient Hospital	\$250 per admit \$750 OOP max	\$250 per admit \$750 OOP max	\$200 per admit \$600 OOP max
Outpatient Surgery (per visit/day/provider)	\$250	\$100	\$75
ER	\$50 copayment	\$50 copayment	\$50 copayment
Urgent Care	\$35/\$50	\$30/\$50	\$25/\$50
Long Term Acute Care	\$50 per day \$500 OOP max	\$50 per day \$500 OOP max	100% coverage
Skilled Nursing	\$50/day, (days 16-55) \$2,000 OOP max	\$50/day, (days 16-55) \$2,000 OOP max	\$35/day, (days 16-55) \$1,400 OOP max
Ambulance	\$100 per one way trip	\$75 per one way trip	\$75 per one way trip
DME/Prosthetics/ Orthotics (Includes diabetic testing devices)	15% member coinsurance \$750 OOP max	15% member coinsurance \$750 OOP max	15% member coinsurance \$750 OOP max
Advanced Imaging/ Diagnostic	\$50/\$20	\$50/\$20	100% coverage
Part D Incentive Formulary	NA	\$7/\$42/\$80/33% No gap coverage	\$6/\$40/\$80/33% Generic gap coverage

2010 FreedomBlue PFFS Direct Pay Plans



	2010 Benefit Highlights	2009 Premiums	
		Region 1	Region 2
PFFS Choice	\$3,400 out-of-pocket maximum Moderate cost sharing No Rx benefits	\$0	\$50
PFFS Choice Plus	\$3,400 out-of-pocket maximum Higher medical cost sharing Rx Coverage \$7/\$42/\$90/33%	\$0	\$61
PFFS Enhanced	Due to low membership this plan will not be offered in 2010.	\$65	\$115

***2010 Premiums Pending CMS Approval**

Cross Plan Changes

- Created one statewide region.
- Instituted a single \$3,400 out-of-pocket maximum for all products.
- Raised ambulance copayments.
- Increased physician copayments.
- Switched Part B cost sharing from copayments to coinsurance.
- Aligned benefits to ease member transition to PPO coverage.

2010 FreedomBlue PFFS Direct Pay Plan Benefits

	PFFS Choice	PFFS Choice Plus	PFFS Enhanced
Plan OOP Maximum	\$3,400	\$3,400	Due to low membership this plan will not be offered in 2010.
Physician Visits	\$35	\$30	
Inpatient Hospital	\$125 per day (days 1-4) \$500 OOP annual maximum	\$150 per day (days 1-4) \$600 OOP annual maximum	
Outpatient Surgery per visit/per day/per provider	\$200	\$100	
ER	\$50	\$50	
Urgent Care	\$50 (hospital) \$35 (non-hospital)	\$50 (hospital) \$30 (non-hospital)	
Long Term Acute Care	\$100 per day	\$75 per day	
Skilled Nursing (per admission)	\$35/day (days 11-100)	\$50/day (days 11-100)	
Ambulance	\$100 per one way trip	\$100 per one way trip	
DME/Prosthetics/Orthotics (Includes diabetic testing devices)	20% member coinsurance	20% member coinsurance	
Advanced Imaging/Diagnostic	\$75/\$25	\$75/\$30	
Part D Mail Order: 2.5x up to 34 days supply Incentive Formulary	NA	\$7/\$42/\$90/33% (up to 34 days supply) • No Rx Gap Coverage	

