



MASSACHUSETTS

BLUE CROSS 2025 UPDATES

BAYCARE/BAYSTATE PROVIDER BREAKFAST

May 21, 2025

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LEGAL NOTES



These training materials have been provided to help you in your administrative interactions with Blue Cross Blue Shield of Massachusetts (Blue Cross).

The information and representations herein do not replace or supersede the terms of your Blue Cross provider Agreement, your *Blue Book* manual or *Indemnity Handbook*, or other Blue Cross policies and procedures.

To the extent the foregoing terms and policies conflict with or are otherwise inconsistent with anything in these training materials, your Blue Cross provider Agreement, your *Blue Book* manual or *Indemnity Handbook*, or other Blue Cross policies and procedures will govern.



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Blue Cross News

Reminders



BLUE CROSS NEWS



NCQA RECOGNIZES BLUE CROSS BLUE SHIELD OF MASSACHUSETTS AS A TOP HEALTH PLAN

COMMERCIAL PPO  **5 STARS!**

COMMERCIAL HMO/POS  **4.5 STARS!**

Blue Cross once again has been named one of the top health plans in the country, according to the nation's authority on health plan quality.

The National Committee for Quality Assurance (NCQA) awarded our commercial PPO plan 5 out of 5 stars and our commercial HMO/POS plan 4.5 out of 5 stars⁽¹⁾.



ENVIRONMENTAL SUSTAINABILITY

Our first impact report showed 6% carbon emissions reduction.

We established a new internal carbon footprint governance council to keep us on track.

HEALTHY COMMUNITY

We are building 15 new local Fitness courts to promote health and fitness.

We were recognized as one of the 50 most community-focused organizations by the Points of Light Foundation.

3,000 employees volunteered for 80 Massachusetts organizations on our 13th annual service day.



HEALTH EQUITY

DISABILITY INCLUSION: We earned a top score on the 2024 disability equality index – named best place to work for disability inclusion.

RACIAL JUSTICE: We're providing two-year grants to five not-for-profits for racial justice.

PAY FOR EQUITY: Boston Children's Hospital joined our groundbreaking payment model focused on improving health equity.

MATERNAL CARE: We're expanding access to women's health services and family support options; including new doula pilot program and access to care for high-risk pregnancies and premature babies.

LGBTQIA+: We're expanding access to services and care options to support LGBTQIA+ members – including gender affirming care program, a virtual provider focused on LGBTQIA+ health, and a program to support practices in how to care for this population.



HEALTH EQUITY ON PROVIDER CENTRAL

Health Equity Overview



At Blue Cross Blue Shield of Massachusetts, we have a deep commitment to quality and providing affordable health care, and that includes a dedicated focus on equity. As part of our commitment, each year we gather and publish data for more than 1.4 million of our commercial Massachusetts members, using measures widely leveraged by health plans and clinicians to monitor health care quality.

This data has revealed inequities in many areas of patient care. In partnership with the clinicians in our network, we're using this data to make meaningful change and to work toward our shared goal of eliminating racial disparities in the care our members receive.

[Read our Health Equity Report](#)



Cultural Competency

- [Disability Competency](#)
- [Sponsored Community Health Resources](#)
- [Communicating With Your Multilingual Patients](#)
- [Resources](#)

Cultural Competency



At Blue Cross Blue Shield of Massachusetts, cultural competency in health care means delivering effective, quality care to patients who have diverse beliefs, attitudes, values, and behaviors. We recognize that cultural differences and social determinants of health influence health outcomes and care delivery.

We are committed to helping all members lead healthy lives and ensuring equitable access to the environments, experiences, and education needed for good health.

- [Creating an inclusive environment](#) [Expand All](#)
- [Shared decision making](#)



Affirming Blue Partnerships

Training Resources

Affirming Blue Partnerships



We are committed to improving the health and well-being of all members. Our Affirming Blue Partnerships program is designed to support your practice with additional knowledge, skills, and practices to advance the care and equity of our lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ+) members.

The goals of the program are to:

- Support your understanding of effective communication
- Foster affirming environments, empathy, and sensitivity
- Help identify needs and resources for your patients, our members.

- [Creating an inclusive environment](#) [Expand All](#)
- [LGBTQ+ 101](#)
- [Gender-affirming care](#)



