BLUE CROSS 2026 UPDATES

May 20, 2026

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Network Management and Contract Operations

LEGAL NOTES

MASSACHUSETTS

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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MASSACHUSETTS

BLUE CROSS NEWS

ARTIFICIAL INTELLIGENCE

MASSACHUSETTS

Using purpose-led AI to accelerate what matters

CURRENTLY

- **Using secure, internal AI tool** to automate our internal routine tasks and accelerate content creation.

EXPANDING SOON

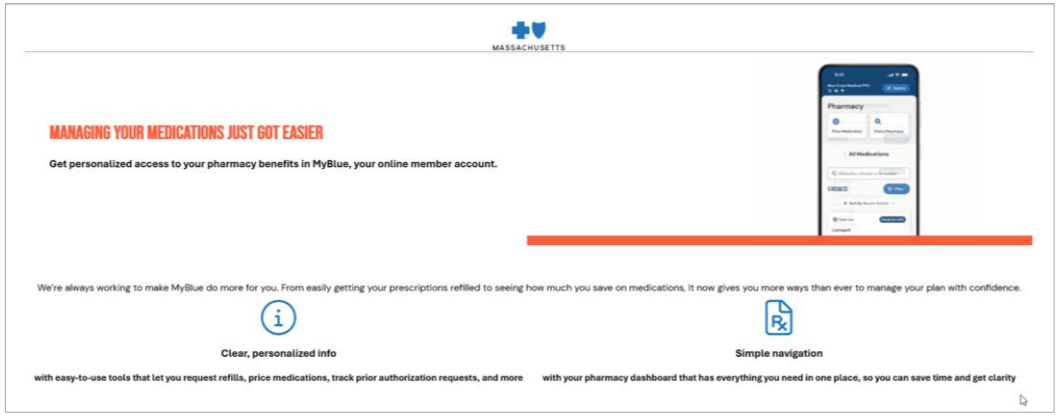
Use AI as a **call prep agent** to organize clinical information our care managers use to support members in health management programs

FUTURE

Use to:

- **Provide real-time population insights**
- **Help members** to make proactive care decisions
- **Process claims faster**, smarter

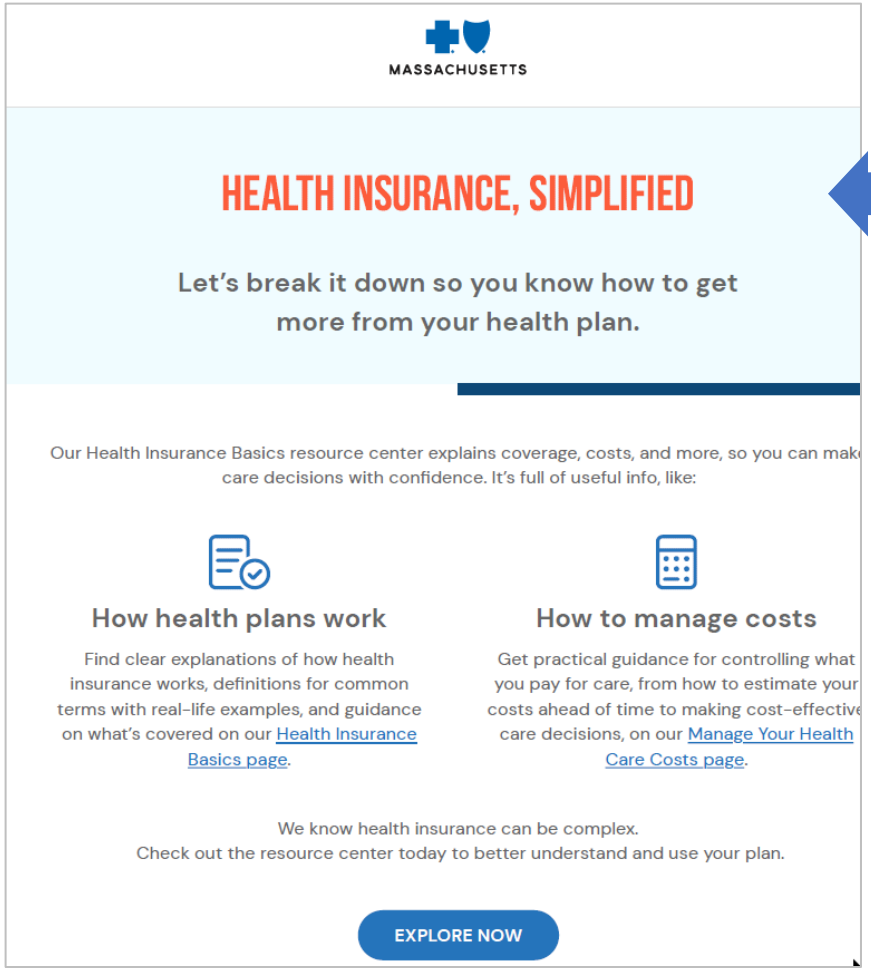
Educating members about their health plan



MYBLUE PHARMACY EMAIL AND TEXT CAMPAIGN (DEC 2025)

Easily manage your prescriptions online
Points members to their Pharmacy Dashboard when they sign in to MyBlue (bluecrossma.org)

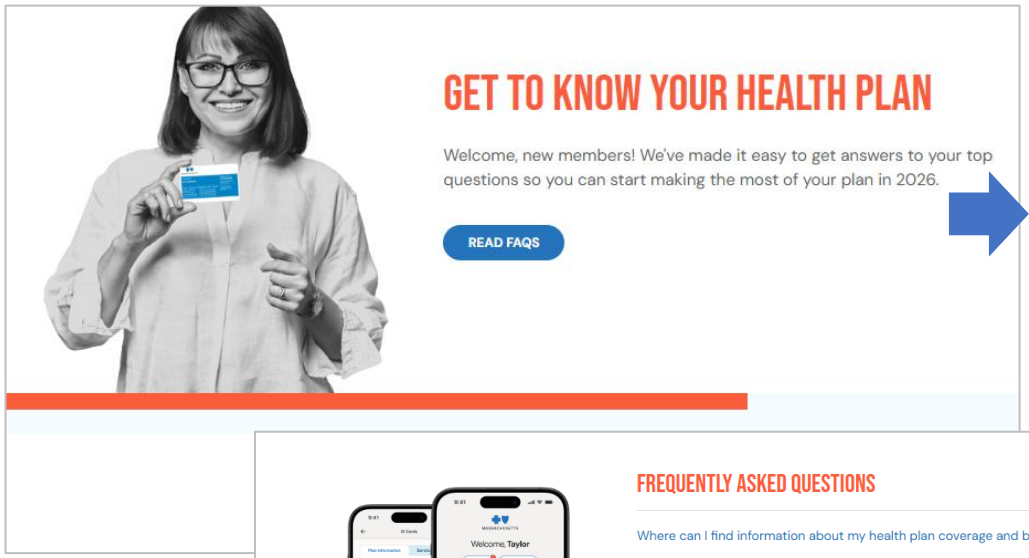
- -Request refills
- -Price medications
- -Track Rx prior auth requests and more



