

# Special Bulletin

November 2010

## Important FreedomBlue<sup>SM</sup> PPO and BlueRx<sup>SM</sup> PDP Changes for 2011

- New Advanced Illness Services Program
- FreedomBlue HD (High Deductible Plan) Added
- FreedomBlue PFFS Eliminated
- Increases in Member Premiums; Cost Sharing Changes and Increases

See accompanying  
Special Bulletin for  
details on coverage for  
post-cataract services.

Highmark Health Insurance Company (HHIC) remains committed to offering our members a variety of products to help meet their health insurance needs. For 2011, Highmark will continue to offer a broad selection of Medicare Advantage options. Most HHIC FreedomBlue PPO plans will experience premium increases. BlueRx PDP, our stand-alone Medicare Part D prescription drug program, will have slight premium increases.

### New Advanced Illness Services Program

Beginning in 2011, HHIC now offers an Advanced Illness Services Program as part of all HHIC FreedomBlue PPO plans. The program provides 100 percent coverage for 10 outpatient comprehensive, interdisciplinary care visits to contracted hospice and/or palliative care providers to promote quality of care for members with progressive life-limiting illness. The program's key elements focus on enhancing palliative care services, including controlling of pain and symptoms, providing psychosocial and spiritual support, facilitating communication and complex decision-making related to goals of care, and coordinating health services across various sites of care.

### New Benefits and Enhancements

The Centers for Medicare & Medicaid Services (CMS) have established out-of-pocket (OOP) thresholds of \$3,400 for network services and \$5,100 for catastrophic services. Therefore, individual benefit out-of-pocket maximums for almost all services, such as inpatient hospital, skilled nursing facility and durable medical equipment, have been eliminated.

Note: Member cost sharing for Part B drugs remains as a 20 percent coinsurance for all plans except FreedomBlue PPO HD, which is a 5 percent coinsurance for Part B drugs after the plan deductible is met. Some Part B drugs continue to be exempt from member cost sharing.

A transportation (wheelchair van) benefit has been added with a \$40 copayment per one-way trip.

Plans that include Medicare Part D prescription drug coverage and do not already provide a richer benefit during the coverage gap will provide 7 percent toward the cost of generic prescription medications during the coverage gap (between \$2,841 and \$4,550). Members will be responsible for 93 percent of generic drug costs through the coverage gap compared to 100 percent previously. FreedomBlue PPO Deluxe will continue to have \$6 generic copayments during the coverage gap. The initial coverage limit for Medicare Part D prescription drugs will be \$2,840.

Additionally, members with Medicare Part D prescription drug coverage who are not already receiving Medicare Extra Help and who enter the coverage gap will receive a 50 percent discount on brand-name and biologic prescription drugs administered in the coverage gap. The 50 percent discount is limited to only those Part D drugs of manufacturers that have agreed to participate in the discount program and have an agreement with CMS.

### FreedomBlue Plan Changes

The FreedomBlue PFFS (private fee-for-service) plan has been eliminated. A high deductible plan, FreedomBlue PPO HD, has been added. The FreedomBlue PPO HD plan provides 100 percent coverage after deductible for all inpatient and outpatient services other than PCP or Specialist office visits. It also supplies 100 percent coverage after deductible for supplies and services other than ambulance and transportation (wheelchair van).

Other FreedomBlue PPO plan-specific changes are outlined on Page 2.



A Medicare Advantage PPO from  
Highmark Health Insurance Company

Highmark Health Insurance Company is an  
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A Medicare Prescription Drug Plan  
from Highmark Senior Resources Inc.

Over, please

## FreedomBlue PPO Changes (continued)

### FreedomBlue PPO HD

A new plan added for 2011. Features no premium and provides coverage with low copayments and no deductible for the services members use most, such as physician office visits, annual routine physicals, emergent/urgent care, preventive screening services and Part D drugs. Members are required to satisfy a deductible before the plan begins to pay for other covered services, such as inpatient hospital stays or lab work.