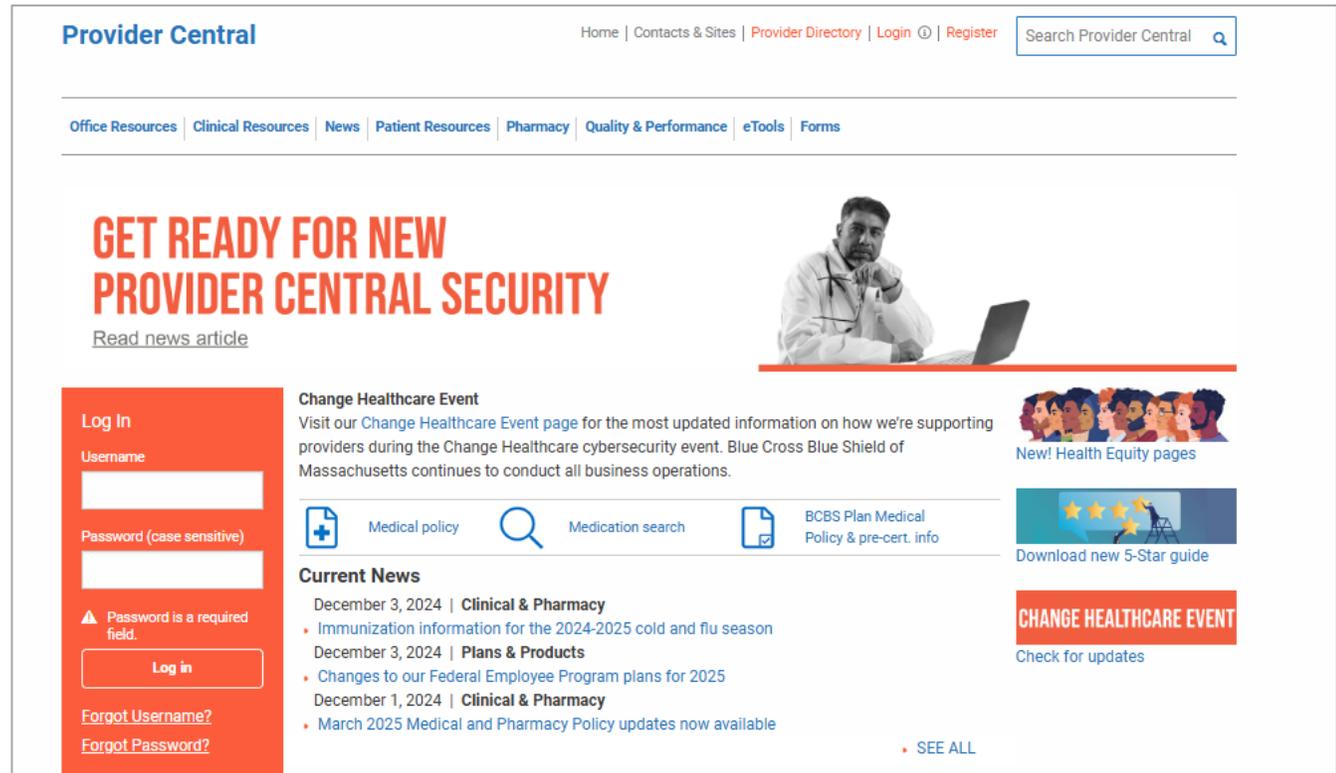
NEW PROVIDER CENTRAL LOGIN PROCESS IS IN EFFECT

We've added industry-standard security protocols to further protect our member and provider data.

- Users are required to authenticate each time they log in.
- Users authenticate using their email address, so make sure yours is up to date.



MULTI-FACTOR AUTHENTICATION grants the user access to a website once their identity has been confirmed. It's the same process you use when you log in to your personal online bank account or credit card.



The screenshot displays the Provider Central website interface. At the top, there is a navigation bar with links for Home, Contacts & Sites, Provider Directory, Login, and Register, along with a search bar. Below this is a secondary navigation bar with links for Office Resources, Clinical Resources, News, Patient Resources, Pharmacy, Quality & Performance, eTools, and Forms. The main content area features a large banner titled "GET READY FOR NEW PROVIDER CENTRAL SECURITY" with a "Read news article" link and an image of a doctor at a laptop. To the left is a "Log In" form with fields for Username and Password (case sensitive), a "Log in" button, and links for "Forgot Username?" and "Forgot Password?". A warning message states "Password is a required field." To the right of the login form are sections for "Change Healthcare Event" with a link to the event page, "Current News" with a list of recent updates, and a "CHANGE HEALTHCARE EVENT" button with a "Check for updates" link. At the bottom right, there is a "SEE ALL" link.

STEPS TO GET READY

- 1 Confirm the email address you use for Provider Central is valid.
- 2 Make sure each user has their own, unique email address.
- 3 Talk to your Information Technology or security team to whitelist (“not spam” list) our IP addresses.

Internet Protocol, or IP, is a number that identifies a device or network connected to the internet. The email we send to you with your authentication code will come from donotreply@bcbsma.com and uses our IP address.