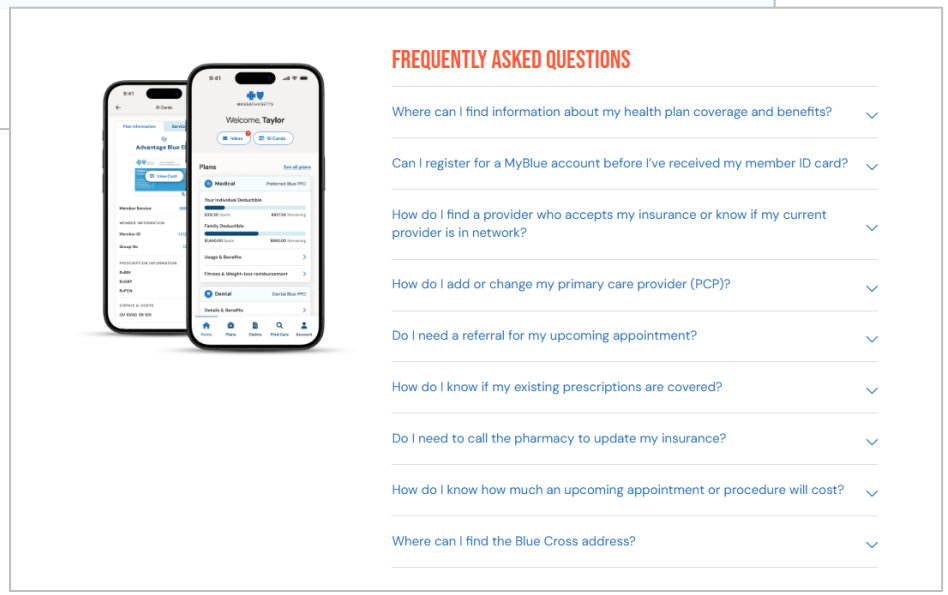
HEALTH INSURANCE BASICS EMAIL AND TEXT CAMPAIGN (FEB 2026):

Navigate health insurance with more confidence
Points members to our Health Insurance Basics page.

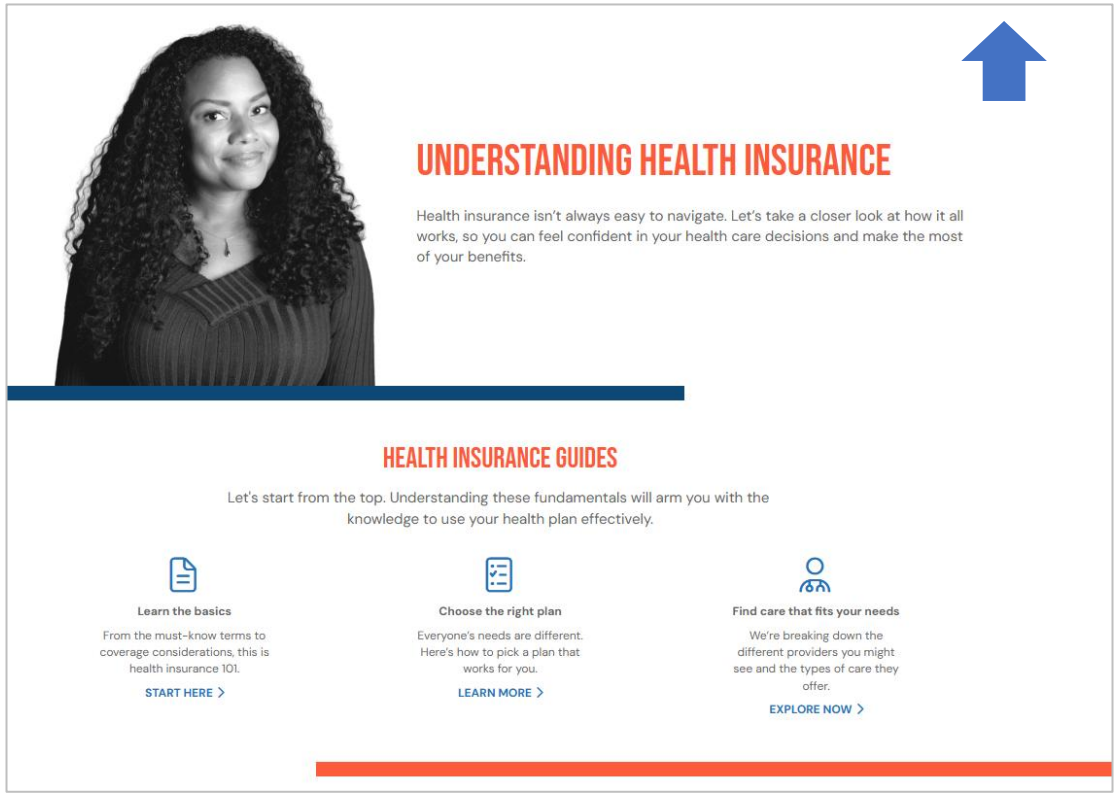
Placing plan information and resources up top