Deductible is \$1,000.

The PCP copayment is \$15.

The Specialist copayment is \$30

The copayment for emergent and non-emergent ambulance services is \$75 per one-way trip.

The copayment for annual routine and Medicare-covered hearing exams is \$30.

The copayment for annual routine vision exam and bi-annual contact lens exam and fitting is \$30.

Standard eyeglass frames, lenses and contact lenses are covered every two years at 100 percent.

The copayment for Medicare-covered vision exam is \$30.

Annual glaucoma screening and post-cataract surgery eyewear are covered at 100 percent.

SNF cost sharing is 5 percent coinsurance after deductible.

### FreedomBlue PPO Value

The copayment for Medicare-covered in-network chiropractic and podiatry services is increasing to \$35.

The \$50 SNF copayment will now apply for days 16-75, per admission.

### FreedomBlue PPO Standard

The \$50 SNF copayment will now apply for days 16-75, per admission.

### FreedomBlue PPO Deluxe

Coverage has been added for routine chiropractic and podiatry services, with a \$25 copayment for in-network services and a 20 percent coinsurance for out-of-network services.

The \$35 SNF copayment will now apply for days 16-75, per admission.

### FreedomBlue PPO Premium Rates

In Berkeley, Boone, Braxton, Cabell, Calhoun, Clay, Doddridge, Gilmer, Grant, Hardy, Jackson, Jefferson, Kanawha, Lewis, Lincoln, Logan, Mason, Mingo, Nicholas, Ohio, Pendleton, Putnam, Ritchie, Roane, Tucker, Upshur, Wayne and Wirt counties, the monthly premium rates are *\$0 for FreedomBlue PPO HD, \$35 for FreedomBlue PPO Value, \$98 for FreedomBlue PPO Standard, and \$146 for FreedomBlue PPO Deluxe.*

In Barbour, Brooke, Fayette, Greenbrier, Hampshire, Hancock, Harrison, Marion, Marshall, McDowell, Mercer, Mineral, Monongalia, Monroe, Morgan, Pleasants, Pocahontas, Preston, Raleigh, Randolph, Summers, Taylor, Tyler, Webster, Wetzel, Wood and Wyoming counties, the monthly premium rates are *\$0 for FreedomBlue PPO HD, \$70 for FreedomBlue PPO Value, \$126 for FreedomBlue PPO Standard, and \$209 for FreedomBlue PPO Deluxe.*

### Impact of FreedomBlue PFFS Elimination

Members who currently have coverage under FreedomBlue PFFS are being encouraged to enroll in one of Highmark's other Medicare Advantage products. Providers who treat FreedomBlue PFFS members today should be aware that although authorization is not required for certain services under FreedomBlue PFFS, authorization is required under FreedomBlue PPO. This includes authorization through National Imaging Associates for selected advanced radiological studies. Providers are encouraged to review any ongoing treatment plans for FreedomBlue PFFS patients to determine if services for those patients will require authorization under the member's new benefit plan as of Jan. 1, 2011.

*Continued*

## BlueRx PDP Changes

BlueRx PDP Plus and BlueRx PDP Complete will continue to be offered in 2011. BlueRx PDP Value will no longer be available. The BlueRx PDP premium changes are minimal for 2011. Premiums for BlueRx PDP Plus virtually remain the same. Premiums for BlueRx PDP Complete will increase slightly. Retail and mail order pharmacy copayments for the initial coverage period will increase for BlueRx PDP Plus. The initial coverage limit will increase to \$2,840 for both plans. The catastrophic coverage limit will remain \$4,550 for both plans. For all plans, during the catastrophic coverage period, cost sharing will be copayments of \$2.50 for generic and multi-source brand medications and \$6.30 for single-source brand medications or a 5 percent coinsurance, whichever is greater. Other plan-specific changes are outlined below.