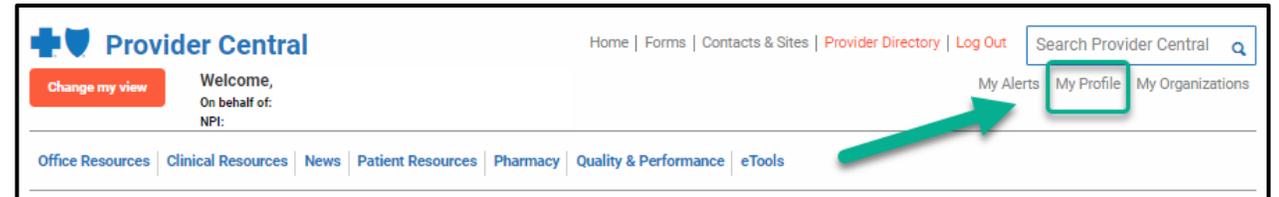
We use the following IP addresses:

- 96.47.26.122
- 96.47.27.122
- 168.245.43.239
- 216.118.190.9

HOW TO REVIEW AND UPDATE YOUR EMAIL ADDRESS

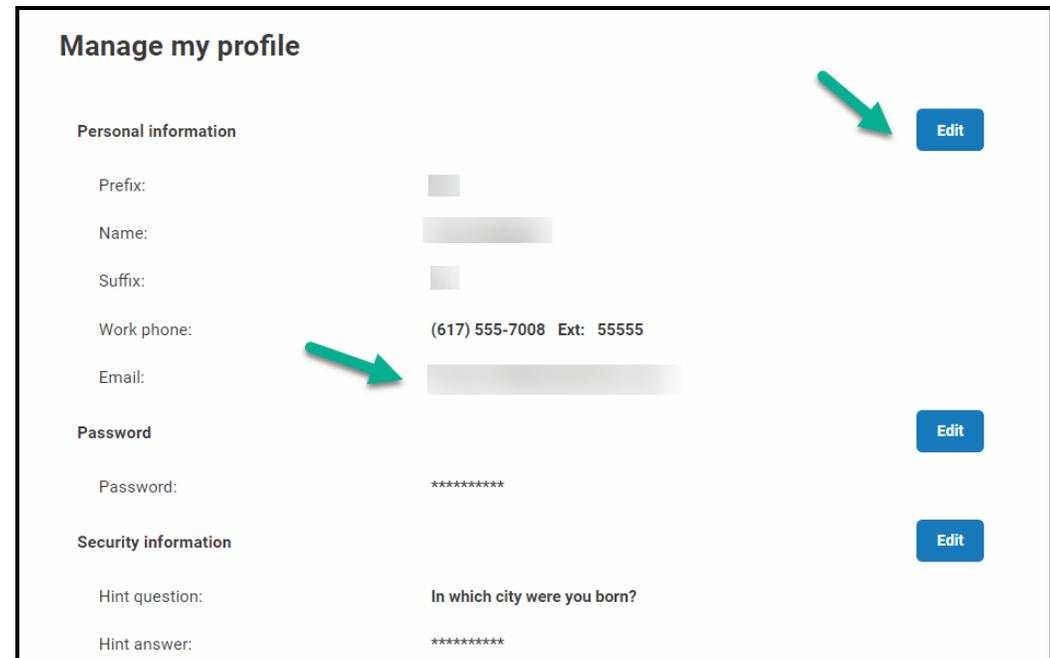
➔ SELECT MY PROFILE

On the homepage screen after logging in, select **My Profile**. You'll see this in the upper right-hand side of your screen.



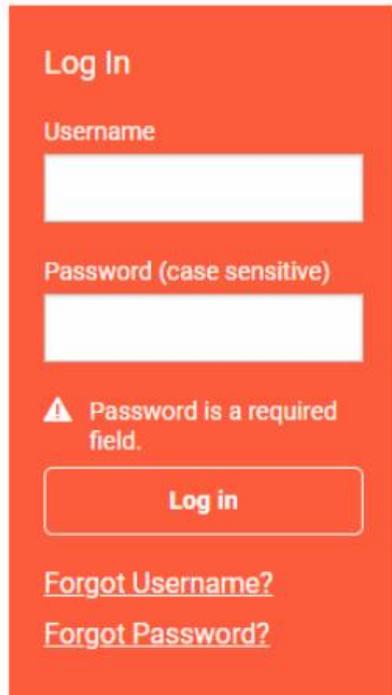
➔ CHOOSE EDIT

Choose **Edit** to update your email address, if needed. Each user in your organization, practice, or facility will need to have their own email address.



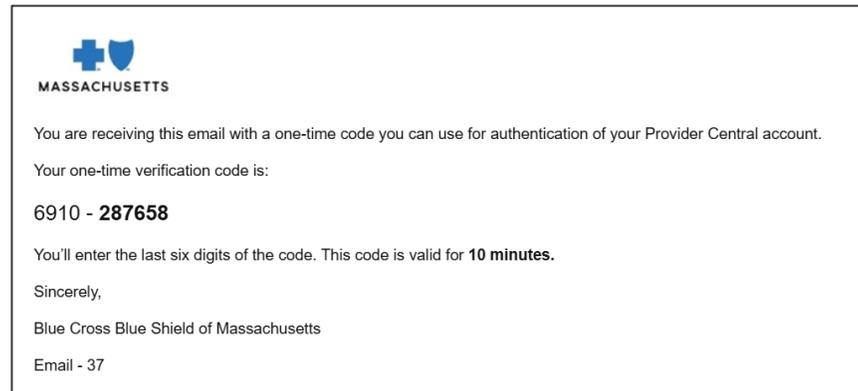
HOW THE NEW PROVIDER CENTRAL LOGIN PROCESS WORKS

Step 1 Sign in (using your existing username and password)