Bluecrossma.org home page starts with plan education



Insurance basics one click away from the home page

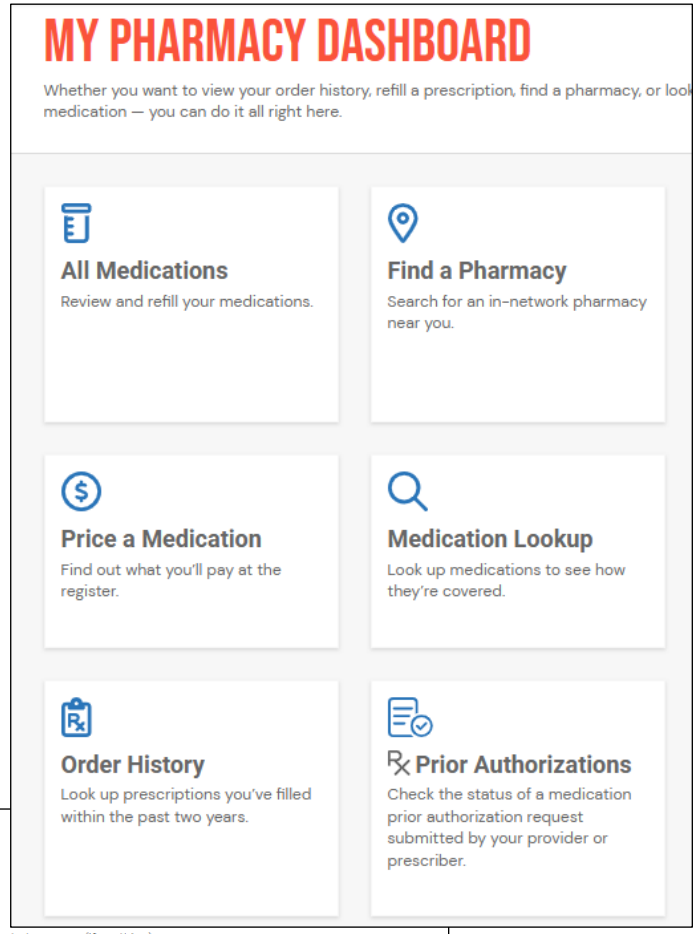


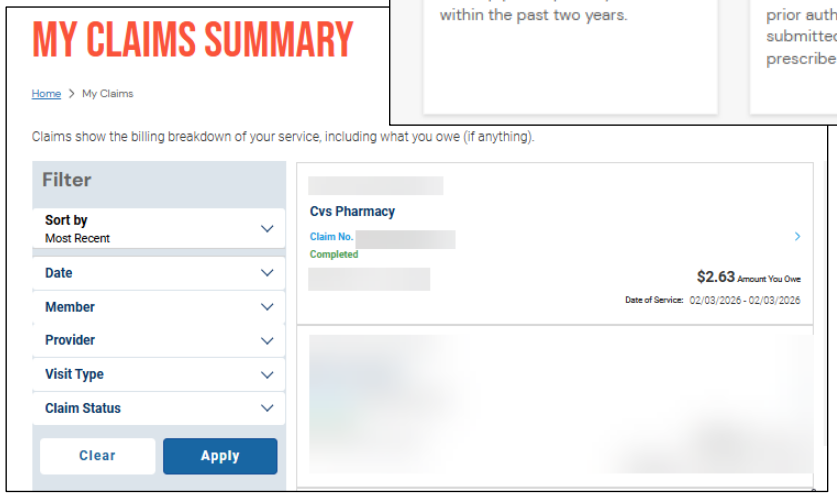
MEMBER TOOLS AND PLAN INFORMATION ON MYBLUE

Helping members complete insurance tasks easily

- ✓ Review benefits
- ✓ Check claim status and submit claims
- ✓ Check referral and prior authorization status
- ✓ Check deductible status
- ✓ Check health savings account or flexible spending account (if applicable)
- ✓ View medication coverage and claims, look up medication's price, authorization status, refill mail service prescriptions
- ✓ Get an ID card (download from web or place in wallet through app)

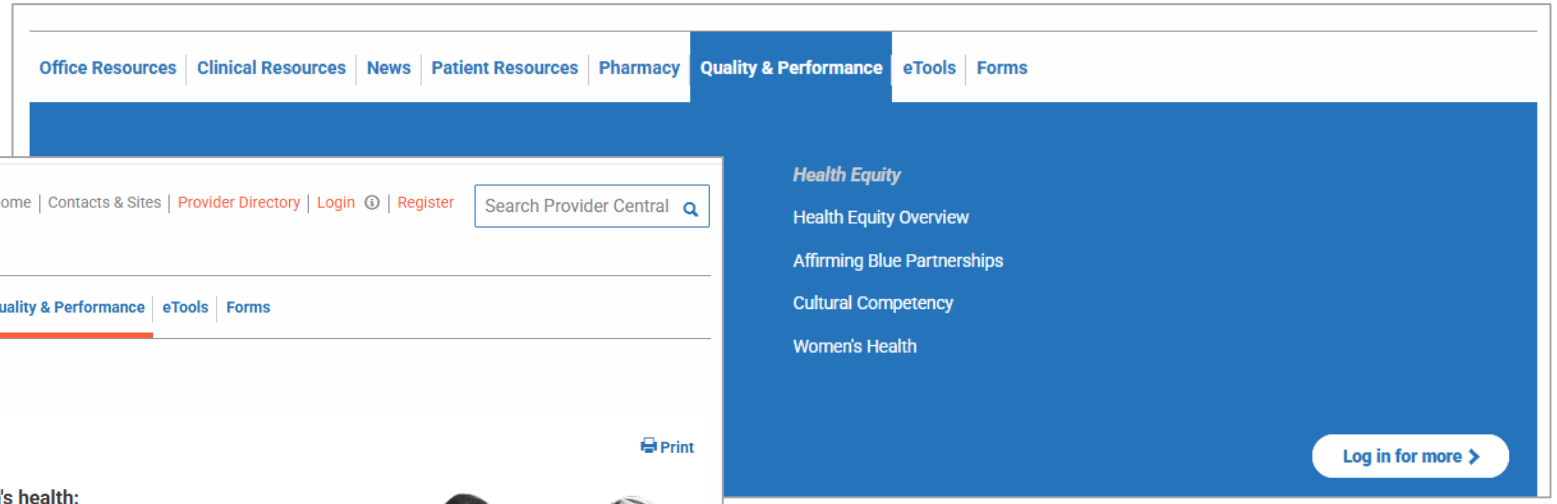
Member Advocates answer member questions about their plan on the phone or via live chat. They anticipate future needs and educate members spontaneously. Advocates outreach to the member's provider during the interaction for quick resolution.

