HEALTH BENEFITS E-NEWS

Department of Human Resource Management
Office of Health Benefits

October 15, 2005

Handling Questions About Disease Management and Metabolic Syndrome

Metabolic syndrome was added this month to the list of chronic conditions addressed through the Commonwealth's disease management program, called *Anthem Better Prepared* sm and administered by Health Management Corporation (HMC). HMC has been mailing postcards on the new metabolic syndrome program (includes risk factors of high blood pressure, high cholesterol and obesity) to approximately 30,000 "at-risk" COVA Care members on a staggered basis since late August. Once a member receives the postcard, *Anthem Better Prepared* contacts them by telephone to follow up on whether they would like to voluntarily participate in the program. Some members have had questions about the phone call. Attached is an FAQ that explains the disease management program and why members are contacted. More information may also be found in the COVA Care Member Handbook on page 80. We hope this will be helpful to you in responding to employee questions or concerns.

Use BlueCard for Services at Wake Forest Baptist Medical Center

COVA Care plan members may now receive covered inpatient and outpatient hospital services at Wake Forest Baptist Medical Center in North Carolina through the BlueCard network. The hospital and North Carolina Blue Cross and Blue Shield reached a contract agreement that took effect on October 7. COVA Care members continue to have in-network coverage through Anthem in Virginia or the BlueCard network for participating physician services at the facility.

Reports Combined on Persons Eligible for Medicare (PM9645)

One comprehensive monthly report titled "Persons Eligible for Medicare in [MONTH]" has replaced the FTP PM9645 reports handling members approaching Age 65. The report identifies retirees, survivors, or LTD participants approaching Age 65 and eligibility for Medicare who are currently enrolled in non-Medicare plans. It is used to send notification regarding the changes in health care coverage.

Unless a different option is requested, persons not enrolled in family membership will be transferred automatically to Advantage 65 while those in family membership will continue in their current election with Medicare as the primary payer. Contact the Office of Health Benefits or visit Resources for Benefits Administrators on the DHRM Web Site for a sample notification.

Agency Exception Report (PM9641) Now Available Monthly

The frequency of this report has been changed from twice a year, in April and October, to monthly beginning November 1, 2005. It identifies BES records that need an update and is currently available in your FTP folder. Among the reasons for an update are memberships that do not match the number of dependents, temporary SSNs that have expired or are about to expire, and addresses that cannot be verified with the US Postal Service. If you need assistance in updating the BES record, please contact a member of the OHB Systems Team:

For Employees:
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