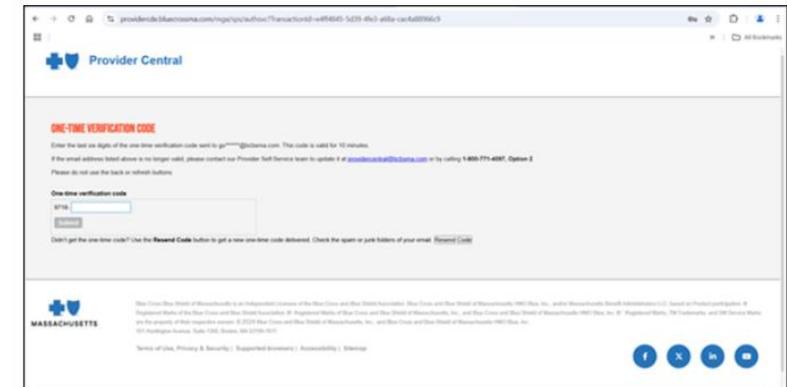


The login form is on a red background. It has a 'Log In' title, a 'Username' field, a 'Password (case sensitive)' field, and a 'Log in' button. There are links for 'Forgot Username?' and 'Forgot Password?'. A warning icon and text state 'Password is a required field.'

Step 2 Check your email for a one-time verification code



Step 3 Enter the 6-digit verification code. You'll have 10 minutes.



Step 4 **Success!** Authentication is complete and you'll be taken directly to the homepage.

CONNECTCENTER NOW AVAILABLE!

For self-service access to:

-  Member benefits and eligibility verification
-  Claim status inquiries
-  Claim submission (professional 1500 claims) and tracking
-  Referral submission and verification



NEED A REFRESHER?

Find tips, videos & more on Provider Central under eTools>ConnectCenter.



[Quick Start Guide](#)

STARTING JANUARY 1, 2026 AND ON PLAN RENEWAL



COVERED:

GLP-1 medications
for type 2 diabetes
only



BENEFIT EXCLUDED:

GLP-1 medications
approved by the
U.S. Food and Drug
Administration for
obesity

MEMBERS AFFECTED BY THE BENEFIT EXCLUSION

This benefit exclusion applies to members in the following health plans who use a GLP-1 for any condition other than type 2 diabetes:



Commercial members who have prescription drug coverage with us through the:

- Blue Cross Blue Shield of Massachusetts formulary
- Standard Control with Advanced Control Specialty Formulary



Group Medex[®] members with a 3-tier pharmacy benefit

WHY WE'RE DOING THIS

UNSUSTAINABLE DRUG COSTS WOULD RAISE PREMIUMS FOR EVERYONE



We believe obesity is a disease and these medications have great promise.



If we keep covering these medications, everyone's premiums will rise. We project spending close to a billion dollars in 2026.



Several studies suggest that future health savings will still be dwarfed by the cost of these drugs at current prices.

ONE EXCEPTION

EMPLOYERS HAVE THE OPTION TO PURCHASE A RIDER TO CONTINUE COVERAGE FOR THEIR EMPLOYEES



Employers with
100+
employees



Have option to
purchase a rider to
continue coverage



If rider purchased,
GLP-1s for weight
loss will be covered
for their employees

Employers are still making their decisions about coverage. We haven't notified members.

QUALITY IMPROVEMENT INITIATIVES

MEDICARE 5-STAR PLAYBOOK



Provider Central Home | Contacts & Sites | [Provider Directory](#) | [Login](#) | [Register](#) Search Provider Central

Office Resources | Clinical Resources | News | Patient Resources | Pharmacy | **Quality & Performance** | eTools | Forms

Home > Quality & Performance > Quality Indicators > CMS Stars

CMS Stars

Every year, the Centers for Medicare & Medicaid Services (CMS) publishes Star Ratings to measure the quality of health and drug services received by Medicare members. To rate Medicare Advantage plans, CMS uses:

- Health Effectiveness Data and Information Set (HEDIS®) scores
- Results from patient experience and health outcomes surveys
- Data provided by the plans and their network providers

The Find Health & Drug Plans tool at Medicare.gov includes Star ratings for each plan to help consumers search and compare quality. (CMS also has a Five-Star Quality Rating System for nursing homes.)