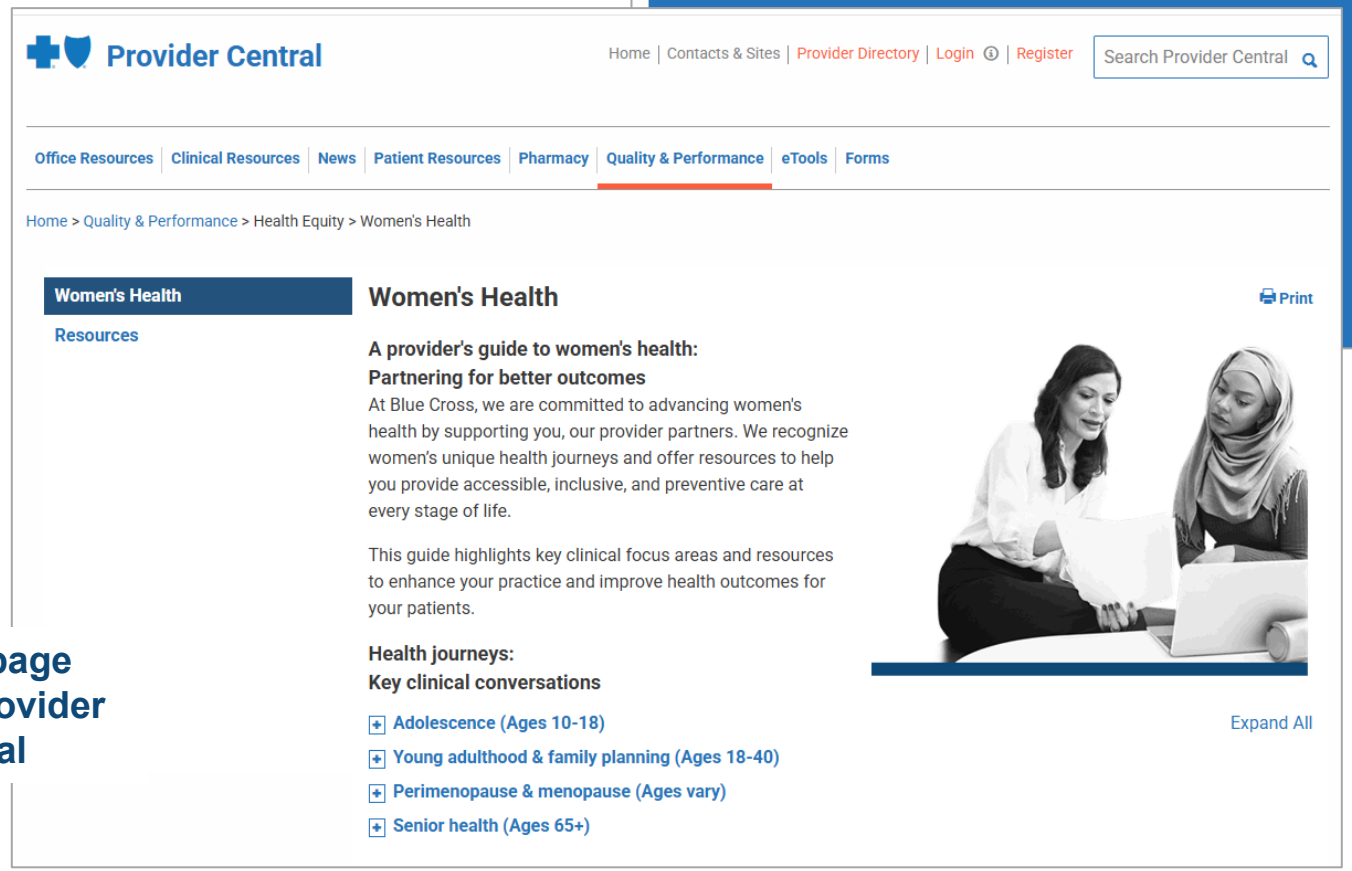




MASSACHUSETTS

Including women's health in our health equity focus





New page on Provider Central

MORE

HEALTH EQUITY RESOURCES FOR YOU

View on Provider Central

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Increased mental health options

MENTAL HEALTH CARE GROUP OPTIONS

FamilyWell Health – Virtual mental health services for integration into OB/Gyn and family medicine practices

Equip – National virtual eating disorder provider

Rula Health – National primary mental health with therapy and psychiatric care

Eating Disorder Recovery Specialists – National primary virtual and in-person treatment

Folx – National primary care and mental health for LGBTQIA+ members

Spring Health – National primary mental health group

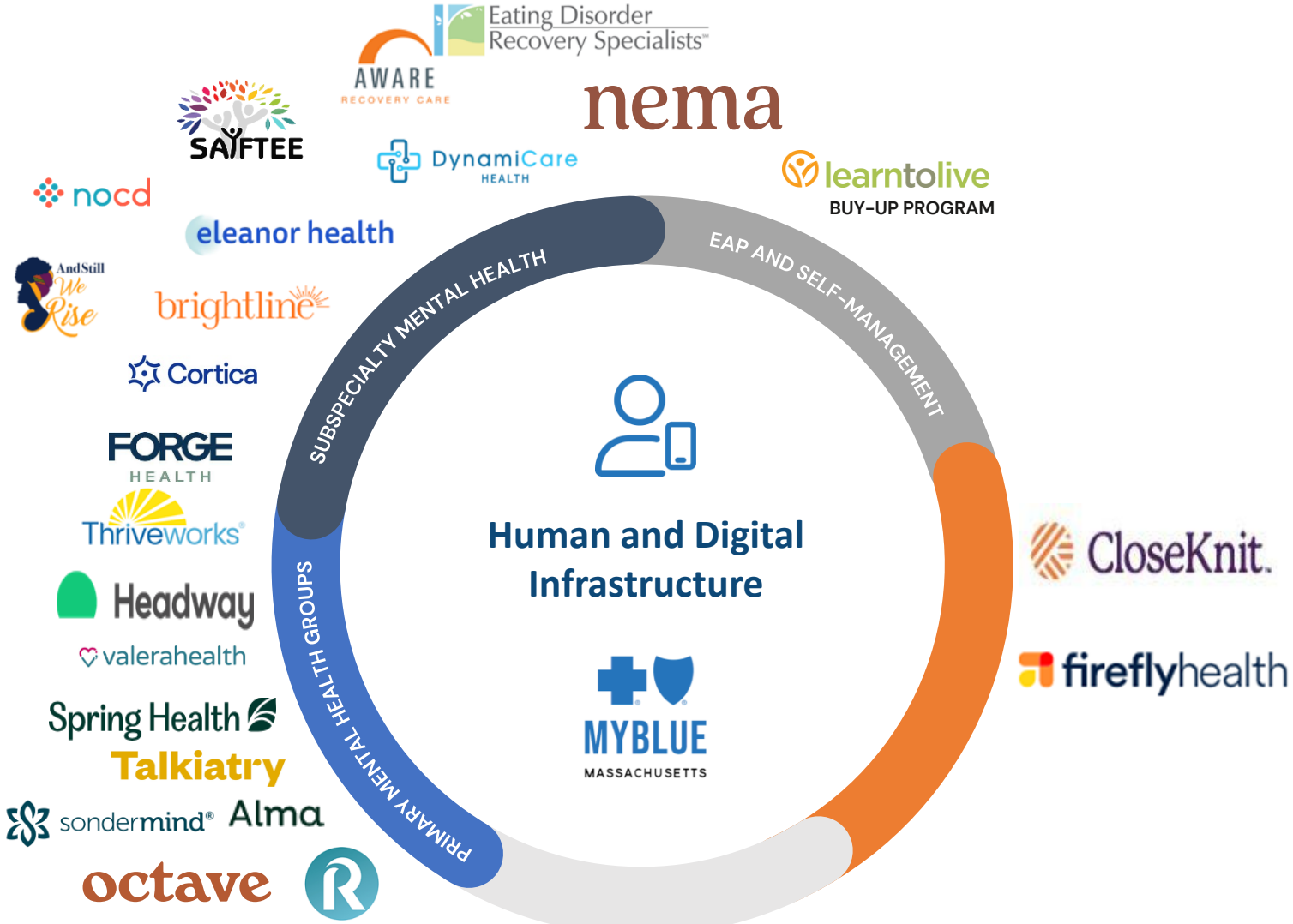
Nema Health – National specialty mental health offering a virtual PTSD and trauma treatment program

Octave Health – Primary mental health group with in-person and virtual therapy and medication management

EXISTING GROUPS NOW PROVIDING IN-NETWORK SERVICES TO MEMBERS LIVING OUT OF STATE

Sondermind – In-person and virtual therapy in MA; virtual services for members nationally.
Talkiatry – Virtual psychiatric care nationally for a range of mental health services.