BlueRx PDP Plus
The generic copayment will increase to \$8.
The preferred brand copayment will increase to \$44.
The monthly premium will be \$51.40.

BlueRx PDP Complete
Generic drugs are covered at the \$7 generic copayment through the coverage gap.
The monthly premium will increase to \$98.30.

## HHIC Educating Our Members Regarding These Changes

We recognize that member communication and education are a priority, as well. In addition to this Special Bulletin to our participating providers, all FreedomBlue PPO and BlueRx PDP members will receive their “Annual Notification Letter” and Evidence of Coverage in October with complete details about the changes for 2011. We will also host member meetings throughout the region to provide further opportunities for member education and communication.

We appreciate your ongoing efforts to support FreedomBlue PPO and BlueRx PDP for the Medicare beneficiaries in our region.

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## ***Attention Ophthalmologists & Optometrists:***

Summary of Aphakia Treatment and Post-Cataract Medical Benefits for Highmark Health Insurance Company (HHIC) FreedomBlue<sup>SM</sup> PPO Patients  
Medicare Advantage (MA)-contracted practitioners are reminded that HHIC provides medical benefits to FreedomBlue PPO members for the treatment of eye conditions, such as glaucoma, macular degeneration, and aphakia as well as post-cataract services. **Coverage for medical eye conditions is not changing for 2011\***. This communication clarifies coverage for aphakia and post-cataract services available through the patient's medical benefit, as summarized below.

### Aphakia Treatment Is a Covered Medical Benefit

Treatment for aphakia is a covered medical benefit for HHIC FreedomBlue PPO patients. As you have done in the past, please be sure to bill Highmark (not the patient's vision program) for medical services related to the patient's aphakic condition. If eye glasses or contact lenses are prescribed, please report the appropriate services, as detailed in MA medical policies O-26 and N-80, as they are pertinent to the patient's medical condition. Routine eye care services are not covered under the member's medical benefit. These policies can be found using the Medical Policy search function on the Provider Resource Center. As a network provider for HHIC FreedomBlue PPO, you will continue to use this claims submission process as you have in the past.

### Post-Cataract Medical Benefits

Following cataract surgery, HHIC FreedomBlue PPO patients have 100 percent plan coverage under their medical benefit for one pair of standard glasses (frames and lens) or standard contacts that would be available under Original Medicare. In addition, HHIC FreedomBlue PPO members may also choose to purchase 'upgrades' such as tinting or progressive/transitional lenses that are typically not covered under Original Medicare. For 2011, HHIC FreedomBlue PPO members will have a \$200 benefit maximum available to apply to the purchase of upgrades to standard eyewear.

Providers are reminded that the cataract global surgery fee is inclusive of various components of the surgical service, as well as related preoperative and postoperative evaluation and management (E&M) services provided during the 92-day global surgery period. This period includes the day before surgery, the day of the surgery, and the 90 days immediately following the day of the surgery. Since the global surgery fee includes payment for related E&M services, HHIC FreedomBlue PPO will not separately reimburse physicians for these services.

When surgeons transfer postoperative care to another physician, the global surgery fee is split between the two physicians and neither physician should receive separate reimbursement for related E&M services during the global period. Outside of the global surgery period, routine vision services should then be billed to the patient's vision carrier, such as Davis Vision.

Providers are reminded to always verify the member's benefits using the *Eligibility & Benefits* function on NaviNet<sup>®</sup>.

### Claims for Routine Services Should Be Sent to Patient's Vision Program

Many HHIC FreedomBlue PPO patients have coverage for routine eye care through a vision program, such as Davis Vision. All claims for routine vision services should be billed to the patient's vision carrier.

If you have specific questions regarding vision coverage for HHIC FreedomBlue PPO patients, please contact your Provider Relations representative.

\*Please note that FreedomBlue PFFS is being eliminated in 2011.

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