Resources

- New!** [Medicare Advantage 5-Star Provider Playbook](#)
This guide contains actionable, evidence-based information, tips, and best practices to help you coordinate your patient's care and improve health outcomes. Contents include:
 - Star measures and who the measures affect
 - CPT code suggestions to use as applicable
 - Recommended best practices to close gaps in care
 - Details on the patient experience surveys that CMS conducts annually with Medicare beneficiaries and recommended best practices to improve performance.
- [Experience and Outcomes Surveys](#)
- [HEDIS](#)



Related Content

- [Health equity report](#)
- [More about Blue Distinction](#)
- [Patient Resources](#)
- [Treatment Resources](#)

Coverage Real people. Real stories. Real news.
Health news stories

Connect your patients with our health management programs

Care reminder templates

Home > Quality & Performance > Quality Indicators > CMS Stars

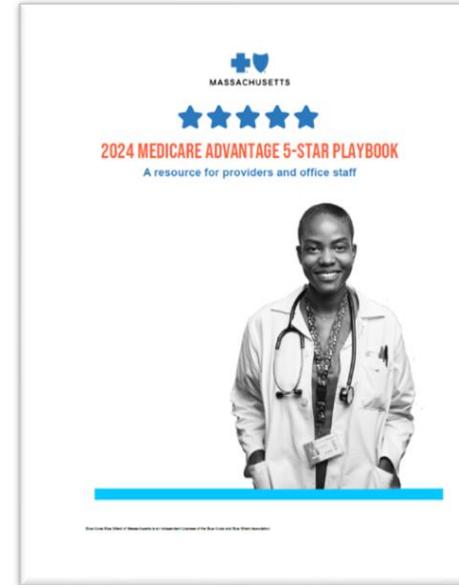


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2024 5-Star Provider Playbook 3

The **Medicare 5-Star Playbook** may help you coordinate patient care and improve health outcomes with:

- ➔ Evidence-based information
- ➔ Tips
- ➔ Best practices

PATIENT EXPERIENCE CHAMPIONS LEAGUE AND CAHPS VIDEO SERIES



PATIENT EXPERIENCE CHAMPIONS LEAGUE

We'll be launching this program to help improve patient experience by sharing evidence-based best practices with practice leaders. We'll hold collaborative sessions to improve survey management, goal setting, and project management.



This video series will feature Blue Cross leaders and clinicians in 2-minute videos talking about evidence-based tactics for CAHPS success.

QUALITY IMPROVEMENT INITIATIVES

Home Medicare Employer Broker Provider Careers Health News About Us

MASSACHUSETTS Find Care Your Health Learn & Save Search Team Blue Support Sign In

Home > Preventive Care > Colorectal Cancer Screening Options English

KNOW YOUR COLORECTAL CANCER SCREENING OPTIONS

Colorectal cancer screenings are too important to miss. That's because when colorectal cancer is found and treated early, there's a 90% chance of survival after five years.

All of the screening types below are recommended by the United States Preventive Services Task Force. **If you are 45 years of age or older and at average risk for colorectal cancer, you have options and can choose the type of screening you want.*** The best screening test is the one that fits your lifestyle most easily!

➔ A survey we conducted showed that 70% of our average-risk members who've had a colonoscopy were not aware of all their options for colorectal cancer screening.

➔ Now we're working with the clinicians in our network to increase the use of shared decision making so that members understand their screening options.

COLORECTAL CANCER SCREENING OPTIONS

	Fecal Immunochemical Test (FIT)	Cologuard	Colonoscopy
What happens during the test?	You will use a kit to collect a stool sample at home and mail it to a lab for testing.	You will use a kit to collect a stool sample at home and mail it to a lab for testing.	A doctor will use a long, flexible scope to examine your entire colon for polyps.
How does the test work?	The stool will be tested for trace amounts of blood that could be a sign of cancer.	The stool will be tested for blood and DNA markers associated with colon cancer.	The test can find and remove abnormal growths and cancer.
Where do I take this test?	🏠 At home	🏠 At home	🏥 At medical facility
Do I need to prepare for the test?	No. Prep is not required.	No. Prep is not required.	Yes. You will need to start a liquid diet and use a laxative the day before your test. You also need to fast the morning of your test.
Do I need to take time off from work or other activities?	No. It only takes a few minutes to collect and prepare the sample.	No. It only takes a few minutes to collect and prepare the sample.	Yes. You will need to take 1-2 days off work and have someone drive you home after the test.
How many years can I go between screenings?	📅 One	📅 Three	📅 Up to ten years
What happens if my test is positive?	This test is positive about 10% of the time. If positive, your doctor can help you schedule a zero-cost colonoscopy.	This test is positive about 20% of the time. If positive, your doctor can help you schedule a zero-cost colonoscopy.	Many growths found during a colonoscopy can be removed during the procedure.
What are next steps if I think this test may be right for me?	Talk to your doctor, who can order a kit at no cost to you.	Talk to your doctor or visit Cologuard's website to learn more and order a kit at no cost to you.	Talk to your doctor. Colonoscopies with in-network providers are covered at no cost to you.

MENTAL HEALTH UPDATES

NEW MENTAL HEALTH CARE GROUP OPTIONS

Equip (May 2024) – National virtual eating disorder provider that offers treatment through evidence-based care, tailored to each patient.

Rula Health (May 2024) – National primary mental health with individual, couples, and family therapy as well as psychiatric care.

Eating Disorder Recovery Specialists (June 2024) – National primary virtual and in-person mental health treatment, including individual and group therapy, intensive outpatient treatment, meal support, recovery coaching, family coaching, and nutrition therapy.