WIDE RANGE OF OPTIONS FOR MENTAL HEALTH CARE



Independent Practitioners
Telehealth Video Visits
Intermediate & Inpatient Care

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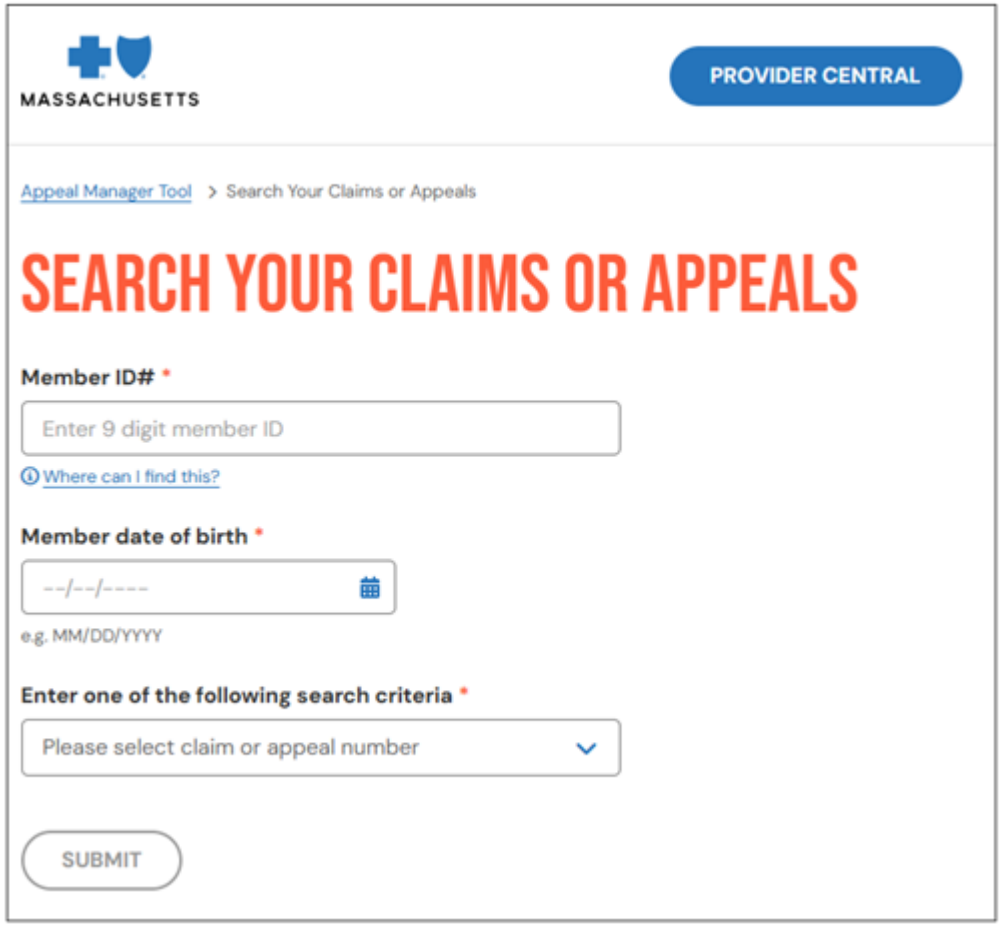
CURRENT INITIATIVES

NEW APPEAL STATUS AND SUBMISSION ETOOL

Appeals Manager, our new eTool for reviewing and submitting appeals, is now available to participating medical providers through Provider Central!

With Appeals Manager, you can…

- Check the status of your appeals
- Review the determination of a finalized appeal
- Submit appeals and upload documentation for eligible claims



To learn more, log in to bluecrossma.com/provider and click on eTools>Appeals Manager.

COST-SHARE ASSISTANCE PROGRAM (MEDICAL BENEFIT MEDS)

STARTS
JULY 1
AS ELIGIBLE ACCOUNTS RENEW WITH US

This new program, administered by HelpScript*, coordinates member enrollment into manufacturer assistance programs to help members better afford medications they receive in their provider's office or from a home infusion therapy provider. These are medications that providers buy and bill us for on a 1500 claim form that are covered by the member's medical benefit.

Allows us to apply the manufacturer assistance dollars available for the medication to reduce the overall claim cost

Reduces or maintains $0 cost of the medication for our members**

Lowers medical drug spending to help us manage overall health care expenses for all members

Improves member adherence and access to treatment by removing financial barriers and provides education and guidance on the programs available

*HelpScript is an independent company that administers the Cost-Share Assistance Program on our behalf.
**Manufacturer assistance dollars apply to the drug cost only. They do not eliminate/reduce costs for the drug administration (office visit).

COST-SHARE ASSISTANCE PROGRAM

MEMBER ELIGIBILITY

Participation Requirements

Which Blue Cross plans are included?

- **Commercial fully insured large group accounts** (51 or more subscribers and their dependents)
- **Self-insured accounts** who chose to offer this program

Which members with these plans are eligible?

- **Members currently on an eligible medication**
  HelpScript will reach out in advance of the member's health plan renewal date to educate and support them in the enrollment process
- **Newly prescribed members**
  Once a claim or authorization for an eligible medication is submitted to us, HelpScript will work directly with newly prescribed members to help them with manufacturer assistance enrollment
- **Members using an infused or injectable medication** (covered under the medical benefit) that's included in the program
- **Members who meet manufacturer requirements for assistance**

COST-SHARE ASSISTANCE PROGRAM

PROGRAM MEDICATIONS

Medications infused or injected in an outpatient setting paid under the medical benefit

How many medications are included?

- The program includes a list of more than 200 medications treating conditions like rheumatoid arthritis, cancer, autoimmune diseases, and more
- We review the drug list quarterly for updates
- Examples of medications in the program include:

Drug Name	Treatment
Keytruda	Cancer Treatment
Eylea	Diabetic Retinopathy/Wet AMD
Neulasta	Chemotherapy support for white blood cells

How can members learn about included medications?

- Members can sign into MyBlue (bluecrossma.org) and look for the Cost-Share Assistance by HelpScript page. This information is available if their plan includes this program when their health plan benefits renew.

COST-SHARE ASSISTANCE PROGRAM

HOW IT WORKS: WHAT DOES MY PRACTICE NEED TO KNOW?

1

Submit authorization & claim
You request prior authorization and submit claims (for primary payment) to Blue Cross as you normally do.

2

HelpScript contacts you
We receive a claim, then HelpScript may contact your office to facilitate patient enrollment and to ask for clinical documentation for the Cost-Share Assistance Program.

3

Patient advocate helps you get funds
When a patient is enrolled, a HelpScript patient advocate will let your office know how to receive cost-share assistance funds directly from the manufacturer, so you won't need to bill the member.

4

You submit detail advisory
You submit the Blue Cross Provider Detail Advisory to the manufacturer's copay assistance program for the "copay" amount shown to receive direct payment from the manufacturer.

5

Member pays copay for administration
Members will continue to be responsible for any costs for the administration of the medication (such as an office visit copayment) in accordance with their health plan's benefits.