Key Dates

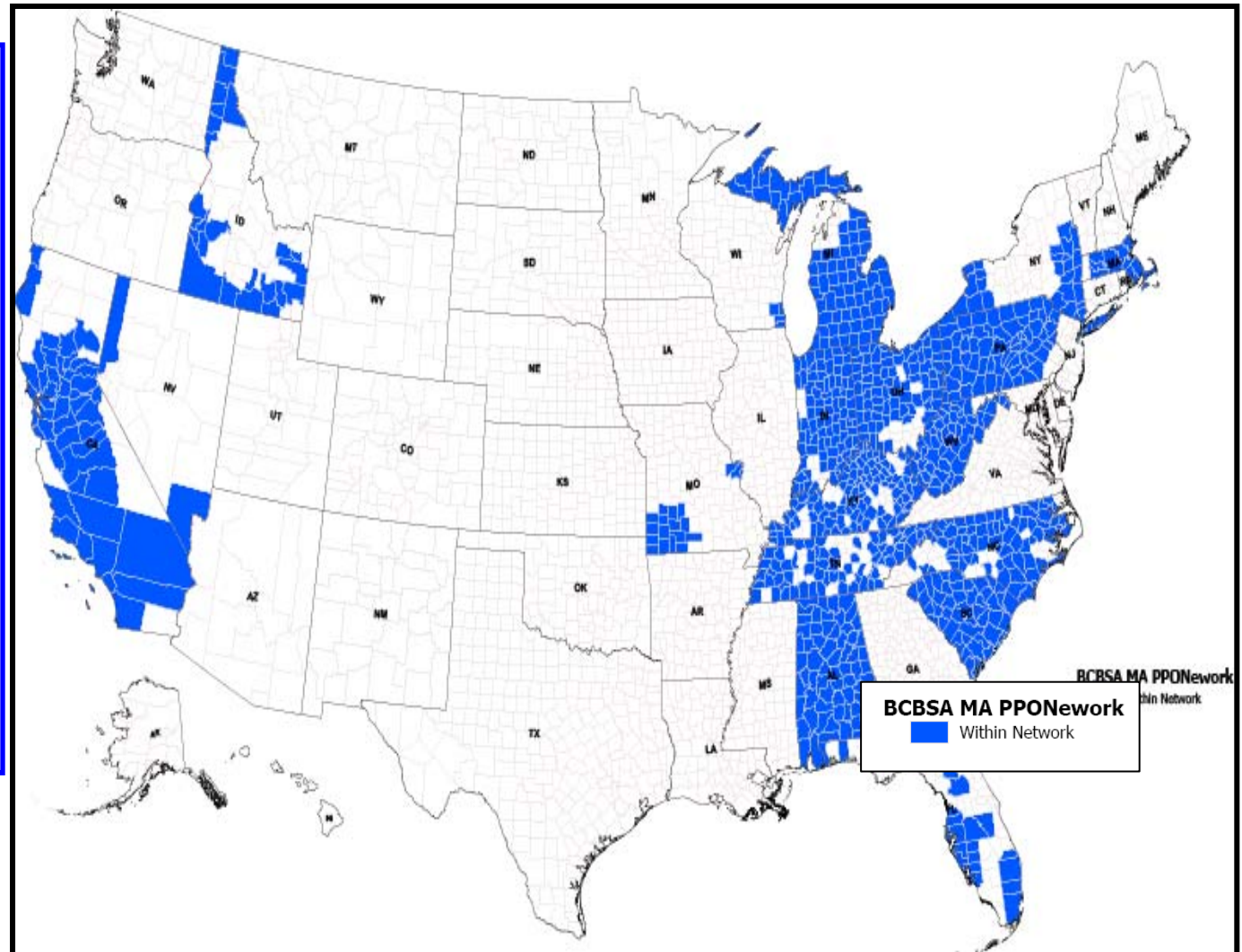
- October 1 – Plans can start to market their 2010 plans.
- Mid-October – CMS issues the 2010 Plan Finder.
- October 31 – Members must received their Annual Notice of Change Letters.
- November 15 – Annual Election Period begins.
- December 31 – Annual Election Period ends.
- January 1 – New benefits take effect.

BlueCard MA PPO Network Sharing

- The Blue Cross and Blue Shield Association (BCBSA) has mandated that all Blue Plans with a Medicare Advantage PPO network allow other Blue Plans access to those networks effective January 1, 2010.
- The program has two components, a visitor/traveler benefit for all direct pay Medicare Advantage PPO members and an employer group benefit for retirees living outside our service area.
- FreedomBlue PPO members will receive a new ID card with the “suitcase” logo – similar to commercial members.

2010 BCBSA Network Sharing Service Area Map

Network providers will be available in 18 states and Puerto Rico. Participating states are Alabama, California, Florida, Idaho, Indiana, Kentucky, Massachusetts, Michigan, Missouri, North Carolina, Nevada, New York, Ohio, Pennsylvania, South Carolina, Tennessee, Wisconsin and West Virginia.



What does this mean to me?

- You will be able to recognize an MA PPO network sharing member by the logo on their ID card.
- You will be paid your contracted Medicare Advantage rate for these members.
- You can confirm benefits and eligibility by calling 1-800-676-BLUE (1-800-676-2583).
- You can also verify eligibility through BlueExchange.
- If you have any questions about reimbursement call HHIC Provider Service at 1-866-675-8632.

What you need to know...

MA PPO Network Sharing members will have ID cards with this logo.



To submit a claim use these guidelines:

Claim Type	HHIC PFFS or PPO member	Other Blue Plan member
Electronic	Submit to HHIC's NAIC number 71768	Use the same process, claims sent to Mountain State Blue Cross Blue Shield will be rejected.
Paper	Submit to new Medicare Advantage P.O. Box: P.O. Box 7004 Wheeling, WV 26003	
Provider Service Number	1-888-459-4020	1-800-543-7822

Who does what?