Folx (June 2024) – National primary care and mental health for LGBTQIA+ members.

Spring Health (January 2025) – National primary mental health group.



WE'VE EXPANDED OUR MENTAL HEALTH ADVOCATE TEAM

The team now has three advocates and receives up to 65 inquiries per month.



MEMBER TESTIMONIAL

"I came into the process frustrated and already set on not getting my needs met, and Kelly patiently and kindly turned things around for me. I think she really understood where I was coming from. She changed my outlook on working with insurance companies."

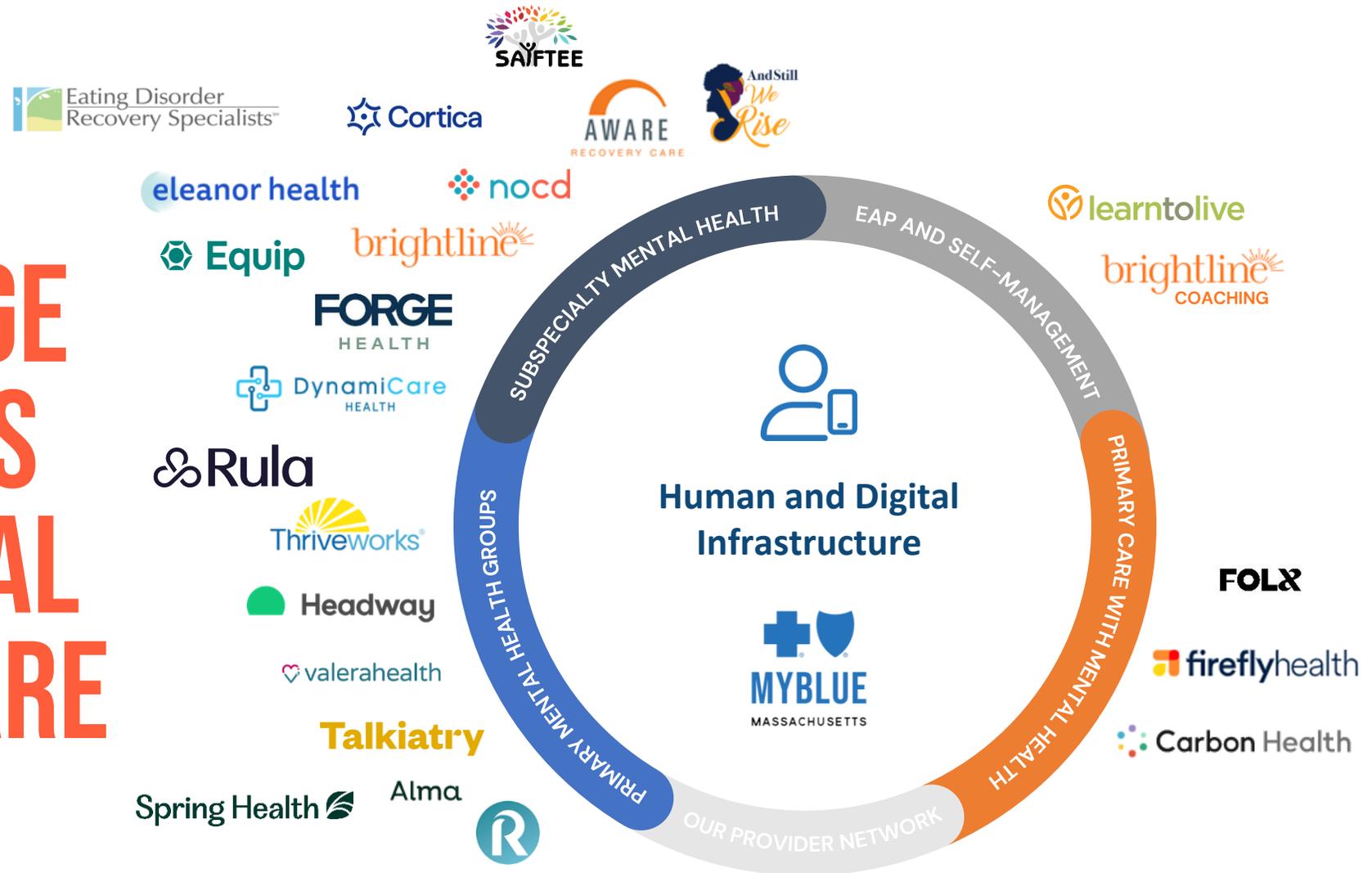
WE'VE EXPANDED OUR MENTAL HEALTH NETWORK

growth in past 5 years

42% mental health network growth

46% child psychiatry network growth

WIDE RANGE OF OPTIONS FOR MENTAL HEALTH CARE



Independent Practitioners
 Telehealth Video Visits
 Intermediate & Inpatient Care

NEW FOR 2025

Formulary and Medication Changes

We've made updates to our formularies and medication coverage as noted in our August 30 News Alert. Use our medication lookup tools on Provider Central.