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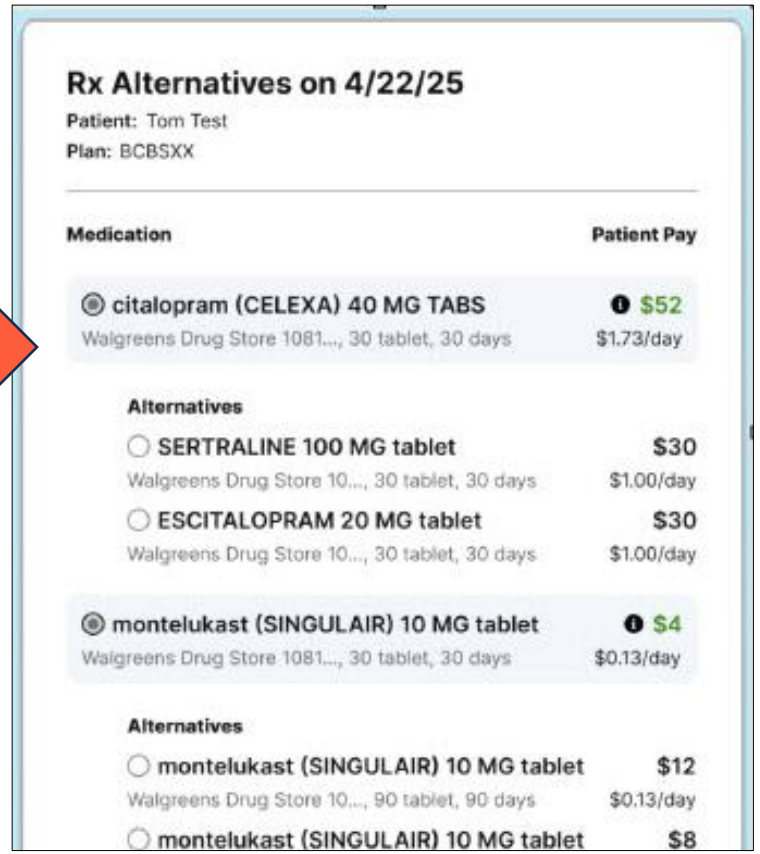
MORE DETAILED INFORMATION ABOUT YOUR PATIENTS' PRESCRIPTION COVERAGE

- See coverage status, alerts, and any prior authorization requirements
- Includes out-of-pocket costs for the prescribed medication and any covered lower cost alternatives (for price comparison)
- View information on fulfillment methods, such as retail or mail



WHY THIS IS IMPORTANT: Helps patients understand costs and coverage before they leave the exam room.

If your electronic health record system enables real-time benefits when eprescribing (such as with Surescripts or CenterX), you have access to advanced real-time benefits for our commercial, fully insured members.

PARTNERING TO SUPPORT ONCOLOGY PATIENTS: THYME CARE

We're collaborating with Thyme Care to offer our members free, 24/7 virtual support from an oncology-trained care team.

NO COST FOR:

- ✓ Commercial fully insured
- ✓ 18 years and over
- ✓ Suspected or confirmed cancer diagnosis

How Thyme Care Complements Your Practice

Reduces team burden by managing between-visit needs like symptom monitoring and triage.

Provides whole-person support, addressing clinical, social, and emotional challenges.

Works in collaboration with you to support your care plan without directing treatment.

Improves patient outcomes by helping to reduce unnecessary emergency department visits and hospital readmissions

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HOW TO REFER YOUR BLUE CROSS PATIENTS TO THYME CARE

3 EASY WAYS TO CONNECT YOUR BLUE CROSS PATIENT TO THYME CARE

Online Referral
Complete the simple referral form at: thymecare.com/referamember

Email Referral
Send an email with the patient's information to: referrals@thymecare.health

Patient Self-Referral
Direct patients to enroll themselves thymecare.com/members/BlueCrossMA

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MEDZOWN BRINGS NEW OPTIONS FOR MEMBERS WITH SERIOUS ILLNESS

WHO IS ELIGIBLE?

Our fully insured, commercial, and Medicare Advantage members who have cancer, a rare disease, or a complex condition, and:

- Are in active treatment
- Have failed standard of care or no standard of care available to them
- Their disease is progressing on current treatment

WHAT IS MEDZOWN?

It is a new, no-cost service* for eligible members that helps them access available clinical trial options based on their unique clinical profile.

*We are working with Medzown, an independent company, to provide this service.

WHEN DOES THE SERVICE START?

Outreach to eligible members soon

MEDZOWN: HOW IT WORKS

1

MEMBER INTEREST

Members who are interested in the program can call Medzown at 1-857-328-6064 or send an email to navigators@medzown.com. They can also visit medzown.com/bcbsma/ for more information.

2

MEDZOWN NAVIGATOR SHARES CLINICAL TRIAL OPTIONS

With the patient's permission, Medzown will share their precision medicine research, actionable insights, and relevant clinical trial options with their existing care team to support shared decision making.

3

NAVIGATOR HELPS WITH CLINICAL TRIAL ENROLLMENT AND COMMUNICATION

The dedicated Medzown Navigator acts as an extension of the member's existing care team to manage communication and help with enrollment.

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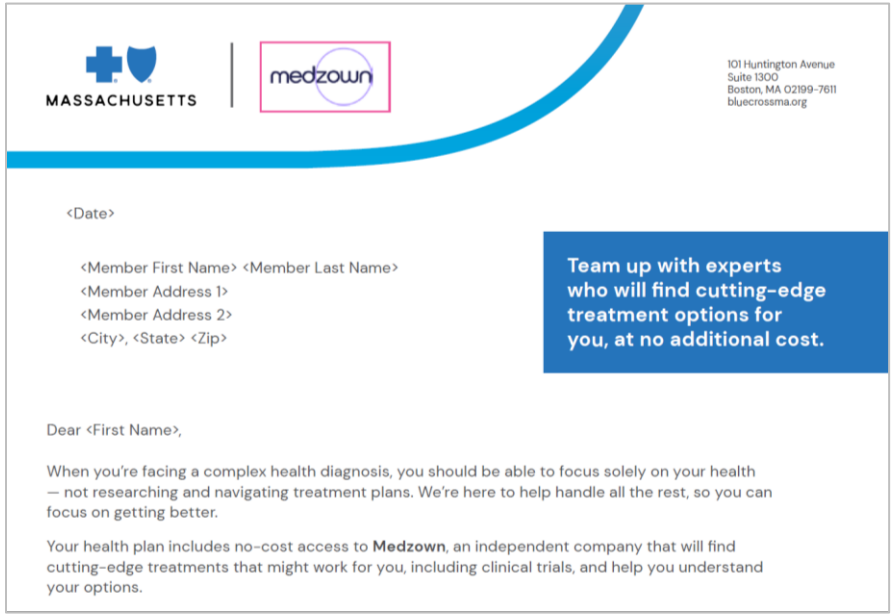
BLUE CROSS MEMBER OUTREACH

We are mailing outreach “warming” letters to members to introduce them to this new offering.