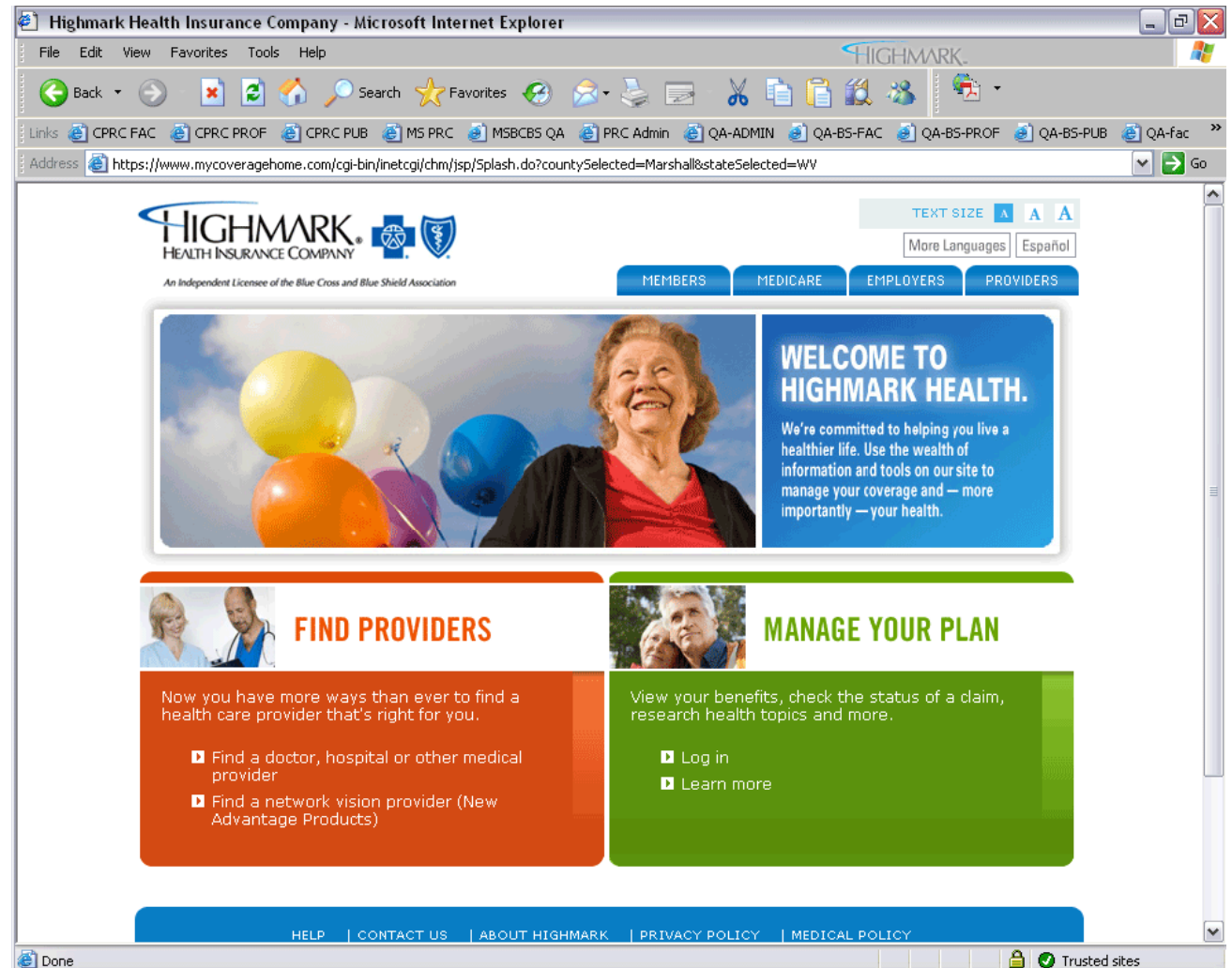
Claims Submission	To the HHIC through ITS, same as a commercial BlueCard claim.
Provider Service	Will be performed by the HHIC Provider Service.
Member Service	Will be performed by the member's Blue plan. The member service number will be located on the back of the identification card.
Authorizations	Authorizations and care management will be performed by the member's home Blue Plan. Information should be on the back of the identification card.
Medical Policy	Coverage will be based on Medicare national coverage determinations first, then local coverage determinations. Medical policy will be based on where the service was rendered.

HHIC Provider Resource Center

- Effective November 2009, Highmark Health Insurance Company will have its own on-line Provider Resource Center.
- It will be similar to current Highmark Blue Cross Blue Shield and Highmark Blue Shield Provider Resource Centers.
- The new Provider Resource Center will also ensure that the same types of information is available to FreedomBlue providers across Pennsylvania and West Virginia.
- The Mountain State Web site will include a link to the new HHIC Provider Resource Center to help facilitate movement between the two sites.
- The HHIC Provider Resource Center will include Medicare Advantage information only.

HHIC Web Site

- As other Highmark products, the HHIC site will have a provider tab.
- Clicking on the provider tab will take you to the HHIC Provider Resource Center.



Sample Provider Resource Landing Page

- Here's what the Highmark Provider Resource Center looks like.
- HHIC will look similar, but will only have Medicare Advantage content.
- The links on the left hand side will be tailored to HHIC.



Questions?