CVS Weight Management™ Program: Helps members who are taking a weight loss medication achieve and maintain a healthy weight through personalized support. (Some members may have access.)

Teladoc Health's Chronic Condition program: Helps members with several chronic conditions manage their conditions through personalized care plans, virtual consultations with health care professionals, and continuous monitoring through connected devices.

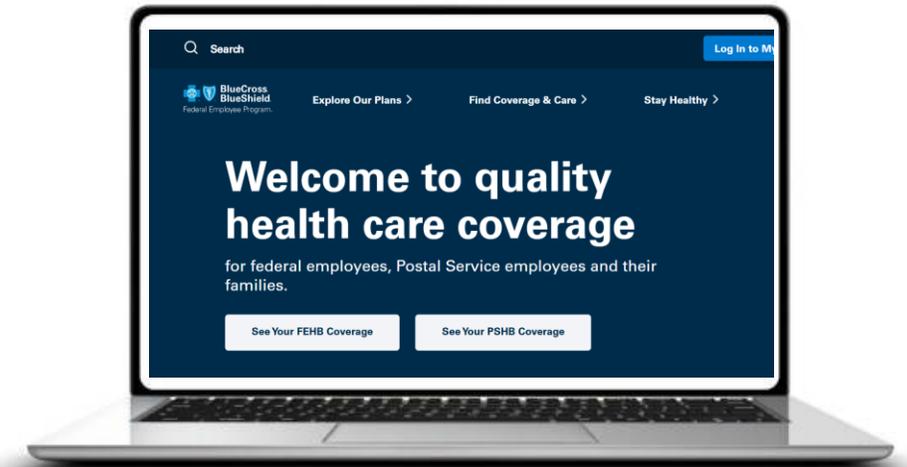
Teladoc Weight Management program: Helps members achieve sustainable weight loss through personalized coaching and nutritional guidance.



2025 CHANGES TO FEDERAL EMPLOYEE PROGRAM PLANS

Federal Employee Program (FEP) plans are offered to federal and postal employees and their families in Massachusetts. Because we've made changes as of January 1st, it's important to check your patient's Blue Cross ID card and to verify their eligibility and benefits.

- **New Postal Service Benefits Program** - The new Postal Service Health Benefits Program offers health insurance to Postal Service employees, retirees, and eligible family members.
- **FEP benefit changes** – Added benefits, new programs, and benefit options are listed on Provider Central, but be sure to check member benefits and eligibility before performing services.



Please visit FEPblue.org to review FEP Medical Policies and Plan specific brochures for an all-inclusive list of benefits and prior authorization requirements.

MYBLUE APP REFRESH



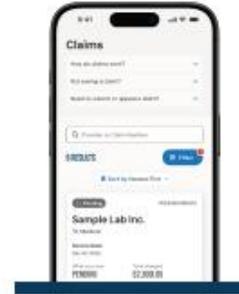
Members download the app and see their covered benefits and services by clicking on Benefits & Coverage under Plans.

THEIR PLAN IN THEIR POCKET

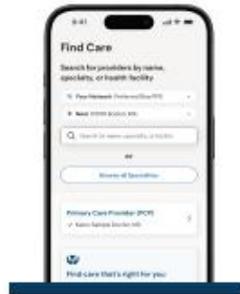
The MyBlue app makes it easy to:



Find, understand and use benefits.



Review claim details and see next steps



Get personalized care options .



Instantly access digital member ID card.

MEMBERS CAN EASILY ACCESS THEIR HEALTH PLAN WITH THE REFRESHED MYBLUE APP

With the app, members access their personalized online member account. It makes understanding and using their health plan simple.

You may have already experienced members using their **digital member ID card** at the point of care.



REMINDERS



UPDATES TO EXISTING AUTHORIZATIONS FORM



Updates to Existing Authorization Form

➔ Make changes to an existing authorization

➔ Fill out and fax

Find it on Provider Central:

- [Prior Authorization Overview](#) page under Contact us>Commercial HMO/POS and PPO Plans
- [Authorization Manager](#) page under Exceptions (such as when to fax your request)
- [Forms Library](#) page in the Authorization section

[Print](#) [Clear form](#)

UPDATES TO EXISTING AUTHORIZATION REQUEST FORM

FOR PROCEDURES AND ADMISSIONS

Please complete this form and fax it to the appropriate number below.