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101 Huntington Avenue
Suite 1300
Boston, MA 02199-7611
bluecrossma.org

<Date>

<Member First Name> <Member Last Name>
<Member Address 1>
<Member Address 2>
<City>, <State> <Zip>

Team up with experts who will find cutting-edge treatment options for you, at no additional cost.

Dear <First Name>,

When you're facing a complex health diagnosis, you should be able to focus solely on your health — not researching and navigating treatment plans. We're here to help handle all the rest, so you can focus on getting better.

Your health plan includes no-cost access to **Medzown**, an independent company that will find cutting-edge treatments that might work for you, including clinical trials, and help you understand your options.

PATIENT ENROLLMENT

Interested patients can:

Call Medzown at 1-857-328-6064

Email navigators@medzown.com

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Key areas of focus for HEDIS quality improvement: diabetic retinal eye screenings

Diabetic retinal eye screenings: Ensure timely and effective communication between PCPs and eye care professionals to prevent diabetic retinopathy.

Recommendation: Schedule retinal eye exams as early as possible each year and send results to the member's primary care provider.

Recommended CPT II codes for diabetic eye exams

Any provider, including PCPs, ophthalmologists or optometrists, can use the appropriate CPT II code below when reporting eye exam results. Report with the **date of the test**, not the date of the office visit when the test was reviewed.

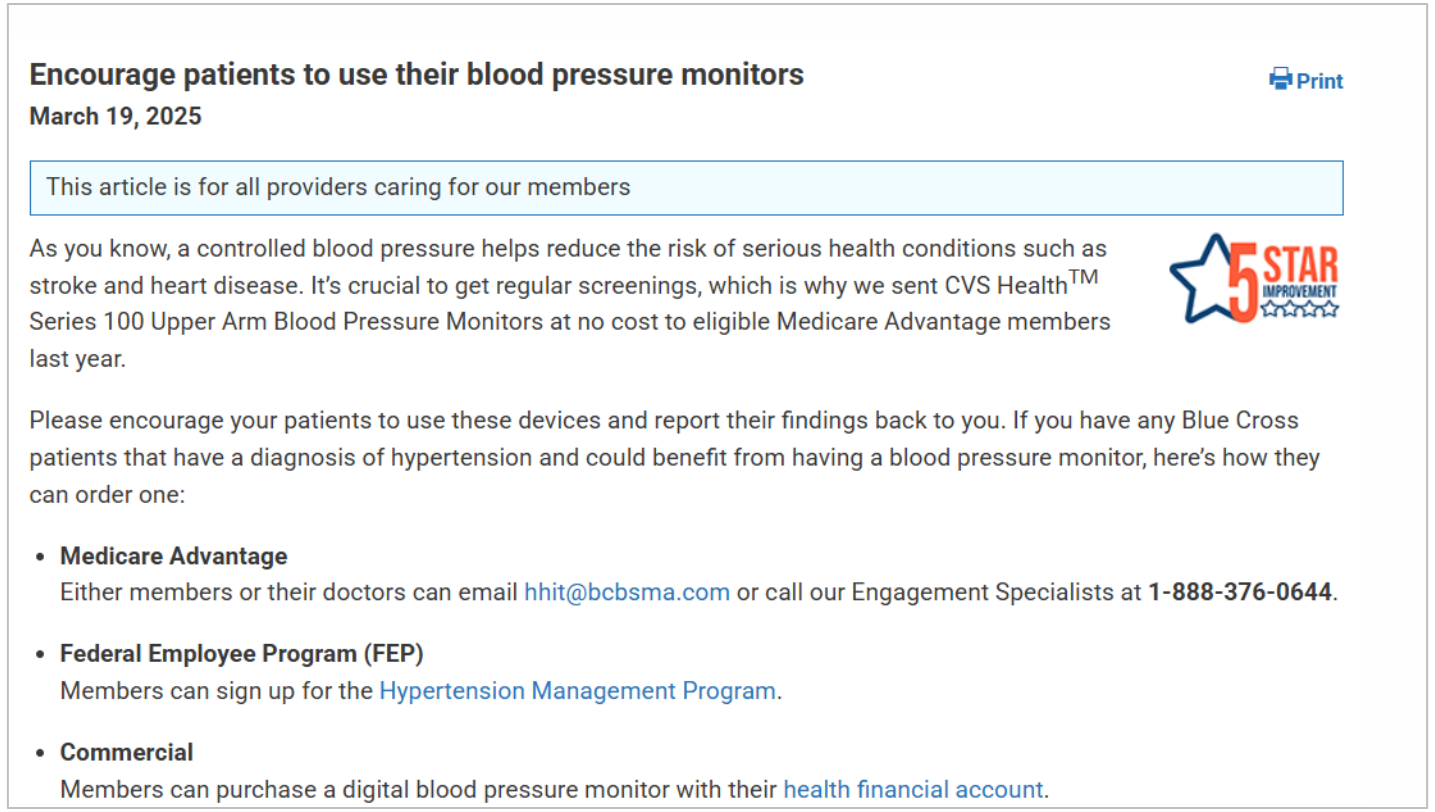
CPT II Codes	Definition
2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy
2023F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy
2024F	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy (DM)
2025F	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM)
2026F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; with evidence of retinopathy (DM)
3072F*	Low risk for retinopathy (no evidence of retinopathy in the prior year)

OUR FOCUS ON HEDIS

Key areas of focus for HEDIS quality improvement: controlling high blood pressure

Controlling high blood pressure (CBP): Help members manage hypertension and reduce their risk of heart disease and stroke.

Recommendation: Normalize regular screenings and encourage home monitoring. Ask patients to share readings from their home devices via patient portal.



Encourage patients to use their blood pressure monitors

Print

March 19, 2025

This article is for all providers caring for our members

As you know, a controlled blood pressure helps reduce the risk of serious health conditions such as stroke and heart disease. It's crucial to get regular screenings, which is why we sent CVS Health™ Series 100 Upper Arm Blood Pressure Monitors at no cost to eligible Medicare Advantage members last year.

Please encourage your patients to use these devices and report their findings back to you. If you have any Blue Cross patients that have a diagnosis of hypertension and could benefit from having a blood pressure monitor, here's how they can order one:

- **Medicare Advantage**
  Either members or their doctors can email hhit@bcbsma.com or call our Engagement Specialists at **1-888-376-0644**.
- **Federal Employee Program (FEP)**
  Members can sign up for the Hypertension Management Program.
- **Commercial**
  Members can purchase a digital blood pressure monitor with their health financial account.

Coming soon: Our updated Stars Provider Playbook!

