



The Broker Brief

The latest news for you and your business.

August 2012

A Word from Visael (Bobby) Rodriguez – Vice President and Chief Diversity Officer



What does diversity and inclusion mean to you? If I asked all of you individually, I might get a different response each time. While there is no one “correct” answer, to BCBSRI diversity is about all of our qualities, including our experiences, beliefs, and perspectives, which we may or may not have in common with one another. These differences can help us all learn from each other to create new, innovative ideas or solutions to reach our common goals. “Inclusion” means creating space to allow everyone to share their differences and benefit from each other’s strengths.

Rhode Island is becoming a more diverse place, and as it does so, the needs of our community are rapidly changing. BCBSRI is changing to meet those needs, including how we think about selling to our community. Embracing diversity and inclusion will help us strengthen our relationships with customers and address the unique healthcare needs of our members and all Rhode Islanders. We will do this by carefully looking at emerging markets, strengthening our cultural competence, increasing sensitivity to cultural and language barriers, and focusing on the satisfaction and experiences of all members.

So what’s your part in all of this? BCBSRI has just kicked off a Diversity & Inclusion Assessment that will create a strong foundation upon which we will build our initiative. Starting with our employees, we will create a culture of diversity and inclusion that also encompasses how we interact with our members and the greater community.

One of the many tactics we’ll use to help build this program is a series of focus groups, which will help us understand and integrate our efforts across our business processes. We’ll have one focus group that is dedicated to you, our brokers. We’re planning to hold these sessions in mid- to late-September, so stay tuned for more information about it. We look forward to working with you as we create our culture of diversity and inclusion!

Talk to Us

We want this newsletter to benefit you, so if there are any topics you would like to see covered, please let us know at TheBrokerBrief@bcbsri.org. This newsletter is just one of the ways we’re partnering with you to address your needs—and the needs of your clients.

Thanks for all you do for BCBSRI and our customers.

News You Can Use

Landmark Contract Update

As you know, BCBSRI's contract with Landmark Medical Center expired on July 16, 2012. As of August 1, 2012, it is now considered an out-of-network facility, and BCBSRI will not cover services provided to BCBSRI members at Landmark, unless their health plan has out-of-network coverage.

For more information, read these [Questions & Answers About Landmark Medical Center Negotiations](#).

Brokered Small Business Sales Timelines*

As a reminder, the various change requests you may need to make for your small business clients have unique deadlines to ensure timely processing. Please follow the timelines outlined in the table below:

Request	Deadline	Turnaround Time
1. Benefit change (existing groups) to BlueCHIP for Healthy Options or an HDHP or HSA plan**	15th of the month prior to requested effective date	Plan design and rates implemented in 10-12 business days
2. Benefit change request***	27th of the month prior to group's renewal date	Plan design and rates implemented in 10-12 business days
3. Benefit change to go back to plan year deductible	35 days prior to group's renewal date	Plan design and rates implemented in 10-12 business days
4. Broker of record	Prior to requested effective date	Changes implemented in system within 5-7 business days
5. Group termination letter	5 days prior to termination date	Termination processed in 10-12 business days
6. New business enrollment submission	23rd of the month prior to requested effective date	Group Number available in 24-48 hours; ID Numbers available in 10-12 business days
7. New business enrollment submission for an HDHP or BlueCHIP for Healthy Options**	23rd of the month prior to requested effective date	Group Number available in 24-48 hours; ID Numbers available in 10-12 business days
8. New business estimated rate request	20th of the month prior to requested effective date	2 hours
9. Revised rate acceptance	1st of the month in which group renews	Rates implemented in 10-12 business days
10. Revised rate request (Re-rate on existing business)	15th of the month prior to group's renewal date	Rates turned around in 3-5 business days
11. Routine membership maintenance	Last day of the month in which the change is to be effective	Changes implemented in 10-12 business days

*The timeframes reflect the dates that BrokerNET requires information to meet the guidelines established by BCBSRI for proper implementation.

**Paperwork for groups enrolling in a BCBSRI HealthMate HDHP or BlueSolutions HSA must be received by the due dates listed above. Paperwork received after these dates will be processed for the first of the following month.

***By state law, BlueCHIP for Healthy Options must be a 12-month cycle.

Product Updates

BCBSRI's VantageBlue Health Plan Now Available to Large Employers

We recently announced that our VantageBlue health plan is now available to large employers in addition to small employers. VantageBlue offers benefits that help employers keep their employees healthy and keep costs low, including:

- \$0 copayments for all patient-centered medical home (PCMH) visits
- \$2 copayments for select drugs to treat diabetes, asthma, and chronic obstructive pulmonary disease (COPD), all common chronic conditions among Rhode Islanders
- Discounted gym memberships
- A cash reward for completing an online personal health assessment
- \$0 copayments for annual foot and eye exams for those who have diabetes
- Low copayment options for physical, occupational, and speech therapy
- Coverage for up to 20 chiropractic visits
- Access to preventive education, such as diabetes education, nutritional counseling, and smoking cessation
- Available riders for vision hardware, acupuncture, and hearing aids

These benefits provide employees with the tools they need to better manage chronic conditions and eliminate financial barriers to receiving important care.

VantageBlue is available for enrollment now, with an effective date of October 1, 2012. If you have any questions, ask your BCBSRI Account Representative.

Healthcare Reform

Update on Medical Loss Ratio Reporting and the Rebate Requirement

As you are aware, the Patient Protection and Affordable Care Act (PPACA) requires health insurers in the individual and small group markets to spend at least 80 percent of the premiums they receive on healthcare services and activities to improve healthcare quality (in the large group market, this amount is 85 percent). This is referred to as the Medical Loss Ratio (MLR) rule, or the 80/20 rule. If a health insurer does not spend at least 80 percent of the premiums it receives on healthcare services and activities to improve healthcare quality, the insurer must rebate the difference.

BCBSRI exceeded the required MLR for 2011 and therefore we are not required to issue rebates this year. We are required to issue a short notification to all fully insured groups and subscribers notifying them that we have met or exceeded the Federal MLR thresholds, which we will do soon.



Word on the Street

This section highlights recent news articles that contain information about our changing healthcare marketplace, both nationally and locally.

[OHIC proposes new conditions for decision on 2012 rate requests](#), *Providence Business News*

Rhode Island Health Insurance Commissioner Christopher Koller recently proposed conditions that would affect the pending decision on 2012 rate factors requested by the state's commercial health insurers. The conditions are designed to support OHIC's affordability standard, as well as quality incentives and transparency.