Mental and behavioral health	1-888-641-5199
Federal Employee Program	1-888-282-1315
Medicare Advantage	1-800-447-2994
Medical and surgical	1-888-282-0780

PROVIDER INFORMATION			
Requesting provider name:		Requesting provider NPI:	
Requesting provider address:			
Name of person completing this form:		Date form completed:	
Phone:		Secure PHI fax:	
Would you like us to contact you through your secure PHI fax line? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Existing authorization #:			

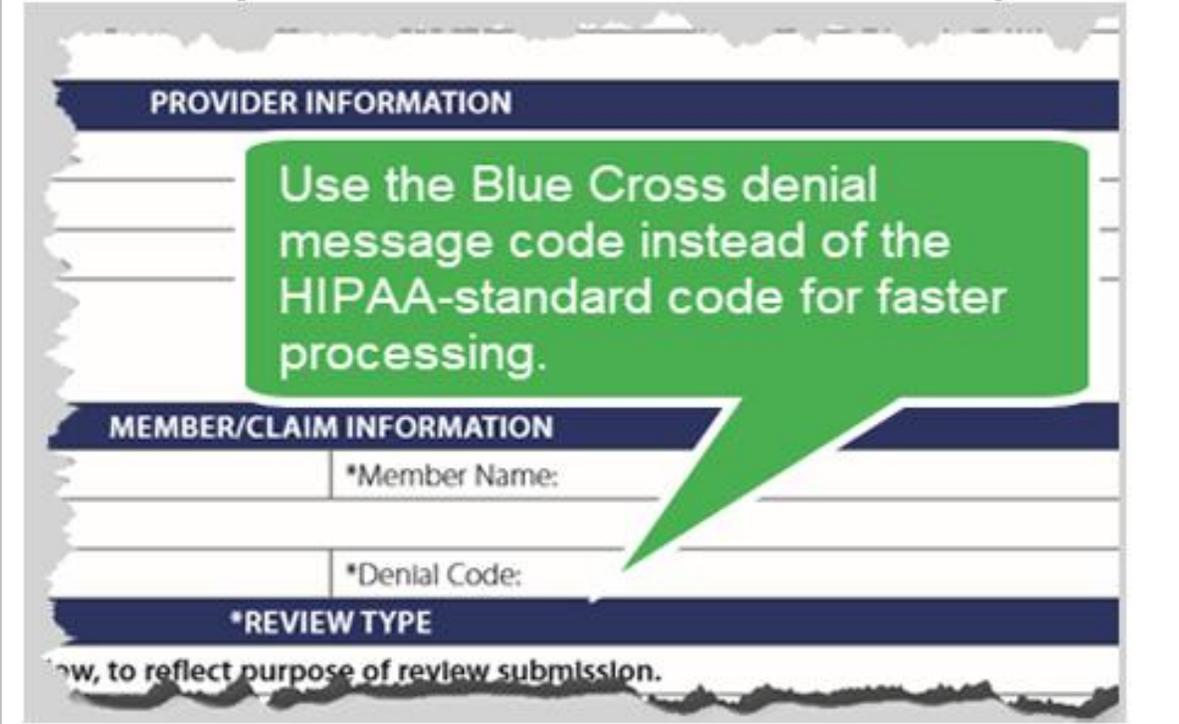
PATIENT INFORMATION			
Member name:			
Date of birth:		Member ID #:	

UPDATES REQUESTED			
Update to date of service			
From date:		To date:	
Update to codes or units			
Additional diagnosis code(s):		Additional unit(s):	

APPEALING A DENIAL? USE OUR CODE FOR FASTER CLAIM REVIEW

Hospitals and Physicians: Use Denial Claim Code for a Faster Appeal Claim Review

When you're using the Request for Claim Review form to appeal a denied claim, please include the Blue Cross Blue Shield of Massachusetts denial code in the required field. This will help us quickly route your request, based on the type of denial you received.



PROVIDER INFORMATION

MEMBER/CLAIM INFORMATION

*Member Name:

*Denial Code:

*REVIEW TYPE

ow, to reflect purpose of review submission.

Use the Blue Cross denial message code instead of the HIPAA-standard code for faster processing.

[Article link: Appealing a denial? Use our Code for faster claim review](#)

SPEECH AND HOME HEALTH AUTHORIZATION REMOVED



Speech Therapy

- ✓ We don't require speech therapy authorization for commercial and Medicare Advantage PPO members.
- ✓ Effective February 1, 2025, we will remove the prior authorization requirement for speech therapy services for our Medicare Advantage HMO members who receive care from in-network providers.

Home Health Care

- ✓ We no longer require authorization.
- ✓ This applies to home health care services provided by an in-network agency, such as skilled nursing care; physical, occupational and speech therapy; social work; and home health aide services.
- ✓ You don't need to request authorization throughout the episode of care or add an authorization number to your claims; our claims system will process the claim by the date of service.

PROVIDER DIRECTORY

New Provider Directory Requirements for 2025

Massachusetts is now requiring additional information about your practice and facilities to ensure that members can access the most accurate information when searching for in-network care. For example:

- ADA accessibility features
- Age groups treated
- Appointment availability
- Demographics about patients you treat
- Gender-specific treatment options
- Languages spoken
- Office locations and operating hours
- Practice group affiliation
- Telehealth availability



**VERIFY
YOUR DIRECTORY
INFORMATION
EVERY 90 DAYS**



Clinicians	Go to the CAQH Provider Data Portal to review your information.
Behavioral health	
Dentists	Use the link we send each quarter in an email or letter to complete a validation survey.
Facilities	
Group practices	

QUESTIONS?



bluecrossma.com/provider

THANK YOU



MASSACHUSETTS