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REMINDERS

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REMINDER: CHANGES TO OUR COVERAGE REVIEW PROCESS FOR PT AND OT VISITS

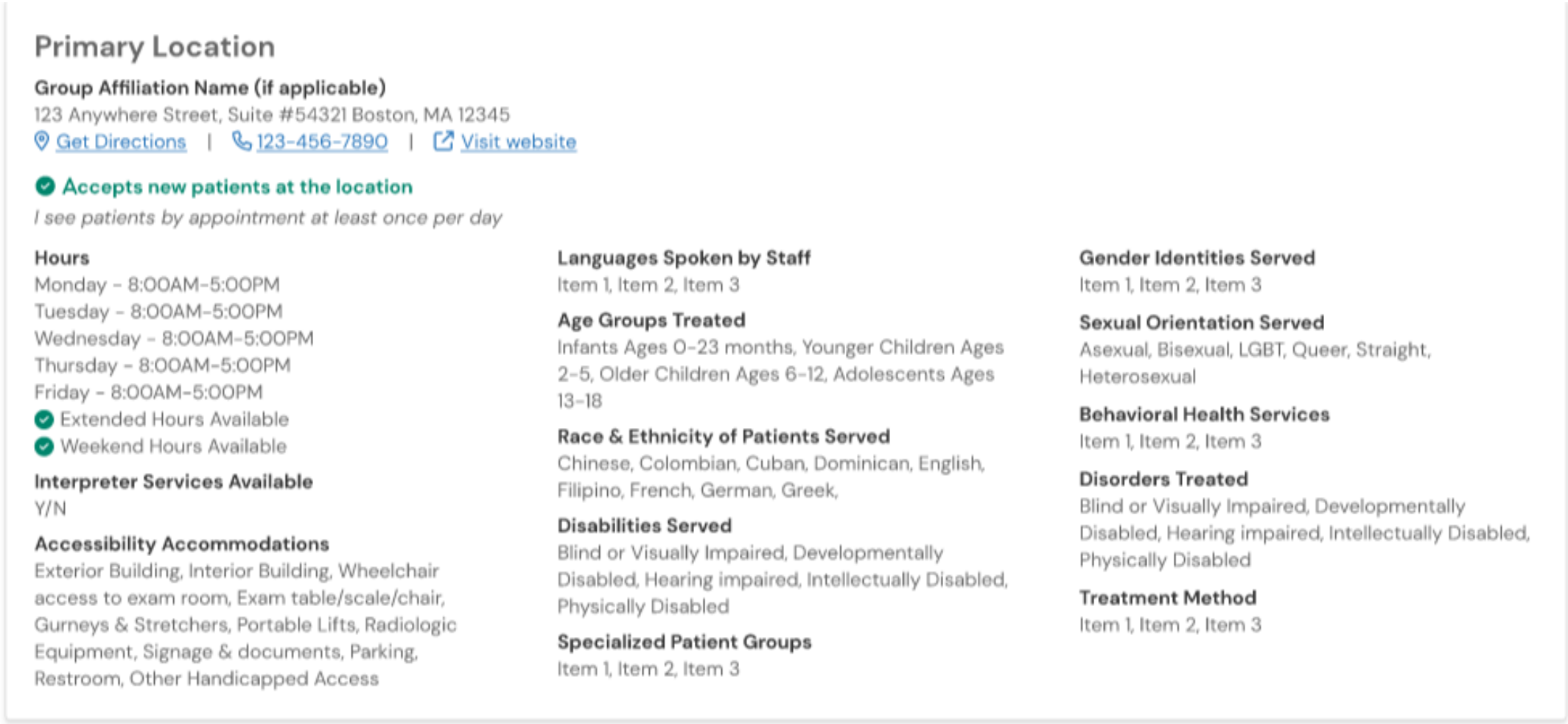
On January 1, we made changes to how we review coverage requests for commercial members.

FOR COMMERCIAL MEMBERS	FOR MEDICARE ADVANTAGE MEMBERS
• **Do not notify us of PT/OT visit requests**. • A prescription, written order, or updated signed plan of care from the ordering provider is required.	• **Notify us before the initial visit by entering an authorization request.**

Additional visits require a medical necessity review requested through Authorization Manager or by submitting our Short-Term Rehabilitation Therapy Extension Form.

REMINDER: NEW INFORMATION DISPLAYED IN OUR PROVIDER DIRECTORY

To meet Massachusetts regulations, we now display additional information about your practice or facility in our provider directory sourced from your CAQH provider profile or our Blue Cross directory validation survey.



Primary Location

Group Affiliation Name (if applicable)
123 Anywhere Street, Suite #54321 Boston, MA 12345
Get Directions | 123-456-7890 | Visit website

Accepts new patients at the location
I see patients by appointment at least once per day

Hours
Monday - 8:00AM-5:00PM
Tuesday - 8:00AM-5:00PM
Wednesday - 8:00AM-5:00PM
Thursday - 8:00AM-5:00PM
Friday - 8:00AM-5:00PM
Extended Hours Available
Weekend Hours Available

Interpreter Services Available
Y/N

Accessibility Accommodations
Exterior Building, Interior Building, Wheelchair access to exam room, Exam table/scale/chair, Gurneys & Stretchers, Portable Lifts, Radiologic Equipment, Signage & documents, Parking, Restroom, Other Handicapped Access

Languages Spoken by Staff
Item 1, Item 2, Item 3

Age Groups Treated
Infants Ages 0-23 months, Younger Children Ages 2-5, Older Children Ages 6-12, Adolescents Ages 13-18

Race & Ethnicity of Patients Served
Chinese, Colombian, Cuban, Dominican, English, Filipino, French, German, Greek,

Disabilities Served
Blind or Visually Impaired, Developmentally Disabled, Hearing impaired, Intellectually Disabled, Physically Disabled

Specialized Patient Groups
Item 1, Item 2, Item 3

Gender Identities Served
Item 1, Item 2, Item 3

Sexual Orientation Served
Asexual, Bisexual, LGBT, Queer, Straight, Heterosexual

Behavioral Health Services
Item 1, Item 2, Item 3

Disorders Treated
Blind or Visually Impaired, Developmentally Disabled, Hearing impaired, Intellectually Disabled, Physically Disabled

Treatment Method
Item 1, Item 2, Item 3

VERIFY DIRECTORY INFORMATION EVERY 90 DAYS

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

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NOTIFY US OF MEDEX MEMBER INPATIENT STAYS AT DAY 85

When a Medex®′ member reaches day 85 of their inpatient hospital stay, the facility should notify us by fax.

- Helps us coordinate benefits between Medicare Part A and the member's supplemental Medex plan before they reach the 90th day of a benefit period.
- Facilitates timely discharge and care management planning.

WHY THIS IS IMPORTANT: The first 60 days of an inpatient stay are covered by Medicare Part A. Beyond that period, Blue Cross Medex plans cover an additional portion of the costs.

WHAT TO DO: Fax notifications to 1-617-246-4210 to help us coordinate effectively.

QUESTIONS?

bluecrossma.com/provider

THANK YOU

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